



EE Class: Office Personnel

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	\$410.46	\$247.09	\$114.04
Two-Person	\$1,315.10	\$760.92	\$554.18	\$255.78
Parent/Child(ren)	\$1,099.51	\$587.19	\$512.32	\$236.46
Family	\$1,860.19	\$1152.18	\$708.01	\$326.77

- 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 Platinum Plan** is:

Single: \$2100.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$3800.00

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 \$1200/\$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*



EE Class: Office Personnel

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	\$410.46	\$212.48	\$98.07
Two-Person	\$1,245.88	\$760.92	\$484.96	\$223.83
Parent/Child(ren)	\$1,042.53	\$587.19	\$455.34	\$210.16
Family	\$1,763.38	\$1152.18	\$611.20	\$282.09

- 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 \$3800.00

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 \$1200/\$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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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	\$410.46	\$112.83	\$52.08
Two-Person	\$982.75	\$760.92	\$221.83	\$102.38
Parent/Child(ren)	\$809.02	\$587.19	\$221.83	\$102.38
Family	\$1,449.51	\$1152.18	\$297.33	\$137.23

- 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 Gold CHDP** is:

Single: \$2100.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$3800.00

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: \$400.00 Two-person \$800.00 Parent/Child(ren) \$800.00 Family \$1200.00

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 Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$456.34	\$410.46	\$45.88	\$21.18
Two-Person	\$912.69	\$760.92	\$151.77	\$70.05
Parent/Child(ren)	\$769.27	\$587.19	\$182.08	\$84.04
Family	\$1,298.60	\$1152.18	\$146.42	\$67.58

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 \$3800.00

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/\$1500 Two-person \$800/\$3000 Parent/Child(ren) \$800/\$3000 Family \$1200/\$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*