

**Employee Class: Paraeducators (BEA-P)**  
**Number of Premium Deductions per Year: 20**



**INFORMATION FOR ALL HEALTH PLANS**

- ❖ All plans are compatible with a Health Reimbursement Arrangement (HRA). An HRA is an employer-funded health benefit that reimburses employees for out-of-pocket medical costs. This is provided at no cost to the employee.
- ❖ The Silver CDHP Plan is also compatible with a Health Savings Account (HSA). An HSA is a tax-advantaged medical savings account.
- ❖ Employees on all plans have the option to enroll in a Flexible Spending Account (FSA).
- ❖ The HRA, HSA, and FSA are all administered by **DataPath**.
- ❖ More information on HRAs, HSAs and FSAs (including enrollment booklets) can be found on the [Employee Benefits Page](#).
- ❖ All plans cover the same services. The difference between each plan is how you pay for the services, including health insurance premiums and out-of-pocket (OOP) costs.
- ❖ Summaries of benefits and the Blue Cross Blue Shield Enrollment Book can also be found on the [Employee Benefits Page](#).
- ❖ There are four plans to choose from: Platinum, Gold, Gold CDHP, and Silver CDHP. At full-time equivalency (1.0 FTE), health insurance premiums are split between the Employer and Employee, with an 80% Employer contribution and 20% Employee Contribution to the Gold CDHP and Silver CDHP Plans. For paraeducators who have single coverage, the premium split is 88% Employer contribution and 12% Employee Contribution.
  - Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.
  - Employer Contributions are pro-rated for less than 1.0 FTE.
- ❖ Please review the following pages to compare the cost-sharing rates of each plan.

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**PREMIUM COST-SHARING RATE FOR VEHI PLATINUM**

**July 1, 2022 – June 30, 2023**

\*\* Costs are based on a 1.0 FTE

VEHI Platinum	Total Annual Cost (Employer + Employee)	Employer Annual Cost	Employee Annual Cost	Total Monthly Cost (Employer + Employee)	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$11,144.16	\$8,042.69	\$3,101.47	\$928.68	\$670.22	\$258.46	\$114.86
Two-Person	\$22,288.56	\$15,104.54	\$7,184.02	\$1,857.38	\$1,258.71	\$598.67	\$359.20
Parent/Child(ren)	\$18,634.80	\$12,434.30	\$6,200.50	\$1,552.90	\$1,036.19	\$516.71	\$310.02
Family	\$31,526.88	\$22,278.34	\$9,248.54	\$2,627.24	\$1,856.53	\$770.71	\$462.43

❖ Your HRA pays for out-of-pocket (OOP) expenses *first*. If all HRA funds are used, *then* the employee pays the out-of-pocket costs (highlighted in green below) until the out of pocket maximum is reached.

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

Tier	HRA-Paid Portion of OOP (BSD)	Employee-Paid Portion of OOP	Total BCBS OOP Maximum
Single	\$2,200	\$600	\$2,800
2 Person	\$4,400	\$1,200	\$5,600
Parent/Child(ren)	\$4,400	\$1,200	\$5,600
Family	\$4,400	\$1,200	\$5,600

Updated 05/24/2022

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**PREMIUM COST-SHARING RATE FOR VEHI GOLD**

**July 1, 2022 – June 30, 2023**

\*\* Costs are based on a 1.0 FTE

VEHI Gold	Total Annual Cost (Employer + Employee)	Employer Annual Cost	Employee Annual Cost	Total Monthly Cost (Employer + Employee)	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$10,890.48	\$8,042.69	\$2,847.79	\$907.54	\$670.22	\$237.32	\$102.18
Two-Person	\$21,780.96	\$15,104.54	\$6,676.42	\$1,815.08	\$1,258.71	\$556.37	\$333.82
Parent/Child(ren)	\$18,225.84	\$12,434.30	\$5,791.54	\$1,518.82	\$1,036.19	\$482.63	\$289.58
Family	\$30,828.00	\$22,278.34	\$8,549.66	\$2,569.00	\$1,856.53	\$712.47	\$427.48

❖ Your HRA pays for out-of-pocket (OOP) expenses *first*. If all HRA funds are used, *then* the employee pays the out-of-pocket costs (highlighted in green below) until the out of pocket maximum is reached.

