



EE Class: BEAP (<11 year of service) 22 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	\$540.16	\$159.18	\$86.83
Two-Person	\$1398.69	\$461.67	\$937.02	\$511.10
Parent/Child(ren)	\$1169.40	\$270.41	\$898.99	\$490.36
Family	\$1978.43	\$414.12	\$1564.31	\$853.26

- 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: 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: \$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

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VEHI Gold Plan	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$671.34	\$540.16	\$131.18	\$71.55
Two-Person	\$1342.68	\$461.67	\$881.01	\$480.55
Parent/Child(ren)	\$1123.53	\$270.41	\$853.12	\$465.34
Family	\$1900.39	\$414.12	\$1486.27	\$810.70

- 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: 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: \$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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VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$576.11	\$540.16	\$35.95	\$19.61
Two-Person	\$1081.95	\$461.67	\$620.28	\$338.34
Parent/Child(ren)	\$890.68	\$270.41	\$620.27	\$338.33
Family	\$1595.82	\$414.12	\$1181.70	\$644.57

- 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: 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: \$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*



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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$534.65	\$534.65	0	0
Two-Person	\$1069.31	\$461.67	\$607.64	\$331.44
Parent/Child(ren)	\$901.28	\$270.41	\$630.87	\$344.11
Family	\$1521.45	\$414.12	\$1107.33	\$604.00

- 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: 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: \$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*