



EE Class: Paraeducators < 11 YOS (BEAP)

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	\$579.47	\$142.67	\$77.82
Two-Person	\$1444.29	\$677.47	\$766.82	\$418.26
Parent/Child(ren)	\$1207.53	\$547.94	\$659.59	\$359.77
Family	\$2042.93	\$826.56	\$1216.37	\$663.47

- 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:

<u>Medical Claims:</u>	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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VEHI Gold	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$692.86	\$579.47	\$113.39	\$61.85
Two-Person	\$1385.72	\$677.47	\$708.25	\$386.32
Parent/Child(ren)	\$1159.54	\$547.94	\$611.60	\$333.60
Family	\$1961.30	\$826.56	\$1134.74	\$618.95

- 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:

- 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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VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$643.86	\$579.47	\$64.39	\$35.12
Two-Person	\$1209.20	\$677.47	\$531.73	\$290.03
Parent/Child(ren)	\$995.43	\$547.94	\$447.49	\$244.08
Family	\$1783.50	\$826.56	\$956.94	\$521.97

- 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****

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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$555.07	\$579.47	\$0	\$0
Two-Person	\$1110.15	\$677.47	\$432.68	\$236.00
Parent/Child(ren)	\$935.70	\$547.94	\$387.76	\$211.50
Family	\$1579.56	\$826.56	\$753.00	\$410.73

- 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)