



**EE Class: Food Service**

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

**\*\*July 1, 2019 - June 30, 2020\*\***

\*\* Costs are based on a 1.0 FTE

<b>VEHI Platinum</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$722.14	\$515.09	\$207.05	\$112.94
Two-Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- Your HRA will be administered by: DataPath
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Platinum** is:

<b>Medical Claims:</b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>HRA OOP (EE pays after HRA)</b>	<b>Total BCBS Deductible</b>
Single	\$400	\$2,100	\$300	\$2,800
2 Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

**Prescription Claims: HRA pays 100% of prescription with no HRA OOP**

**HRA eligible expenses include:**

- Medical copayments
- Rx copayments
- All IRS qualified expenses
- Medical deductible
- Rx coinsurance
- Medical coinsurance

See HRA plan document for complete details (by request)



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<b>VEHI Gold</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$692.86	\$515.09	\$177.77	\$96.97
Two-Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- Your HRA will be administered by: DataPath
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Gold** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>HRA OOP (EE pays after HRA)</b>	<b>Total BCBS Deductible</b>
Single	\$400	\$2,100	\$600	\$3,100
2 Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

**Prescription Claims: HRA pays 100% of prescription with no HRA OOP**

**HRA eligible expenses include:**

- Medical copayments
- Rx copayments
- All IRS qualified expenses
- Medical deductible
- Rx coinsurance
- Medical coinsurance

See HRA plan document for complete details (by request)



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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	\$643.86	\$515.09	\$128.77	\$70.24
Two-Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- Your HRA will be administered by: DataPath
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Gold CHDP** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>Total BCBS Deductible</b>
Single	\$400	\$2,100	\$2,500
2 Person	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A
Family	N/A	N/A	N/A

**Prescription Claims: HRA pays 100% of prescription with no HRA OOP**

**HRA eligible expenses include:**

- Medical copayments
- Rx copayments
- All IRS qualified expenses
- Medical deductible
- Rx coinsurance
- Medical coinsurance

See HRA plan document for complete details (by request)



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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	\$555.07	\$515.09	\$39.98	\$21.81
Two-Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- Your HRA will be administered by: DataPath
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Silver CHDP** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>HRA OOP (EE pays after HRA)</b>	<b>Total BCBS Deductible</b>
Single	\$400	\$2,100	\$1,500	\$4,000
2 Person	N/A	N/A	N/A	N/A
Parent/Child(ren)	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A

**Prescription Claims:** HRA pays 100% of prescription with no HRA OOP

**HRA eligible expenses include:**

- Medical copayments
- Rx copayments
- All IRS qualified expenses
- Medical deductible
- Rx coinsurance
- Medical coinsurance

See HRA plan document for complete details (by request)