



EE Class: Non-Aligned school year (Personal Services)

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

| VEHI Platinum | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | Employee Cost Per Payroll |
|----------------------|---------------------------|------------------------------|------------------------------|----------------------------------|
| Single | \$722.14 | \$515.09 | \$207.05 | \$112.94 |
| Two-Person | \$1444.29 | \$967.36 | \$476.93 | \$260.14 |
| Parent/Child(ren) | \$1207.53 | \$796.34 | \$411.19 | \$224.29 |
| Family | \$2042.93 | \$1426.80 | \$616.13 | \$336.07 |

- 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:

| Medical Claims: | HRA OOP (EE Pays First) | HRA Pays | HRA OOP (EE pays after HRA) | Total BCBS Deductible |
|------------------------|--------------------------------|-----------------|------------------------------------|------------------------------|
| Single | \$300 | \$2,200 | \$300 | \$2,800 |
| 2 Person | \$700 | \$4,300 | \$600 | \$5,600 |
| Parent/Child(ren) | \$700 | \$4,300 | \$600 | \$5,600 |
| Family | \$700 | \$4,300 | \$600 | \$5,600 |

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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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

| VEHI Gold | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | Employee Cost Per Payroll |
|-------------------|---------------------------|------------------------------|------------------------------|----------------------------------|
| Single | \$692.86 | \$515.09 | \$177.77 | \$96.97 |
| Two-Person | \$1385.72 | \$967.36 | \$418.36 | \$228.20 |
| Parent/Child(ren) | \$1159.54 | \$796.34 | \$363.20 | \$198.11 |
| Family | \$1961.30 | \$1426.80 | \$534.50 | \$291.55 |

- 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:

| <u>Medical Claims:</u> | HRA OOP (EE Pays First) | HRA Pays | HRA OOP (EE pays after HRA) | Total BCBS Deductible |
|-------------------------------|--------------------------------|-----------------|------------------------------------|------------------------------|
| Single | \$300 | \$2,200 | \$600 | \$3,100 |
| 2 Person | \$700 | \$4,300 | \$1,200 | \$6,200 |
| Parent/Child(ren) | \$700 | \$4,300 | \$1,200 | \$6,200 |
| Family | \$700 | \$4,300 | \$1,200 | \$6,200 |

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

HRA eligible expenses include:

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- 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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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

| VEHI Gold CDHP | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | Employee Cost Per Payroll |
|-----------------------|---------------------------|------------------------------|------------------------------|----------------------------------|
| Single | \$643.86 | \$515.09 | \$128.77 | \$70.24 |
| Two-Person | \$1209.20 | \$967.36 | \$241.84 | \$131.91 |
| Parent/Child(ren) | \$995.43 | \$796.34 | \$199.09 | \$108.59 |
| Family | \$1783.50 | \$1426.80 | \$356.70 | \$194.56 |

- 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:

| <u>Medical Claims:</u> | HRA OOP (EE Pays First) | HRA Pays | Total BCBS Deductible |
|-------------------------------|--------------------------------|-----------------|------------------------------|
| Single | \$300 | \$2,200 | \$2,500 |
| 2 Person | \$700 | \$4,300 | \$5,000 |
| Parent/Child(ren) | \$700 | \$4,300 | \$5,000 |
| Family | \$700 | \$4,300 | \$5,000 |

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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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

| VEHI Silver CDHP | Total Monthly Cost | Employer Monthly Cost | Employee Monthly Cost | Employee Cost Per Payroll |
|-------------------|--------------------|-----------------------|-----------------------|---------------------------|
| Single | \$555.07 | \$515.09 | \$39.98 | \$21.81 |
| Two-Person | \$1110.15 | \$967.36 | \$142.79 | \$77.89 |
| Parent/Child(ren) | \$935.70 | \$796.34 | \$139.36 | \$76.01 |
| Family | \$1579.56 | \$1426.80 | \$152.76 | \$83.32 |

- 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:

| Medical Claims: | HRA OOP (EE Pays First) | HRA Pays | HRA OOP (EE pays after HRA) | Total BCBS Deductible |
|------------------------|--------------------------------|-----------------|------------------------------------|------------------------------|
| Single | \$300 | \$2,200 | \$1,500 | \$4,000 |
| 2 Person | \$700 | \$4,300 | \$3,000 | \$8,000 |
| Parent/Child(ren) | \$700 | \$4,300 | \$3,000 | \$8,000 |
| Family | \$700 | \$4,300 | \$3,000 | \$8,000 |

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)