VEHI Health Plans

Effective: January 1, 2018

Introductory Comparison Grid

Type of Service	VEHI Platinum	VEHI Gold	VEHI Gold- CDHP*	VEHI Silver - CDHP*
	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum
Medical Deductible (Self/Other than Self)	$500 / $1,000 Stacked^	$1,200 / $2,400 Stacked^	$1,800 / $3,600 Aggregate**	$3,000 / $6,000 Stacked^
Prescription Drug Deductible	$0	$0	Included in Medical	Included in Medical
Medical Out-of-Pocket-Maximum (Self/Other than Self)	$1,500 / $3,000	$1,800 / $3,600	$2,500 / $5,000	$4,000 / $8,000
Prescription Drug Out-of-Pocket-Maximum (Self/Other than Self)	$1,300 / $2,600	$1,300 / $2,600	$1,300 / $2,600	$1,300 / $2,600
Total Out-of-Pocket Maximum for both Medical and Prescription Drug Benefits (Self/Other than Self)	$2,800 / $5,600	$3,100 / $6,200	$2,500 / $5,000	$4,000 / $8,000
Service Category	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Preventive Care	$0	$0	$0	$0
Primary Care Office Visit	$25	$25	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Mental Health / Substance Abuse Office Visit	$25	$25	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Specialist Office Visit	$35	$35	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Urgent Care	$75	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Ambulance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Durable Medical Equipment	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Emergency Room	$250	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Radiology (MRI, CT, PET)	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Outpatient	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Inpatient	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Vision Exam	$20	$20	$20	$20
Prescription Drug Benefits	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**	**Copay / Coinsurance**
Wellness Drugs #	n/a	n/a	100%	100%
Generic Tier 1	$4	$4	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Generic Tier 2	$10	$10	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Preferred Brand	$20	$20	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Non-Preferred Brand	50%	50%	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Compatible with: **Health Reimbursement Arrangement (HRA) - ◊** **Health Savings Account (HSA) - •**	◊	◊	◊ •	◊ •

Below is the filed pricing for the FY 18 new plans.
Final rates are expected by January 2017 to take effect January 1, 2018 through June 30, 2018.

FY 18 Filed Rates	VEHI Platinum	VEHI Gold	VEHI Gold- CDHP*	VEHI Silver - CDHP*
Single (Self)	$657.55	$622.94	$523.29	$456.34
2-Person	$1,315.10	$1,245.88	$982.75	$912.69
Parent/Child(ren)	$1,099.51	$1,042.53	$809.02	$769.27
Family	$1,860.19	$1,763.38	$1,449.51	$1,298.60

*CDHP- Consumer Directed Health Plan
^Stacked- Plan pays for an individual once the individual deductible is met.
**Aggregate- Full single or entire family deductible must be satisfied before benefits are paid.
#Wellness Drugs- www.bcbsvt.com/wellnessrx

Comparison of Combined Total Exposure for all Tiers

New Health Plans Cost Overview	VEHI Platinum Cost Share	VEHI Gold Cost Share	VEHI Gold CDHP Cost Share (aggregate)	VEHI Silver CDHP Cost Share (aggregate)
Single				
Maximum Out-of-Pocket Exposure	$ 2,800	$ 3,100	$ 2,500	$ 4,000
Annual Single Plan Rate	$ 7,886	$ 7,475	$ 6,279	$ 5,476
Combined Total Exposure	$ 10,686	$ 10,575	$ 8,779	$ 9,476
Two Person (Two Adults)				
Maximum Out-of-Pocket Exposure	$ 5,600	$ 6,200	$ 5,000	$ 8,000
Annual Two Person Plan Rate	$ 15,781	$ 14,951	$ 11,793	$ 10,952
Combined Total Exposure	$ 21,381	$ 21,151	$ 16,793	$ 18,952
Parent/Child(ren)				
Maximum Out-of-Pocket Exposure	$ 5,600	$ 6,200	$ 5,000	$ 8,000
Annual Parent/Child(ren) Plan Rate	$ 13,194	$ 12,510	$ 9,708	$ 9,231
Combined Total Exposure	$ 18,794	$ 18,710	$ 14,708	$ 17,231
Family				
Maximum Out-of-Pocket Exposure	$ 5,600	$ 6,200	$ 5,000	$ 8,000
Annual Family Plan Rate	$ 22,322	$ 21,161	$ 17,394	$ 15,583
Combined Total Exposure	$ 27,922	$ 27,361	$ 22,394	$ 23,583

