



EE Class: Non-aligned Directors

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	\$95.56
Two-Person	\$1444.29	\$967.36	\$476.93	\$220.12
Parent/Child(ren)	\$1207.53	\$796.34	\$411.19	\$189.78
Family	\$2042.93	\$1426.80	\$616.13	\$284.37

- 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 OOP maximum
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	\$800	\$4,200	\$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	\$515.09	\$177.77	\$82.05
Two-Person	\$1385.72	\$967.36	\$418.36	\$193.09
Parent/Child(ren)	\$1159.54	\$796.34	\$363.20	\$167.63
Family	\$1961.30	\$1426.80	\$534.50	\$246.69

- 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 OOP maximum
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	\$800	\$4,200	\$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	\$515.09	\$128.77	\$59.43
Two-Person	\$1209.20	\$967.36	\$241.84	\$111.62
Parent/Child(ren)	\$995.43	\$796.34	\$199.09	\$91.88
Family	\$1783.50	\$1426.80	\$356.70	\$164.63

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

OR you may elect a Health Savings Account instead of the HRA. You will make your election on your enrollment form.

HSA

- You have employer funding into an HSA – complete certification form to qualify
- You have the option of contributing your own pre-tax HSA dollars if you choose to – you must complete payroll deduction form
- You have the option of using a Limited Purpose FSA for dental and vision - please complete separate form

Your employer will contribute the following amounts for each enrollee:

Single: \$3500.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$4200.00

Employer HSA contributions will be made on the following schedule: Annually

An employee match of HSA funds is required:

Single: N/A Two-person: N/A Parent/Child(ren): N/A Family: N/A



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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$555.07	\$515.09	\$39.98	\$18.45
Two-Person	\$1110.15	\$967.36	\$142.79	\$65.90
Parent/Child(ren)	\$935.70	\$796.34	\$139.36	\$64.32
Family	\$1579.56	\$1426.80	\$152.76	\$70.50

- 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	\$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	\$800	\$4,200	\$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)

OR you may elect a Health Savings Account instead of the HRA. You will make your election on your enrollment form.

HSA

- You have employer funding into an HSA – complete certification form to qualify
- You have the option of contributing your own pre-tax HSA dollars if you choose to – you must complete payroll deduction form
- You have the option in using a Limited Purpose FSA for dental and vision - please complete separate form

Your employer will contribute the following amounts for each enrollee:

Single: \$3500.00 Two-person \$4200.00 Parent/Child(ren) \$4200.00 Family \$4200.00

Employer HSA contributions will be made on the following schedule: Annually

An employee match of HSA funds is required:

Single: N/A Two-person: N/A Parent/Child(ren): N/A Family: N/A