

**Employee Class: Non-Licensed, Year-Round Employees &
Employees Who Receive Summer Pay**

Includes: Non-Union Year-Round, Office Personnel, Property Services, Technology Support, Non-Union Directors
Number of Premium Deductions per Year: 26



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.
 - o Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.
 - o 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, 2023 – June 30, 2024

** 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	\$12,477.72	\$9,066.53	\$3,411.19	\$1,039.81	\$755.54	\$284.27	\$131.20
Two-Person	\$24,955.68	\$17,027.42	\$7,928.26	\$2,079.64	\$1,418.95	\$660.69	\$304.93
Parent/Child(ren)	\$20,864.64	\$14,017.25	\$6,847.39	\$1,738.72	\$1,168.10	\$570.62	\$263.36
Family	\$35,299.44	\$25,114.46	\$10,184.98	\$2,941.62	\$2,092.87	\$848.75	\$391.73

❖ 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

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PREMIUM COST-SHARING RATE FOR VEHI GOLD

July 1, 2023 – June 30, 2024

** 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	\$12,192.12	\$9,066.53	\$3,125.59	\$1,016.01	\$755.54	\$260.47	\$120.22
Two-Person	\$24,384.24	\$17,027.42	\$7,356.82	\$2,032.02	\$1,418.95	\$613.07	\$282.95
Parent/Child(ren)	\$20,404.20	\$14,017.25	\$6,386.95	\$1,700.35	\$1,168.10	\$532.25	\$245.65
Family	\$34,512.60	\$25,114.46	\$9,398.14	\$2,876.05	\$2,092.87	\$783.18	\$361.47

❖ 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	\$900	\$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

PREMIUM COST-SHARING RATE FOR VEHI Gold CDHP

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Number of Premium Deductions per Year: 26

July 1, 2023 – June 30, 2024

** Costs are based on a 1.0 FTE

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	\$11,333.16	\$9,066.53	\$2,266.63	\$944.43	\$755.54	\$188.89	\$87.18
Two-Person	\$21,284.28	\$17,027.42	\$4,256.86	\$1,773.69	\$1,418.95	\$354.74	\$163.73
Parent/Child(ren)	\$17,521.56	\$14,017.25	\$3,504.31	\$1,460.13	\$1,168.10	\$292.03	\$134.78
Family	\$31,393.08	\$25,114.46	\$6,278.62	\$2,616.09	\$2,092.87	\$523.22	\$241.49

❖ 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

PREMIUM COST-SHARING RATE FOR VEHI SILVER CDHP

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Number of Premium Deductions per Year: 26

** 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	\$10,428.12	\$8,342.50	\$2,085.62	\$869.01	\$695.21	\$173.80	\$80.22
Two-Person	\$20,856.60	\$16,685.28	\$4,171.32	\$1,738.05	\$1,390.44	\$347.61	\$160.44
Parent/Child(ren)	\$17,579.16	\$14,063.33	\$3,515.83	\$1,464.93	\$1,171.94	\$292.99	\$135.22
Family	\$29,675.40	\$23,740.32	\$5,935.08	\$2,472.95	\$1,978.36	\$494.59	\$228.27

- ❖ 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