

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, effective January 1, 2025 the premium split is 85% Employer contribution and 15% Employee Contribution.
 - 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, 2025 – December 31, 2025

** 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	\$16,070.52	\$11,814.91	\$4,255.61	\$1,339.21	\$984.58	\$354.63	\$175.86
Two-Person	\$32,141.28	\$22,189.06	\$9,952.22	\$2,678.44	\$1,849.09	\$829.35	\$497.61
Parent/Child(ren)	\$26,872.44	\$18,266.30	\$8,606.14	\$2,239.37	\$1,522.19	\$717.18	\$430.31
Family	\$45,463.44	\$32,727.55	\$12,735.89	\$3,788.62	\$2,727.30	\$1,061.32	\$636.79

- ❖ 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

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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	\$15,753.24	\$11,814.91	\$3,938.33	\$1,312.77	\$984.58	\$328.19	\$159.99
Two-Person	\$31,506.60	\$22,189.06	\$9,317.54	\$2,625.55	\$1,849.09	\$776.46	\$497.61
Parent/Child(ren)	\$26,364.00	\$18,266.30	\$8,097.70	\$2,197.00	\$1,522.19	\$674.81	\$430.31
Family	\$44,593.32	\$32,727.55	\$11,865.77	\$3,716.11	\$2,727.30	\$988.81	\$636.79

- ❖ 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

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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	\$14,768.64	\$11,814.91	\$2,953.73	\$1,230.72	\$984.58	\$246.14	\$110.76
Two-Person	\$27,736.32	\$22,189.06	\$5,547.26	\$2,311.36	\$1,849.09	\$462.27	\$277.36
Parent/Child(ren)	\$22,832.88	\$18,266.30	\$4,566.58	\$1,902.74	\$1,522.19	\$380.55	\$228.33
Family	\$40,909.44	\$32,727.55	\$8,181.89	\$3,409.12	\$2,727.30	\$681.82	\$409.09

- ❖ 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

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** 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	\$13,610.52	\$10,888.42	\$2,722.10	\$1,134.21	\$907.37	\$226.84	\$102.08
Two-Person	\$27,221.28	\$21,777.02	\$5,444.26	\$2,268.44	\$1,814.75	\$453.69	\$272.21
Parent/Child(ren)	\$22,943.64	\$18,354.91	\$4,588.73	\$1,911.97	\$1,529.58	\$382.39	\$229.44
Family	\$38,731.32	\$30,985.06	\$7,746.26	\$3,227.61	\$2,582.09	\$645.52	\$387.31

- ❖ 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