

VEHI FY24 Non-Licensed Employee Health Cost Comparison.xlsx

Enter the District/Employer premium contribution percentage below (in cell A2) for actual costs:										
80%	Employee costs are in Italics									
Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Single	Platinum	\$2,800	\$2,200	\$600	\$1,039.81	\$12,477.72	\$9,066.53	\$3,411.19	\$284.27	\$4,011.19
Single	Gold	\$3,100	\$2,200	\$900	\$1,016.01	\$12,192.12	\$9,066.53	\$3,125.59	\$260.47	\$4,025.59
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$944.43	\$11,333.16	\$9,066.53	\$2,266.63	\$188.89	\$2,566.63
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$869.01	\$10,428.12	\$8,342.50	\$2,085.62	\$173.80	\$3,885.62
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> . Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Non-Licensed Employee* Full Time - Self & Spouse Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,079.64	\$24,955.68	\$17,027.42	\$7,928.26	\$660.69	\$9,128.26
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,032.02	\$24,384.24	\$17,027.42	\$7,356.82	\$613.07	\$9,156.82
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$1,773.69	\$21,284.28	\$17,027.42	\$4,256.86	\$354.74	\$4,856.86
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,738.05	\$20,856.60	\$16,685.28	\$4,171.32	\$347.61	\$7,771.32
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> . Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$1,738.72	\$20,864.64	\$14,017.25	\$6,847.39	\$570.62	\$8,047.39
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,700.35	\$20,404.20	\$14,017.25	\$6,386.95	\$532.25	\$8,186.95
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,460.13	\$17,521.56	\$14,017.25	\$3,504.31	\$292.03	\$4,104.31
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,464.93	\$17,579.16	\$14,063.33	\$3,515.83	\$292.99	\$7,115.83
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> . Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Non-Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2023 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2023	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Family	Platinum	\$5,600	\$4,400	\$1,200	\$2,941.62	\$35,299.44	\$25,114.46	\$10,184.98	\$848.75	\$11,384.98
Family	Gold	\$6,200	\$4,400	\$1,800	\$2,876.05	\$34,512.60	\$25,114.46	\$9,398.14	\$783.18	\$11,198.14
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$2,616.09	\$31,393.08	\$25,114.46	\$6,278.62	\$523.22	\$6,878.62
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,472.95	\$29,675.40	\$23,740.32	\$5,935.08	\$494.59	\$9,535.08
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> . Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2023.										

Updated 4.17.2023 - No change to HSA/HRA Funding for 2023-2025