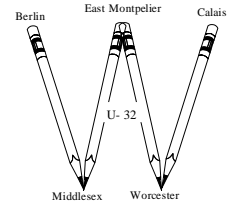


Washington Central Unified Union School District

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



ESP/Non-Licensed-YOURCOST-SHAREFORTHEVEHIPLANOPTIONS

Health Insurance Coverage Dates: July 1, 2023 – June 30, 2024 **
 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	188.89	755.54	944.43
Two-Person	354.74	1,418.95	1,773.69
Parent + Child(ren)	292.03	1,168.10	1,460.13
Family (two adults + child(ren))	523.22	2,092.87	2,616.09

- 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: \$2,200 Two-Person: \$4,400 Parent /Child(ren): \$4,400 Family: \$4,400

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: \$300.00 Two-Person: \$600.00 Parent /Child(ren): \$600.00 Family: \$600.00

Debit Card is available for prescription purchases.

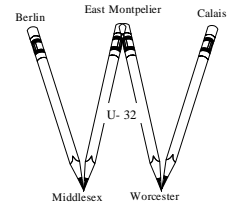
See HRA plan document for complete details (by request)

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ESP/Non-Licensed-YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: July 1, 2023 – June 30, 2024 **
costs are based on a 1.0 FTE

VEHI Platinum Plan	Employee Monthly Cost via payroll deduction	Employer Monthly Cost	Total Monthly Cost
Single	284.27	755.54	1,039.81
Two-Person	660.69	1,418.95	2,079.64
Parent + Child(ren)	570.62	1,168.10	1,738.72
Family (two adults + child(ren))	848.75	2,092.87	2,941.62

- 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: \$2,200.00 Two-Person: \$4,400.00 Parent /Child(ren): \$4,400.00 Family: \$4,400.00

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: \$600.00 Two-Person: \$1,200.00 Parent /Child(ren): \$1,200.00 Family: \$1,200.00

A Debit Card is available for prescription purchases.

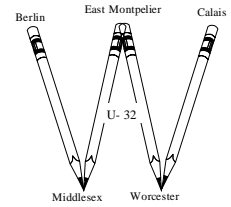
See HRA plan document for complete details (by request)

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ESP/Non-Licensed-YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: July 1, 2023 – June 30, 2024 **

costs are based on a 1.0 FTE

VEHI Gold Plan	Employee Monthly Cost via payroll deduction	Employer Monthly Cost	Total Monthly Cost
Single	260.47	755.54	1,016.01
Two-Person	613.07	1,418.95	2,032.02
Parent + Child(ren)	532.25	1,168.10	1,700.35
Family (two adults + child(ren))	783.18	2,092.87	2,876.05

- 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: \$2,200 Two-Person: \$4,400.00 Parent /Child(ren): \$4,400.00 Family: \$4,400.00

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: \$1,800.00 Parent /Child(ren): \$1,800.00 Family: \$1,800.00

A Debit Card is available for prescription purchases.

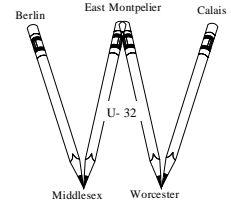
See HRA plan document for complete details (by request)

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ESP/Non-Licensed-YOUR COST-SHARE FOR THE VEHI PLAN OPTIONS

Health Insurance Coverage Dates: July 1, 2023 – June 30, 2024 ** 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	173.80	695.21	869.01
Two-Person	347.61	1,390.44	1,738.05
Parent + Child(ren)	292.99	1,171.94	1,464.93
Family (two adults + child(ren))	494.59	1,978.36	2,472.95

- 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: \$2,200.00 Two-Person: \$4,400.00 Parent /Child(ren): \$4,400.00 Family: \$4,400.00

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: \$1,800.00 Two-Person: \$3,600.00 Parent /Child(ren): \$3,600.00 Family: \$3,600.00

A Debit Card is available for prescription purchases.

See HRA plan document for complete details (by request)