



EE Class: BEAP (<11 year of service) 22 pays

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

****as of August 15, 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	\$699.34	\$518.50	\$180.84	\$98.64
Two-Person	\$1398.69	\$486.88	\$911.81	\$497.35
Parent/Child(ren)	\$1169.40	\$400.81	\$768.59	\$419.23
Family	\$1978.43	\$590.45	\$1387.98	\$757.08

- 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*



EE Class: BEAP (<11 year of service) 22 pays

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

****as of August 15, 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	\$671.34	\$518.50	\$152.84	\$83.37
Two-Person	\$1342.68	\$486.88	\$855.80	\$466.80
Parent/Child(ren)	\$1123.53	\$400.81	\$722.72	\$394.21
Family	\$1900.39	\$590.45	\$1309.94	\$714.51

- 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*



EE Class: BEAP (<11 year of service) 22 pays

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

****as of August 15, 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	\$576.11	\$518.50	\$57.61	\$31.42
Two-Person	\$1081.95	\$486.88	\$595.07	\$324.59
Parent/Child(ren)	\$890.68	\$400.81	\$489.87	\$267.20
Family	\$1595.82	\$590.45	\$1005.37	\$548.38

- 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*



EE Class: BEAP (<11 year of service) 22 pays

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

****as of August 15, 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	\$534.65	\$518.50	\$16.15	\$8.81
Two-Person	\$1069.31	\$486.88	\$582.43	\$317.69
Parent/Child(ren)	\$901.28	\$400.81	\$500.47	\$272.99
Family	\$1521.45	\$590.45	\$931.00	\$507.82

- 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*