



**EE Class: Office Personnel**

**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	\$410.46	\$311.68	\$143.85
Two-Person	\$1444.29	\$760.92	\$683.37	\$315.40
Parent/Child(ren)	\$1207.53	\$587.19	\$620.34	\$286.31
Family	\$2042.93	\$1152.18	\$890.75	\$411.12

- 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><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	\$300	\$2,800
2 Person	\$800	\$4,200	\$600	\$5,600
Parent/Child(ren)	\$800	\$4,200	\$600	\$5,600
Family	\$1,200	\$3,800	\$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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**\*\*July 1, 2019 - June 30, 2020\*\***

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VEHI Gold	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$692.86	\$410.46	\$282.40	\$130.33
Two-Person	\$1385.72	\$760.92	\$624.80	\$288.37
Parent/Child(ren)	\$1159.54	\$587.19	\$572.35	\$264.16
Family	\$1961.30	\$1152.18	\$809.12	\$373.44

- 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>Medical Claims:</b>	HRA OOP (EE Pays First)	HRA Pays	HRA OOP (EE pays after HRA)	Total BCBS Deductible
Single	\$400	\$2,100	\$600	\$3,100
2 Person	\$800	\$4,200	\$1,200	\$6,200
Parent/Child(ren)	\$800	\$4,200	\$1,200	\$6,200
Family	\$1,200	\$3,800	\$1,200	\$6,200

**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

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VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$643.86	\$410.46	\$233.40	\$107.72
Two-Person	\$1209.20	\$760.92	\$448.28	\$206.90
Parent/Child(ren)	\$995.43	\$587.19	\$408.24	\$188.42
Family	\$1783.50	\$1152.18	\$631.32	\$291.38

- 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	\$400	\$2,100	\$2,500
2 Person	\$800	\$4,200	\$5,000
Parent/Child(ren)	\$800	\$4,200	\$5,000
Family	\$1,200	\$3,800	\$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

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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$555.07	\$410.46	\$144.61	\$66.74
Two-Person	\$1110.15	\$760.92	\$349.23	\$161.18
Parent/Child(ren)	\$935.70	\$587.19	\$348.51	\$160.85
Family	\$1579.56	\$1152.18	\$427.38	\$197.25

- 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>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	\$1,500	\$4,000
2 Person	\$800	\$4,200	\$3,000	\$8,000
Parent/Child(ren)	\$800	\$4,200	\$3,000	\$8,000
Family	\$1,200	\$3,800	\$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)