



EE Class: Non-aligned Directors

**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

VEHI Platinum	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$821.38	\$581.28	\$240.10	\$110.82
Two-Person	\$1642.76	\$1091.67	\$551.09	\$254.35
Parent/Child(ren)	\$1373.47	\$898.68	\$474.79	\$219.13
Family	\$2323.67	\$1610.15	\$713.52	\$329.32

- 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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VEHI Gold	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$790.20	\$581.28	\$208.92	\$96.42
Two-Person	\$1580.39	\$1091.67	\$488.72	\$225.56
Parent/Child(ren)	\$1322.44	\$898.68	\$423.76	\$195.58
Family	\$2236.84	\$1610.15	\$626.69	\$289.24

- 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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<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	\$67.07
Two-Person	\$1364.59	\$1091.67	\$272.92	\$125.96
Parent/Child(ren)	\$1123.35	\$898.68	\$224.67	\$103.69
Family	\$2012.69	\$1610.15	\$402.54	\$185.79

- 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)

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

**HSA**

- 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	\$636.61	\$581.28	\$55.33	\$25.54
Two-Person	\$1273.24	\$1091.67	\$181.57	\$83.80
Parent/Child(ren)	\$1073.16	\$898.68	\$174.48	\$80.53
Family	\$1811.60	\$1610.15	\$201.45	\$92.98

- 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)

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

**HSA**

- 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:

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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