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

Tier	HRA-Paid Portion of OOP (BSD)	Employee-Paid Portion of OOP	Total BCBS OOP Maximum
Single	\$2,200	\$9000	\$3,100
2 Person	\$4,400	\$1,800	\$6,200
Parent/Child(ren)	\$4,400	\$1,800	\$6,200
Family	\$4,400	\$1,800	\$6,200

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**PREMIUM COST-SHARING RATE FOR VEHI Gold CDHP**

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VEHI Gold CDHP	Total Annual Cost (Employer + Employee)	Employer Annual Cost	Employee Annual Cost	Total Monthly Cost (Employer + Employee)	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$10,053.36	\$8,042.69	\$2,010.67	\$837.78	\$670.22	\$167.56	\$60.32
Two-Person	\$18,880.68	\$15,104.54	\$3,776.14	\$1,573.39	\$1,258.71	\$314.68	\$188.81
Parent/Child(ren)	\$15,542.88	\$12,434.30	\$3,108.58	\$1,295.24	\$1,036.19	\$259.05	\$155.43
Family	\$27,847.92	\$22,278.34	\$5,569.58	\$2,320.66	\$1,856.53	\$464.13	\$278.48

❖ Your HRA pays for out-of-pocket (OOP) expenses *first*. If all HRA funds are used, *then* the employee pays the out-of-pocket costs (highlighted in green below) until the out of pocket maximum is reached.

Your HRA plan design for the **VEHI Gold CDHP** is:

Tier	HRA-Paid Portion of OOP (BSD)	Employee-Paid Portion of OOP	Total BCBS OOP Maximum
Single	\$2,200	\$300	\$2,500
2 Person	\$4,400	\$600	\$5,000
Parent/Child(ren)	\$4,400	\$600	\$5,000
Family	\$4,400	\$600	\$5,000

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**PREMIUM COST-SHARING RATE FOR VEHI SILVER CDHP**

July 1, 2022 – June 30, 2023

\*\* Costs are based on a 1.0 FTE

VEHI Silver CDHP	Total Annual Cost (Employer + Employee)	Employer Annual Cost	Employee Annual Cost	Total Monthly Cost (Employer + Employee)	Employer Monthly Cost	Employee Monthly Cost	Employee Cost Per Payroll
Single	\$9,306.96	\$7,445.57	\$1,861.39	\$775.58	\$620.46	\$155.12	\$55.84
Two-Person	\$18,614.04	\$14,891.23	\$3,722.81	\$1,551.17	\$1,240.94	\$310.23	\$186.14
Parent/Child(ren)	\$15,688.92	\$12,551.14	\$3,137.78	\$1,307.41	\$1,045.93	\$261.48	\$156.89
Family	\$26,484.60	\$21,187.68	\$5,296.92	\$2,207.05	\$1,765.64	\$441.41	\$264.85

- ❖ Your HRA pays for out-of-pocket (OOP) expenses *first*. If all HRA funds are used, *then* the employee pays the out-of-pocket costs (highlighted in green below) until the out of pocket maximum is reached.
- ❖ With the Silver CDHP Plan, you may enroll in either the Health Reimbursement Arrangement (HRA) or a Health Savings Account (HSA).

Your HRA plan design for the **VEHI Silver CDHP** is:

Tier	HSA/HRA-Paid Portion of OOP (BSD)	Employee-Paid Portion of OOP	Total BCBS OOP Maximum
Single	\$2,200	\$1,800	\$4,000
2 Person	\$4,400	\$3,600	\$8,000
Parent/Child(ren)	\$4,400	\$3,600	\$8,000
Family	\$4,400	\$3,600	\$8,000

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