

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

July 1, 2020 - June 30, 2021

** 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	\$144.06
Two-Person	\$1642.76	\$1091.67	\$551.09	\$330.65
Parent/Child(ren)	\$1373.47	\$898.68	\$474.79	\$284.87
Family	\$2323.67	\$1610.15	\$713.52	\$428.11

^{*}Payroll start date: 9/18/2020, Payroll end date: 6/11/2021

V	You have an	Employer	Health Re	eimbursement	Arrangement	$(HR\Delta) = see$	terms he	سماد
بغا	TOU Have all	LIIIDIOVEI	HEALTH IN	ciiiibui seilleili	Allangement	111111111111111111111111111111111111111	reillis ne	

Your HRA plan design for the **VEHI Platinum** is:

Medical Claims:	HRA OOP (EE Pays First)	HRA Pays	HRA OOP (EE pays after HRA)	Total BCBS OOP maximum
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 eligib	le expenses	includ	e:
------------	-------------	--------	----

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

See HRA plan document for complete details (by request)

[☑] Your HRA will be administered by: DataPath

[☑] You have the option of a Flexible Spending Account (FSA) – please complete separate form



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

July 1, 2020 - June 30, 2021

* 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	\$125.35
Two-Person	\$1580.39	\$1091.67	\$488.72	\$293.23
Parent/Child(ren)	\$1322.44	\$898.68	\$423.76	\$254.26
Family	\$2236.84	\$1610.15	\$626.69	\$376.01

^{*}Payroll start date: 9/18/2020, Payroll end date: 6/11/2021

- ☑ 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:

Medical Claims:	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 eligi	ble ex	penses	inc	lud	le:
-----------	--------	--------	-----	-----	-----

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

See HRA plan document for complete details (by request)



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

July 1, 2020 - June 30, 2021

** 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	\$87.19
Two-Person	\$1364.59	\$1091.67	\$272.92	\$163.75
Parent/Child(ren)	\$1123.35	\$898.68	\$224.67	\$134.80
Family	\$2012.69	\$1610.15	\$402.54	\$241.52

^{*}Payroll start date: 9/18/2020, Payroll end date: 6/11/2021

V	You have an Emplo	vor Hoalth Do	imhurcamant Arr	angament (HPA	1 - can tarms he	سماد
v	Tou have all Ellipio	yei neaitii ne	annoursement Am	angement (nna	1) — see terris be	21000

Your HRA plan design for the VEHI Gold CHDP is:

Medical Claims:			Total BCBS OOP
ivieuicai Ciaiiiis.	HRA OOP (EE Pays First)	HRA Pays	maximum
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

HR/	ila ۱	σih	ما	expe	nses	inc	hud	ρ.

☑ Medical copayments ☑ Rx copayments □ All IRS qualified expenses ☑ Medical deductible ☑ Rx coinsurance ☑ Medical coinsurance See HRA plan document for complete details (by request)

[☑] Your HRA will be administered by: DataPath

[☑] You have the option of a Flexible Spending Account (FSA) – please complete separate form



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

July 1, 2020 - June 30, 2021

** 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	\$509.29	\$127.32	\$76.39
Two-Person	\$1273.24	\$1018.59	\$254.65	\$152.79
Parent/Child(ren)	\$1073.16	\$858.53	\$214.63	\$128.78
Family	\$1811.60	\$1449.28	\$362.32	\$217.39

^{*}Payroll start date: 9/18/2020, Payroll end date: 6/11/2021

- ☑ 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:

Medical Claims:				Total BCBS OOP
ivieuicai Ciaiiiis.	HRA OOP (EE Pays First)	HRA Pays	HRA OOP (EE pays after HRA)	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	inc	lude:
1111	CHEIDIC	CADCIISCS	1110	uuc.

☑ Medical copayments	☑ Rx copayments	☐ All IRS qualified expenses
☑ Medical deductible	☑ Rx coinsurance	☑ Medical coinsurance

See HRA plan document for complete details (by request)