



**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

<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	\$579.47	\$142.67	\$77.82
Two-Person	\$1444.29	\$822.58	\$621.71	\$339.12
Parent/Child(ren)	\$1207.53	\$667.40	\$540.13	\$294.62
Family	\$2042.93	\$879.90	\$1145.03	\$624.56

- 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 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 OOP maximum</b>
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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<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	\$579.47	\$113.39	\$61.85
Two-Person	\$1385.72	\$822.58	\$563.14	\$307.17
Parent/Child(ren)	\$1159.54	\$667.40	\$492.14	\$268.44
Family	\$1961.30	\$879.90	\$1063.40	\$580.04

- 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 OOP maximum</b>
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

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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	\$822.58	\$386.62	\$210.89
Parent/Child(ren)	\$995.43	\$667.40	\$328.03	\$178.93
Family	\$1783.50	\$879.90	\$885.60	\$483.05

- 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>Medical Claims:</b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>Total BCBS OOP maximum</b>
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:**

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- 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	\$579.47	\$0	\$0
Two-Person	\$1110.15	\$822.58	\$287.57	\$156.86
Parent/Child(ren)	\$935.70	\$667.40	\$268.30	\$146.35
Family	\$1579.56	\$879.90	\$681.66	\$371.81

- 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:

<u>Medical Claims:</u>	HRA OOP (EE Pays First)	HRA Pays	HRA OOP (EE pays after HRA)	Total BCBS OOP maximum
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
- Medical deductible
- Rx copayments
- Rx coinsurance
- All IRS qualified expenses
- Medical coinsurance

See HRA plan document for complete details (by request)