



EE Class: Non-Union (Director)

YOUR COST-SHARE FOR EACH OF THE VEHI HEALTH PLAN OPTIONS

****January 1, 2018 – June 30, 2018****

** Costs are estimated based on a 1.0 FTE

VEHI Platinum Plan	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$657.55	\$418.63	\$238.92	\$238.92
Two-Person	\$1,315.10	\$786.20	\$528.90	\$528.90
Parent/Child(ren)	\$1,099.51	\$647.22	\$452.29	\$452.29
Family	\$1,860.19	\$1159.61	\$700.58	\$700.58

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA value for the **VEHI Platinum Plan** is:

Single: \$2100.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$4200.00

Your HRA will be administered by: Future Planning Associates

HRA eligible expenses include:

- Medical copayments
- Medical deductible
- Medical coinsurance
- Rx copayments
- Rx coinsurance
- All IRS qualified expenses

Your HRA requires you to pay a portion **before** the HRA will begin to pay out-of-pocket costs. Your portion:

*Single: \$400/\$300 Two-person \$800/\$600 Parent/Child(ren) \$800/\$600 Family \$800/\$600

See HRA plan document for complete details (by request)

** The EE will cover \$ amount of out-of-pocket costs first. Then the ER will cover the next \$ amount of out-of-pocket costs. After the ER's portion, the EE then pays any remaining out-of-pocket costs. i.e. EE \$400, ER \$2100, EE \$600*



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VEHI Gold Plan	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$622.94	\$418.63	\$204.31	\$204.31
Two-Person	\$1,245.88	\$786.20	\$459.68	\$459.68
Parent/Child(ren)	\$1,042.53	\$647.22	\$395.31	\$395.31
Family	\$1,763.38	\$1159.61	\$603.77	\$603.77

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA value for the **VEHI Gold Plan** is:

Single: \$2100.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$4200.00

Your HRA will be administered by: Future Planning Associates

HRA eligible expenses include:

- Medical copayments
- Medical deductible
- Medical coinsurance
- Rx copayments
- Rx coinsurance
- All IRS qualified expenses

Your HRA requires you to pay a portion **before** the HRA will begin to pay out-of-pocket costs. Your portion:

Single: \$400/\$600 Two-person \$800/\$1200 Parent/Child(ren) \$800/\$1200 Family \$800/\$1200
See HRA plan document for complete details (by request)

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VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$523.29	\$418.63	\$104.66	\$104.66
Two-Person	\$982.75	\$786.20	\$196.55	\$196.55
Parent/Child(ren)	\$809.02	\$647.22	\$161.80	\$161.80
Family	\$1,449.51	\$1159.61	\$289.90	\$289.90

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA value for the **VEHI Gold CHDP** is:

Single: \$2100.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$4200.00

Your HRA will be administered by: Future Planning Associates

HRA eligible expenses include:

- Medical copayments
- Rx copayments
- All IRS qualified expenses
- Medical deductible
- Rx coinsurance
- Medical coinsurance

Your HRA requires you to pay a portion before the HRA will begin to pay out-of-pocket costs. Your portion:

Single: \$400 Two-person \$800 Parent/Child(ren) \$800 Family \$800

See HRA plan document for complete details (by request)

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OR you may elect a Health Savings Account instead of the HRA. You will make your election on your enrollment form.

HSA

- You have employer funding into an HSA – complete certification form to qualify
- You have the option of contributing your own pre-tax HSA dollars if you choose to – you must complete payroll deduction form
- You have the option in using a Limited Purpose FSA for dental and vision - please complete separate form

Your employer will contribute the following amounts for each enrollee:

Single: \$3450.00 Two-person \$3450.00 Parent/Child(ren) \$3450.00 Family \$3450.00

Employer HSA contributions will be made on the following schedule: Annually

An employee match of HSA funds is required:

Single: N/A Two-person: N/A Parent/Child(ren): N/A Family: N/A

Your employer will use Future Planning Associates.

** The EE will cover \$ amount of out-of-pocket costs first. Then the ER will cover the next \$ amount of out-of-pocket costs. After the ER's portion, the EE then pays any remaining out-of-pocket costs. i.e. EE \$400, ER \$2100, EE \$600*



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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$456.34	\$418.63	\$37.71	\$37.71
Two-Person	\$912.69	\$786.20	\$126.49	\$126.49
Parent/Child(ren)	\$769.27	\$647.22	\$122.05	\$122.05
Family	\$1,298.60	\$1159.61	\$138.99	\$138.99

HRA

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA value for the **VEHI Silver CHDP** is:

Single: \$2100.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$4200.00

Your HRA will be administered by: Future Planning Associates

HRA eligible expenses include:

- Medical copayments Rx copayments All IRS qualified expenses
- Medical deductible Rx coinsurance
- Medical coinsurance

Your HRA requires you to pay a portion before the HRA will begin to pay out-of-pocket costs. Your portion:

Single: \$400/\$1500 Two-person \$800/\$3000 Parent/Child(ren) \$800/\$3000 Family \$800/\$3000

See HRA plan document for complete details (by request)

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OR you may elect a Health Savings Account instead of the HRA. You will make your election on your enrollment form.

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Single: N/A Two-person: N/A Parent/Child(ren): N/A Family: N/A

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