

Non-Licensed Year-Round Employees

(Non-Union Year-Round, OPs, Property Services, IT, 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/Beneliance**
 - [How Health Reimbursement Accounts Work](#)
 - HRA and HSA Claims should be submitted on the [MyRSC website](#) or app. [How to log into MyRSC](#).
 - FSA claims are submitted to the Summit Portal - [Learn how to Register HERE](#) (This includes the TPA code for activating your Summit Card).
- 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.
 - 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, 2026 – June 30, 2027

** 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	\$17,222.16	\$12,684.58	\$4,537.58	\$1,435.18	\$1,057.05	\$378.13	\$174.52
Two-Person	\$34,444.56	\$23,822.21	\$10,622.35	\$2,870.38	\$1,985.18	\$885.20	\$408.55
Parent/Child(ren)	\$28,798.08	\$19,610.78	\$9,187.30	\$2,399.84	\$1,634.23	\$765.61	\$353.36
Family	\$48,721.32	\$35,136.38	\$13,584.94	\$4,060.11	\$2,928.03	\$1,132.08	\$522.50

- 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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** 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	\$16,888.68	\$12,684.58	\$4,204.10	\$1,407.39	\$1,057.05	\$350.34	\$161.70
Two-Person	\$33,777.48	\$23,822.21	\$9,955.27	\$2,814.79	\$1,985.18	\$829.61	\$382.90
Parent/Child(ren)	\$28,264.20	\$19,610.78	\$8,653.42	\$2,355.35	\$1,634.23	\$721.12	\$332.82
Family	\$47,807.40	\$35,136.38	\$12,671.02	\$3,983.95	\$2,928.03	\$1,055.92	\$487.35

- 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

July 1, 2026 – June 30, 2027

** 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	\$15,855.72	\$12,684.58	\$3,171.14	\$1,321.31	\$1,057.05	\$264.26	\$121.97
Two-Person	\$29,777.76	\$23,822.21	\$5,955.55	\$2,481.48	\$1,985.18	\$496.30	\$229.06
Parent/Child(ren)	\$24,513.48	\$19,610.78	\$4,902.70	\$2,042.79	\$1,634.23	\$408.56	\$188.57
Family	\$43,920.48	\$35,136.38	\$8,784.10	\$3,660.04	\$2,928.03	\$732.01	\$337.85

- 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.

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, 2026 – June 30, 2027

** 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	\$14,514.84	\$11,611.87	\$2,902.97	\$1,209.57	\$967.66	\$241.91	\$111.65
Two-Person	\$29,030.04	\$23,224.03	\$5,806.01	\$2,419.17	\$1,935.34	\$483.83	\$223.31
Parent/Child(ren)	\$24,468.24	\$19,574.59	\$4,893.65	\$2,039.02	\$1,631.22	\$407.80	\$188.22
Family	\$41,304.96	\$33,043.97	\$8,260.99	\$3,442.08	\$2,753.66	\$688.42	\$317.73

- 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.
- 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