



EE Class: Office Personnel 26 pays

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

****July 1, 2018 – June 30, 2019****

** 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	\$699.34	\$410.46	\$288.88	\$133.33
Two-Person	\$1398.69	\$760.92	\$637.77	\$294.36
Parent/Child(ren)	\$1169.40	\$587.19	\$582.21	\$268.71
Family	\$1978.43	\$1152.18	\$826.25	\$381.35

- 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: DataPath

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*



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

****July 1, 2018 – June 30, 2019****

** 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	\$671.34	\$410.46	\$260.88	\$120.41
Two-Person	\$1342.68	\$760.92	\$581.76	\$268.50
Parent/Child(ren)	\$1123.53	\$587.19	\$536.34	\$247.54
Family	\$1900.39	\$1152.18	\$748.21	\$345.33

- 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: DataPath

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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****July 1, 2018 – June 30, 2019****

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VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$576.11	\$410.46	\$165.65	\$76.45
Two-Person	\$1081.95	\$760.92	\$321.03	\$148.17
Parent/Child(ren)	\$890.68	\$587.19	\$303.49	\$140.07
Family	\$1595.82	\$1152.18	\$443.64	\$204.76

- 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: DataPath

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

****July 1, 2018 – June 30, 2019****

** 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	\$534.65	\$410.46	\$124.19	\$57.32
Two-Person	\$1069.31	\$760.92	\$308.39	\$142.33
Parent/Child(ren)	\$901.28	\$587.19	\$314.09	\$144.96
Family	\$1521.45	\$1152.18	\$369.27	\$170.43

- 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 Silver CHDP** is:

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

Your HRA will be administered by: DataPath

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*