



**EE Class: Food Services**

**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

<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	\$144.06
Two-Person	\$1642.76	\$581.28	\$1061.48	\$636.89
Parent/Child(ren)	\$1373.47	\$581.28	\$792.19	\$475.31
Family	\$2323.67	\$581.28	\$1742.39	\$1045.43

\*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 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	\$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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**\*\*July 1, 2020 – June 30, 2021\*\***

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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	\$125.35
Two-Person	\$1580.39	\$581.28	\$999.11	\$599.47
Parent/Child(ren)	\$1322.44	\$581.28	\$741.16	\$444.70
Family	\$2236.84	\$581.28	\$1655.56	\$999.34

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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:

<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	\$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
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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	\$87.19
Two-Person	\$1364.59	\$581.28	\$783.31	\$469.99
Parent/Child(ren)	\$1123.35	\$581.28	\$542.07	\$325.24
Family	\$2012.69	\$581.28	\$1431.41	\$858.85

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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 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

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**\*\*July 1, 2020 – June 30, 2021\*\***

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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	\$508.29	\$127.32	\$76.39
Two-Person	\$1273.24	\$581.28	\$691.96	\$415.18
Parent/Child(ren)	\$1073.16	\$581.28	\$491.88	\$295.13
Family	\$1811.60	\$581.28	\$1230.32	\$738.19

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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 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	\$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:**

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- ☒ Medical deductible      ☒ Rx coinsurance      ☒ Medical coinsurance

See HRA plan document for complete details (by request)