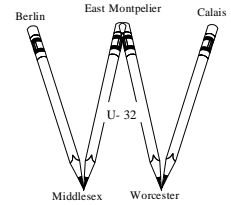


# Washington Central Unified Union School District

*WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.*

1130 Gallison Hill Road  
Montpelier, VT 05602  
Phone (802) 229-0553  
Fax (802) 229-2761

Dr. Megan Roy  
Superintendent



## TEACHERS - YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: January 1, 2023 – June 31, 2023

\*\* costs are based on a 1.0 FTE

VEHI Gold CDHP Plan	Employee Monthly Cost via payroll deduction	Employer Monthly Cost	Total Monthly Cost
Single	167.56	670.22	837.78
Two-Person	314.68	1,258.71	1,573.39
Parent + Child(ren)	259.04	1,036.20	1,295.24
Family (two adults + child(ren))	464.14	1,856.52	2,320.66

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA Value for the VEHI Gold CDHP Plan is:

Single: \$1,900 Two-Person: \$4,000 Parent /Child(ren): \$4,000 Family: \$4,000

Your HRA will be administered by BCBS MyMoney/Further.

HRA eligible expenses include:

- Medical Copayments
- Medical deductible
- Medical coinsurance
- Rx copayments
- Rx coinsurance
- Rx deductible

Your HRA pays first, then requires you to pay the remaining out-of-pocket costs.

Your out-of-pocket costs after the HRA has been exhausted:

Single: \$600.00 Two-Person: \$1,000.00 Parent /Child(ren): \$1,000.00 Family: \$1,000.00

A Debit Card is available for prescription purchases.

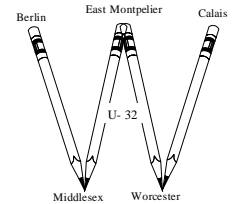
See HRA plan document for complete details (by request)

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## TEACHERS - YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: January 1, 2023 – June 31, 2023

\*\* costs are based on a 1.0 FTE

VEHI Platinum Plan	Employee Monthly Cost via payroll deduction	Employer Monthly Cost	Total Monthly Cost
Single	258.46	670.22	928.68
Two-Person	598.66	1,258.72	1,857.38
Parent + Child(ren)	516.70	1,036.20	1,552.90
Family (two adults + child(ren))	770.72	1,856.52	2,624.24

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA Value for the VEHI Platinum Plan is:

Single: \$1,900.00 Two-Person: \$4,000.00 Parent /Child(ren): \$4,000.00 Family: \$4,000.00

Your HRA will be administered by BCBS MyMoney/Further.

HRA eligible expenses include:

- Medical Copayments
- Medical deductible
- Medical coinsurance
- Rx copayments
- Rx coinsurance
- Rx deductible

Your HRA pays first, then requires you to pay the remaining out-of-pocket costs.

Your out-of-pocket costs after the HRA has been exhausted:

Single: \$900.00 Two-Person: \$1,600.00 Parent /Child(ren): \$1,600.00 Family: \$1,600.00

A Debit Card is available for prescription purchases.

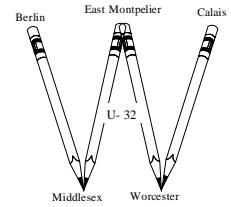
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## TEACHERS - YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: January 1, 2023 – June 31, 2023

\*\* costs are based on a 1.0 FTE

VEHI Gold Plan	Employee Monthly Cost via payroll deduction	Employer Monthly Cost	Total Monthly Cost
Single	237.32	670.22	907.54
Two-Person	556.36	1,258.72	1,815.08
Parent + Child(ren)	482.62	1,036.20	1,518.82
Family (two adults + child(ren))	712.48	1,856.52	2,569.00

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA Value for the VEHI Gold Plan is:

Single: \$1,900 Two-Person: \$4,000.00 Parent /Child(ren): \$4,000.00 Family: \$4,000.00

Your HRA will be administered by BCBS MyMoney/Further.

HRA eligible expenses include:

- Medical Copayments
- Medical deductible
- Medical coinsurance
- Rx copayments
- Rx coinsurance
- Rx deductible

Your HRA pays first, then requires you to pay the remaining out-of-pocket costs.

Your out-of-pocket costs after the HRA has been exhausted:

Single: \$1,200.00 Two-Person: \$2,200.00 Parent /Child(ren): \$2,200.00 Family: \$2,200.00

A Debit Card is available for prescription purchases.

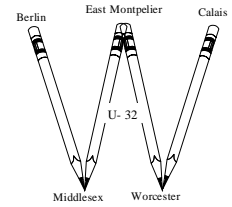
See HRA plan document for complete details (by request)

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## TEACHERS - YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: January 1, 2023 – June 31, 2023  
\*\* costs are based on a 1.0 FTE

VEHI Silver CDHP Plan	Employee Monthly Cost via payroll deduction	Employer Monthly Cost	Total Monthly Cost
Single	155.12	620.46	775.58
Two-Person	310.24	1,240.93	1,551.17
Parent + Child(ren)	261.48	1,045.57	1,307.05
Family (two adults + child(ren))	441.42	1,765.63	2,207.05

- You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- -or - You have the option of a Health Savings Account (HSA) instead of an HRA at request
- You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA or HSA Value for the VEHI Silver CDHP Plan is:

Single: \$1,900.00 Two-Person: \$4,000.00 Parent /Child(ren): \$4,000.00 Family: \$4,000.00

Your HRA will be administered by BCBS MyMoney/Further.

HRA eligible expenses include:

- Medical Copayments
- Medical deductible
- Medical coinsurance
- Rx copayments
- Rx coinsurance
- Rx deductible

Your HRA pays first, then requires you to pay the remaining out-of-pocket costs.

Your out of pocket costs after the HRA has been exhausted:

Single: \$2,100.00 Two-Person: \$3,800.00 Parent /Child(ren): \$3,800.00 Family: \$3,800.00

A Debit Card is available for prescription purchases.

See HRA plan document for complete details (by request)