



**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

<b>VEHI Platinum Plan</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$699.34	\$540.16	\$159.18	\$86.83
Two-Person	\$1398.69	\$645.17	\$753.52	\$411.01
Parent/Child(ren)	\$1169.40	\$453.89	\$715.51	\$390.28
Family	\$1978.43	\$597.63	\$1380.80	\$753.16

- 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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<b>VEHI Gold Plan</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$671.34	\$540.16	\$131.18	\$71.55
Two-Person	\$1342.68	\$645.17	\$697.17	\$380.46
Parent/Child(ren)	\$1123.53	\$453.89	\$669.64	\$365.26
Family	\$1900.39	\$597.63	\$1302.76	\$710.59

- 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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<b>VEHI Gold CDHP</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$576.11	\$540.16	\$35.95	\$19.61
Two-Person	\$1081.95	\$645.17	\$436.78	\$238.25
Parent/Child(ren)	\$890.68	\$453.89	\$436.79	\$238.25
Family	\$1595.82	\$597.63	\$998.19	\$544.46

- 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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<b>VEHI Silver CDHP</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$534.65	\$534.65	0	0
Two-Person	\$1069.31	\$645.17	\$424.14	\$231.35
Parent/Child(ren)	\$901.28	\$453.89	\$447.39	\$244.03
Family	\$1521.45	\$597.63	\$923.82	\$503.90

- 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 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*