



EE Class: Non-Union (school year)

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	\$127.47
Two-Person	\$1,315.10	\$796.03	\$519.07	\$283.13
Parent/Child(ren)	\$1,099.51	\$655.31	\$444.20	\$242.29
Family	\$1,860.19	\$1174.10	\$686.09	\$374.23

- 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
- 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/\$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	\$108.59
Two-Person	\$1,245.88	\$796.03	\$449.85	\$245.37
Parent/Child(ren)	\$1,042.53	\$655.31	\$387.22	\$211.21
Family	\$1,763.38	\$1174.10	\$589.28	\$321.43

- 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
- 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/\$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	\$54.23
Two-Person	\$982.75	\$796.03	\$186.72	\$101.85
Parent/Child(ren)	\$809.02	\$655.31	\$153.71	\$83.84
Family	\$1,449.51	\$1174.10	\$275.41	\$150.22

- 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
- 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 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 (school year)

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	\$17.72
Two-Person	\$912.69	\$796.03	\$116.66	\$63.63
Parent/Child(ren)	\$769.27	\$655.31	\$113.96	\$62.16
Family	\$1,298.60	\$1174.10	\$124.50	\$67.91

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*