



EE Class: Paraeducators < 11 YOS (BEAP)

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	\$653.94	\$167.44	\$91.33
Two-Person	\$1642.76	\$911.15	\$895.36	\$488.38
Parent/Child(ren)	\$1373.47	\$740.31	\$767.96	\$418.89
Family	\$2323.67	\$991.87	\$1412.31	\$770.35

- ☒ 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

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VEHI Gold	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$790.20	\$653.94	\$136.26	\$74.32
Two-Person	\$1580.39	\$911.15	\$832.99	\$454.36
Parent/Child(ren)	\$1322.44	\$740.31	\$716.93	\$391.05
Family	\$2236.84	\$991.87	\$1325.48	\$722.99

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- ☒ 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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VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$726.60	\$653.94	\$72.66	\$39.63
Two-Person	\$1364.59	\$911.15	\$617.19	\$336.65
Parent/Child(ren)	\$1123.35	\$740.31	\$517.84	\$282.46
Family	\$2012.69	\$991.87	\$1101.33	\$600.72

- ☒ 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)



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

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VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$636.61	\$653.94	\$0	\$0
Two-Person	\$1273.24	\$911.15	\$525.84	\$286.82
Parent/Child(ren)	\$1073.16	\$740.31	\$467.65	\$255.08
Family	\$1811.60	\$991.87	\$900.24	\$491.04

- ☒ 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)