Barre SU VEHI Information for 2015

Single Tier	**2 Person Tier**	**Family Tier**
216 Members	184 Members	601 Members
216 Employee Accounts	92 Employee Accounts	152 Employee Accounts
10 Spent over the OOPM (Catastrophic Year)	3 Spent over the OOPM (Catastrophic Year)	12 Spent over the OOPM (Catastrophic Year)
Mean OOP Spent	Mean OOP Spent	Mean OOP Spent
$207.03	$ 404.15	$ 753.66
Median OOP Spent	Median OOP Spent	Median OOP Spent
$107.77	$ 238.78	$ 643.76
Maximum OOP Spent	Maximum OOP Spent	Maximum OOP Spent
$1229.01	$ 2656.41	$ 3901.24

Current VEHI VHP Plan has OOPM $700/$1500
PLUS unlimited medical copays and coinsurance

Board Proposal for Teachers and Custodians

7/1/2017 – 12/31/2017 - Status Quo

Effective 1/1/2018
Board will contribute toward the premium of any plan (for full-time employees, pro-rated for part time):
$13,920 for a Family Tier
$9,480 for a Two Person Tier
$7,800 for a Parent/Child(ren) Tier
$5,040 for a Single Tier
Board will fund an HRA for each employee enrolling in either the Gold CDHP or Silver CDHP Plan:
$1000 if in a Single Tier
$2000 if in any other Tier

Employee Savings Estimates For a Single Tier Gold CDHP Plan

Single	Total		Prem Total		
Catastrophic Year	VHP Prem		Gold CDHP		
15% Tax Rate	$ 9,028.92		$ 6,279.48		
	Current		New		Savings/(loss)
Premium:	$1,805.78		$1,239.48		$566.30
	700				
OOPM:	$ ~~1,500.00~~		$ 2,500.00		
Catastrophic Use	$ 1,000.00		$ (1,000.00)	HRA	
			$ (218.00)	Tax Savings	
			$ 1,282.00		$ (282.00)
					$ 284.30

Employee Savings Estimates For a Single Tier Gold CDHP Plan

Single	Total		Prem Total		
Typical Year	VHP Prem		Gold CDHP		
15% Tax Rate	$ 9,028.92		$ 6,279.48		
	Current		New		Savings/(loss)
Premium:	$1,805.78		$1,239.48		$ 566.30
OOPM:	$ 700.00			HRA covers the typical amount	
Typical Use:	$ 400.00			so there would not be any OOP cost	
			$ (87.20)	Tax Savings	
			$ (87.20)		$ 487.20
					$ 1,053.50

Employee Savings Estimates For a Two-Person Tier Gold CDHP Plan

Two Person	Total		Prem Total		
Catastrophic Year	VHP Prem		Gold CDHP		
15% Tax Rate	$ 17,747.88		$ 11,793.00		
	Current		New		Savings/(loss)
Premium:	$3,549.58		$2,313.00		$ 1,236.58
OOPM:	$ 1,500.00		$ 5,000.00		
Catastrophic Use	$ 2,000.00		$ (2,000.00)	HRA	
			$ (436.00)	Tax Savings	
			$ 2,564.00		$ (564.00)
					$ 672.58

NOTE: MOVING FROM A 2-PERSON TO A PARENT/CHILDREN WOULD SAVE MUCH MORE

Employee Savings Estimates For a Two-Person Tier Gold CDHP Plan

Two Person	Total		Prem Total		
Typical Year	VHP Prem		Gold CDHP		
15% Tax Rate	$ 17,747.88		$ 11,793.00		
	Current		New		Savings/(loss)
Premium:	$3,549.58		$2,313.00		$ 1,236.58
OOPM:	$ 1,500.00			HRA covers the typical amount	
Typical Use:	$ 770.00			so there would not be any OOP cost	
			$ (167.86)	Tax Savings	
			$ (167.86)		$ 937.86
					$ 2,174.44

