



**EE Class: Non-Aligned year round (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

<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	\$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><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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**YOUR COST-SHARE FOR EACH OF THE VEHI HEALTH PLAN OPTIONS**

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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	\$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:

<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

See HRA plan document for complete details (by request)



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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	\$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)



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

**\*\*July 1, 2020 – December 31, 2020\*\***

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<b>VEHI Silver CDHP</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
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:

<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	\$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)