



EE Class: BEA 26 pays (80/20)

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

****September 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	\$460.89	\$238.45	\$110.05
Two-Person	\$1398.69	\$865.56	\$533.13	\$246.06
Parent/Child(ren)	\$1169.40	\$712.54	\$456.86	\$210.86
Family	\$1978.43	\$1276.66	\$701.77	\$323.90

- 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 \$4200.00

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 \$800/\$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

****September 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	\$460.89	\$210.45	\$97.13
Two-Person	\$1342.68	\$865.56	\$477.12	\$220.21
Parent/Child(ren)	\$1123.53	\$712.54	\$410.99	\$189.69
Family	\$1900.39	\$1276.66	\$623.73	\$287.88

- 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 \$4200.00

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 \$800/\$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	\$460.89	\$115.22	\$53.18
Two-Person	\$1081.95	\$865.56	\$216.39	\$99.87
Parent/Child(ren)	\$890.68	\$712.54	\$178.14	\$82.22
Family	\$1595.82	\$1276.66	\$319.16	\$147.31

- 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 \$4200.00

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 Two-person \$800 Parent/Child(ren) \$800 Family \$800

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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****September 1, 2018 - June 30, 2019****

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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$534.65	\$460.89	\$73.76	\$34.04
Two-Person	\$1069.31	\$865.56	\$203.75	\$94.04
Parent/Child(ren)	\$901.28	\$712.54	\$188.74	\$87.11
Family	\$1521.45	\$1276.66	\$244.79	\$112.98

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 \$4200.00

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 \$800/\$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*