NOTE: MOVING FROM A 2-PERSON TO A PARENT/CHILDREN WOULD SAVE MUCH MORE

Employee Savings Estimates For a Parent/Chil(dren) Tier Gold CDHP Plan

Two Person to Parent/Children					
Catastrophic Year	Total		Prem Total		
15% Tax Rate	VHP Prem		Gold CDHP		
	$ 17,747.88		$ 9,708.24		
	Current		New		Savings/(loss)
Premium:	$3,549.58		$1,908.24		$ 1,641.34
OOPM:	$ 1,500.00		$ 5,000.00		
Catastrophic Use	$ 2,000.00		$ (2,000.00)	HRA	
			$ (436.00)	Tax Savings	
			$ 2,564.00		$ (564.00)
					$ 1,077.34

Employee Savings Estimates For a Parent/Chil(dren) Tier Gold CDHP Plan

Two Person to Parent/Children					
Typical Year	Total		Prem Total		
15% Tax Rate	VHP Prem		Gold CDHP		
	$ 17,747.88		$ 9,708.24		
	Current		New		Savings/(loss)
Premium:	$3,549.58		$1,908.24		$ 1,641.34
OOPM:	$ 1,500.00			HRA covers the typical amount	
Typical Use:	$ 770.00			so there would not be any OOP cost	
			$ (167.86)	Tax Savings	
			$ (167.86)		$ 937.86
					$ 2,579.20

Employee Savings Estimates For a Family Tier Gold CDHP Plan

Family	Total		Prem Total		
Catastrophic Year	VHP Prem		Gold CDHP		
15% Tax Rate	$ 23,791.92		$ 17,394.12		
	Current		New		Savings/(loss)
Premium:	$4,758.38		$3,474.12		$ 1,284.26
OOPM:	$ 1,500.00		$ 5,000.00		
Catastrophic Use	$ 2,000.00		$ (2,000.00)	HRA	
			$ (436.00)	Tax Savings	
			$ 2,564.00		$ (564.00)
					$ 720.26

NOTE: MOVING FROM A FAMILY TO A PARENT/CHILDREN WOULD SAVE MUCH MORE

Employee Savings Estimates For a Family Tier Gold CDHP Plan

Family	Total		Prem Total		
Typical Year	VHP Prem		Gold CDHP		
15% Tax Rate	$ 23,791.92		$ 17,394.12		
	Current		New		Savings/(loss)
Premium:	$4,758.38		$3,474.12		$ 1,284.26
OOPM:	$ 1,500.00			HRA covers the typical amount	
Typical Use:	$ 770.00			so there would not be any OOP cost	
			$ (167.86)	Tax Savings	
			$ (167.86)		$ 937.86
					$ 2,222.12

NOTE: MOVING FROM A FAMILY TO A PARENT/CHILDREN WOULD SAVE MUCH MORE

Employee Savings Estimates For a Parent/Chil(dren) Tier Gold CDHP Plan

Family to Parent/Children					
Catastrophic Year	Total		Prem Total		
15% Tax Rate	VHP Prem		Gold CDHP		
	$ 23,791.92		$ 9,708.24		
	Current		New		Savings/(loss)
Premium:	$4,758.38		$1,908.24		$ 2,850.14
OOPM:	$ 1,500.00		$ 5,000.00		
Catastrophic Use	$ 2,000.00		$ (2,000.00)	HRA	
			$ (436.00)	Tax Savings	
			$ 2,564.00		$ (564.00)
					$ 2,286.14

Employee Savings Estimates For a Parent/Chil(dren) Tier Gold CDHP Plan

Family to Parent/Children					
Typical Year	Total		Prem Total		
15% Tax Rate	VHP Prem		Gold CDHP		
	$ 23,791.92		$ 9,708.24		
	Current		New		Savings/(loss)
Premium:	$4,758.38		$1,908.24		$ 2,850.14
OOPM:	$ 1,500.00			HRA covers the typical amount	
Typical Use:	$ 770.00			so there would not be any OOP cost	
			$ (167.86)	Tax Savings	
			$ (167.86)		$ 937.86
					$ 3,788.00

11/7/16 Association Proposal

Proposed Language

Article 12, Health Insurance:

The board will pay 95% of the premium for single, parent/child(ren), 2-person or family coverage in one of the following VEHI Health Insurance plans chosen by the teacher: Platinum, Gold, Gold CDHP, Silver CDHP. In addition, the Board shall provide each teacher with an integrated Health Reimbursement Arrangement sufficient to cover all medical expenses not covered by the VEHI Plan chosen by the teacher/employee. All administrative costs for the integrated HRA shall be paid by the board.

11/7 Ass'n Proposal