



**EE Class: Food Services**

**YOUR COST-SHARE FOR EACH OF THE VEHI HEALTH PLAN OPTIONS**

**\*\*July 1, 2020 – December 31, 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	\$821.38	\$581.28	\$240.10	\$130.86
Two-Person	\$1642.76	\$581.28	\$1061.48	\$578.99
Parent/Child(ren)	\$1373.47	\$581.28	\$792.19	\$432.10
Family	\$2323.67	\$581.28	\$1742.39	\$950.39

- 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>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 OOP maximum</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	\$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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<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	\$790.20	\$581.28	\$208.92	\$113.96
Two-Person	\$1580.39	\$581.28	\$999.11	\$544.97
Parent/Child(ren)	\$1322.44	\$581.28	\$741.16	\$404.27
Family	\$2236.84	\$581.28	\$1655.56	\$903.03

- 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	\$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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<b>VEHI Gold CDHP</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$726.60	\$581.28	\$145.32	\$79.27
Two-Person	\$1364.59	\$581.28	\$783.31	\$427.26
Parent/Child(ren)	\$1123.35	\$581.28	\$542.07	\$295.67
Family	\$2012.69	\$581.28	\$1431.41	\$780.77

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



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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$636.61	\$581.28	\$55.33	\$30.18
Two-Person	\$1273.24	\$581.28	\$691.96	\$377.43
Parent/Child(ren)	\$1073.16	\$581.28	\$491.88	\$268.30
Family	\$1811.60	\$581.28	\$1230.32	\$671.08

- 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
- Rx copayments
- All IRS qualified expenses
- Medical deductible
- Rx coinsurance
- Medical coinsurance

See HRA plan document for complete details (by request)