



EE Class: Non-aligned school year (Personal 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

VEHI Platinum	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$821.38	\$581.28	\$240.10	\$130.86
Two-Person	\$1642.76	\$1091.67	\$551.09	\$300.59
Parent/Child(ren)	\$1373.47	\$898.68	\$474.79	\$258.98
Family	\$2323.67	\$1610.15	\$713.52	\$389.19

- 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	\$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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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 Gold	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$790.20	\$581.28	\$208.92	\$113.96
Two-Person	\$1580.39	\$1091.67	\$488.72	\$266.57
Parent/Child(ren)	\$1322.44	\$898.68	\$423.76	\$231.14
Family	\$2236.84	\$1610.15	\$626.69	\$341.83

- 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	\$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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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 Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$726.60	\$581.28	\$145.32	\$79.27
Two-Person	\$1364.59	\$1091.67	\$272.92	\$148.86
Parent/Child(ren)	\$1123.35	\$898.68	\$224.67	\$122.55
Family	\$2012.69	\$1610.15	\$402.54	\$219.57

- 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	\$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)



EE Class: Non-aligned school year (Personal 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

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	\$1091.67	\$181.57	\$99.04
Parent/Child(ren)	\$1073.16	\$898.68	\$174.48	\$95.17
Family	\$1811.60	\$1610.15	\$201.45	\$109.88

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

See HRA plan document for complete details (by request)