

VEHI Health Plan

Barre School Board Presentations

May, 2017

Our Current Plan Benefits and Out of Pocket Costs

Current VEHI Health Plans FY 17

	GF VHP Dual Option (preferred level only)
Type of Service	Deductible / Maximum
Medical Deductible (Self/Other than Self)	\$100 pp / up to \$300 per fam
Prescription Drug Deductible	\$0
Medical Out-of-Pocket-Maximum (Self/Other than Self)	n/a
Prescription Drug Out-of-Pocket-Maximum (Self/Other than Self)	\$800 / \$1,200
Total Out-of-Pocket Maximum for both Medical and Prescription Drug Benefits (Self/Other than Self)	\$700 / \$1,500 plus unlimited medical copays and coinsurance
Service Category	Copay / Coinsurance
Preventive Care	\$15
Primary Care Office Visit	\$15
Mental Health / Substance Abuse Office Visit	\$25
Specialist Office Visit	\$25
Urgent Care	covered in full
Ambulance	\$50
Durable Medical Equipment	deductible, then 20% coinsurance
Emergency Room	covered in full
Radiology (MRI, CT, PET)	covered in full
Outpatient	covered in full
Inpatient	covered in full
Vision Exam	\$20
Prescription Drug Benefits	Copay / Coinsurance
Wellness Drugs #	n/a
Generic Tier 1	\$5
Generic Tier 2	n/a
Preferred Brand	\$20
Non-Preferred Brand	\$45
Compatible with: Health Reimbursement Arrangement (HRA) - ◊ Health Savings Account (HSA) - *	◊

Our Current Plan Premium and Cost Share

<u>Annual Premium Cost and Cost Share for FY17 VEHI VHP Plan</u>			
<u>Tier</u>	<u>VEHI VHP Total</u>	<u>ER Share (80%)</u>	<u>EE Share (20%)</u>
Single	\$ 9,028.92	\$ 7,223.14	\$ 1,805.78
Two-Person	\$ 17,747.88	\$ 14,198.30	\$ 3,549.58
Parent-Children			
Family	\$ 23,791.92	\$ 19,033.54	\$ 4,758.38
VEHI states historical Out of Pocket Costs at			
approximately \$400 per enrolled plan member			

The FY18 Plan Benefits and Out of Pocket Costs

Health Plans	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
HRA or HSA Compatible	HRA	HRA	HRA/HSA	HRA/HSA
Medical Deductible	\$500/\$1,000	\$1,200/\$2,400	\$1,800/\$3,600 (aggregate)	\$3,000/\$6,000
Medical Out of Pocket Maximum	\$1,500/\$3,000	\$1,800/\$3,600	\$2,500/\$5,000 (aggregate)	\$4,000/\$8,000
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 (aggregate) (included in Medical OOPM)	\$1,300/\$2,600 (aggregate) (included in Medical OOPM)
Total Out of Pocket Exposure (Medical and Rx)	\$2,800/\$5,600	\$3,100/\$6,200	\$2,500/\$5,000 (aggregate)	\$4,000/\$8,000
Preventive PCP Visit	\$0	\$0	\$0	\$0
Primary Care Physician / Mental Health or Substance Abuse Visit	\$25	\$25	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Specialist Visit	\$35	\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent Care Facility	\$75	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
Inpatient, Outpatient, Radiology	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Generic tier 1 / tier 2 / Brand / NP Brand	\$4 / \$10 /\$20 / 50%	\$4 / \$10 /\$20 / 50%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Wellness Prescriptions	\$4 / \$10 /\$20 / 50%	\$4 / \$10 /\$20 / 50%	No member cost	No member cost

The FY18 Plan Premium Costs

<u>Annual Premium Cost for FY18 VEHI Plan Options</u>					FY17 (FOR REFERENCE)
<u>Tier</u>	<u>Platinum</u>	<u>Gold</u>	<u>Gold CDHP</u>	<u>Silver CDHP</u>	<u>VEHI VHP Total</u>
Single	\$ 7,890.60	\$ 7,475.28	\$ 6,279.48	\$ 5,476.08	\$ 9,028.92
Two-Person	\$ 15,781.20	\$ 14,950.56	\$ 11,793.00	\$ 10,952.28	\$ 17,747.88
Parent-Children	\$ 13,194.12	\$ 12,510.36	\$ 9,708.24	\$ 9,231.24	
Family	\$ 22,322.28	\$ 21,166.56	\$ 17,394.12	\$ 15,583.20	\$ 23,791.92

How Total Costs Compare for New Plan Options

New Health Plans Cost Overview	VEHI Platinum Cost Share	VEHI Gold Cost Share	VEHI Gold CDHP Cost Share (aggregate)	VEHI Silver CDHP Cost Share
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

Potential Premium Savings for FY18 Plan Options

<u>Potential Premium Savings for a 20% EE Contribution</u>			
<u>Tier</u>	<u>FY17 VHP EE (20%)</u>	<u>FY18 Gold CDHP EE (20%)</u>	<u>Potential Premium EE Savings</u>
Single	\$ 1,805.78	\$ 1,255.90	\$ 549.89
Two-Person	\$ 3,549.58	\$ 2,358.60	\$ 1,190.98
Two-Person to Parent-Children	\$ 3,549.58	\$ 1,941.65	\$ 1,607.93
Family	\$ 4,758.38	\$ 3,478.82	\$ 1,279.56
Family to Parent-Children	\$ 4,758.38	\$ 1,941.65	\$ 2,816.74
This assumes Board pays 80% of Gold CDHP Premium & Employee Pays 20%			

“Break-Even” EE Out of Pocket Contribution for FY18 Plan Options

<u>Potential EE "Break-Even" Contribution Toward Out of Pocket Maximum</u>				
<u>Tier</u>	<u>FY18 CDHP Gold OOPM</u>	<u>Potential Premium EE Savings</u>	<u>Current Average OOP EE Contribution</u>	<u>"Break-Even" EE OOP Contribution</u>
Single	\$ 2,500.00	\$ 549.89	\$ 400.00	\$ 949.89
Two-Person	\$ 5,000.00	\$ 1,190.98	\$ 800.00	\$ 1,990.98
Two-Person to Parent-Children	\$ 5,000.00	\$ 1,607.93	\$ 800.00	\$ 2,407.93
Family	\$ 5,000.00	\$ 1,279.56	\$ 1,600.00	\$ 2,879.56
Family to Parent-Children	\$ 5,000.00	\$ 2,816.74	\$ 1,600.00	\$ 4,416.74
Assume Current Average OOP Contribution is \$400 per member (per VEHI data)				
Average Family Size is 4 (per VEHI data)				