



EE Class: Non-Union (year round)

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	\$423.86	\$233.69	\$107.86
Two-Person	\$1,315.10	\$796.03	\$519.07	\$239.57
Parent/Child(ren)	\$1,099.51	\$655.31	\$444.20	\$205.02
Family	\$1,860.19	\$1174.10	\$686.09	\$316.66

- ☒ 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: \$2200.00 Two-person \$4300.00 Parent/Child(ren) \$4300.00 Family \$4300.00

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: \$300/\$300 Two-person \$700/\$600 Parent/Child(ren) \$700/\$600 Family \$700/\$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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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 Gold Plan	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$622.94	\$423.86	\$199.08	\$91.88
Two-Person	\$1,245.88	\$796.03	\$449.85	\$207.62
Parent/Child(ren)	\$1,042.53	\$655.31	\$387.22	\$178.72
Family	\$1,763.38	\$1174.10	\$589.28	\$271.98

- ☒ 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: \$2200.00 Two-person \$4300.00 Parent/Child(ren) \$4300.00 Family \$4300.00

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: \$300/\$600 Two-person \$700/\$1200 Parent/Child(ren) \$700/\$1200 Family \$700/\$1200
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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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 Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$523.29	\$423.86	\$99.43	\$45.89
Two-Person	\$982.75	\$796.03	\$186.72	\$86.18
Parent/Child(ren)	\$809.02	\$655.31	\$153.71	\$70.94
Family	\$1,449.51	\$1174.10	\$275.41	\$127.11

- ☒ 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: \$2200.00 Two-person \$4300.00 Parent/Child(ren) \$4300.00 Family \$4300.00

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: \$300 Two-person \$700 Parent/Child(ren) \$700 Family \$700

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*



EE Class: Non-Union (year round)

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 Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$456.34	\$423.86	\$32.48	\$14.99
Two-Person	\$912.69	\$796.03	\$116.66	\$53.84
Parent/Child(ren)	\$769.27	\$655.31	\$113.96	\$52.60
Family	\$1,298.60	\$1174.10	\$124.50	\$57.46

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: \$2200.00 Two-person \$4300.00 Parent/Child(ren) \$4300.00 Family \$4300.00

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: \$300/\$1500 Two-person \$700/\$3000 Parent/Child(ren) \$700/\$3000 Family \$700/\$3000

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*