

# 2025 Open Enrollment

How to Determine Your 2025 Health Care Plan

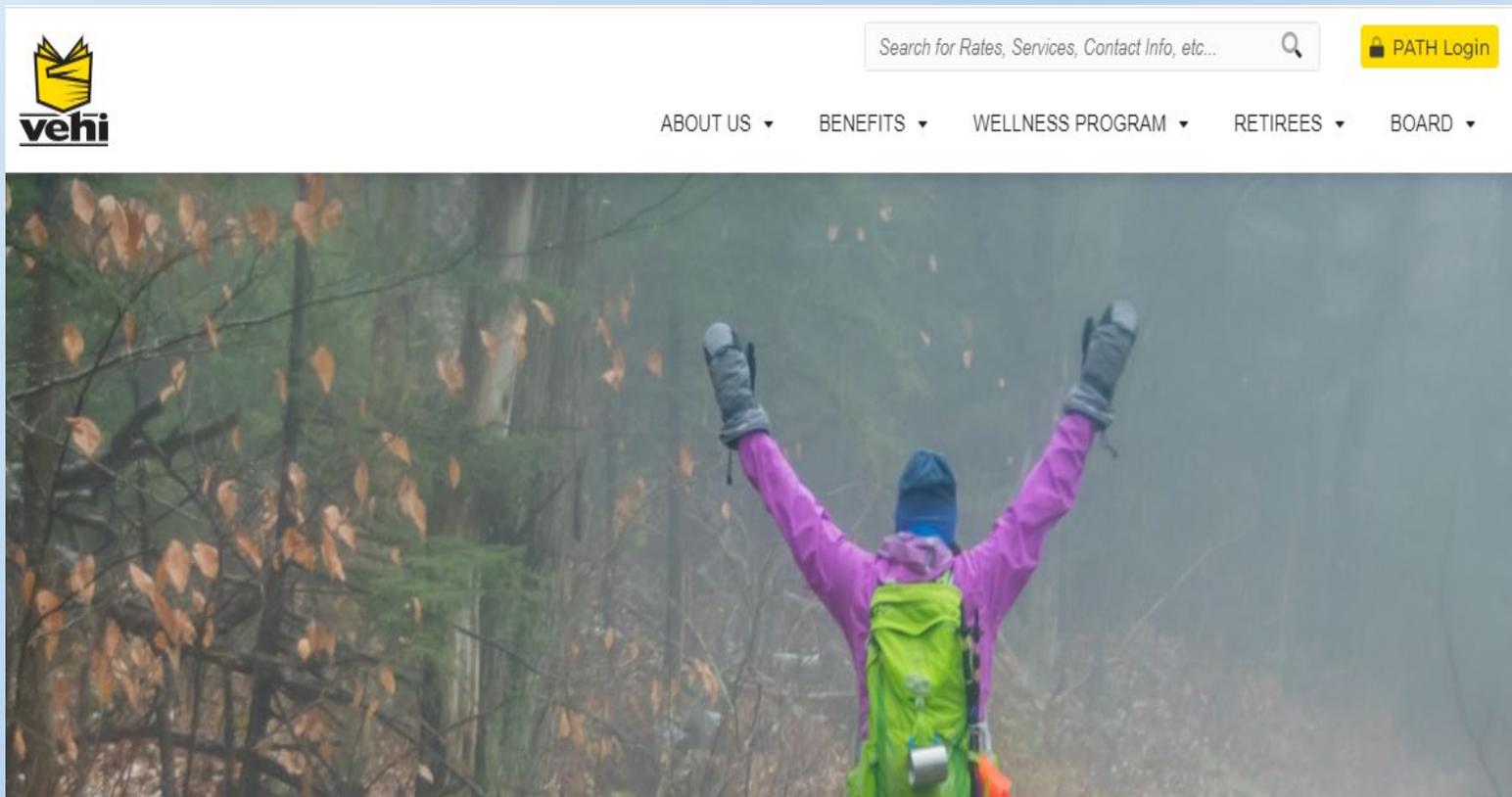


# INFORMATION FOR 2025

- Domestic Partners/Child(ren) of Domestic Partners
  - HRA can be used for a domestic partner or child(ren) of a domestic partner.
  - HSA cannot be used for a domestic partner or child(ren) of a domestic partner **unless** they are tax dependent.
- All plans have an HRA except for the Silver Plan, which offers both an HRA or an HSA.
- Licensed Employees
  - Single HRA - \$1,900
  - All other tiers - \$4,000
- Non-Licensed Employees
  - Single HRA - \$2,200
  - All other tiers - \$4,400

# VEHI HEALTH BENEFITS INFORMATION

<https://vehi.org/health/>





# Health

We are committed to providing a range of employee benefit plans that are cost-effective, affordable and high quality. Our program invests in school-based and post-employment wellness programs that give you and your families the confidence, support and resources they need to lead healthy, productive lives. We are also intent on keeping school districts, local unions and VSTRS informed about the health care market, health care reform initiatives and regulatory compliance under federal and state law.

We urge you to consider yourself a purchaser of health care rather than a beneficiary of insurance. We believe involving you directly in the purchasing of health care services provides the necessary link between providers and consumers that can ensure high-quality products and services at affordable and sustainable prices. Vermont schools, taxpayers, VSTRS and school employees, active and retired, all benefit from the smart use of health care dollars.

Please don't hesitate to [contact us with any questions or concerns](#).

## Related Pages

- Health Rates
- Health
- Dental
- LTD/Life



Employer Resources



Employee Resources



Benefits Guide



VEHI Health Benefits



Once on the Health page, please continue through the “VEHI Health Benefits” option at the bottom of your screen

# Welcome to the VEHI Health Benefits Page

- Some Cost-Sharing & Eligibility Standards change effective on January 1, 2023, in accordance with the terms and conditions of the resolution of statewide negotiations conducted by the Commission of Public School Employee Health Benefits. These benefits are in effect until **December 31, 2027**.
- Review our [FAQ](#) information on the terms of the bargaining agreement for public school employees.
- All public school employees are eligible for an HSA or an HRA. Click [here](#) to learn more about Healthcare Spending Accounts.
- Both licensed and non-licensed school employees are eligible for VEHI health benefits under the statewide negotiations, but the employer cost-sharing is different by different by employee segment.

- Employee Resources
- Benefits Guide
- VEHI Health Benefits

## Other Resources

Click **here** to learn more about employee segments.

Click **here** to review our Frequently Asked Questions.

Click your employee segment to review your health benefit options:

LICENSED EMPLOYEE

NON-LICENSED EMPLOYEE

Click on either the Licensed Employees Option or the Non-Licensed Employees Option. Please choose the option that applies to you.

# Licensed Employee

This page is for public school employees who are either **Licensed Teachers or Licensed Administrators**. The HRA/HSA\* funding and premiums are specific to that employee segment as defined in the terms of the Statewide Bargaining Agreement for public schools.

[Plan Comparison for Licensed Employees CY25](#)

The plan comparison document shows a side-by-side comparison of the plans and the out-of-pocket exposure for Licensed Employees taking into account the funding available with the HRA/HSA\*.

[Cost Comparison for Licensed Employees FY25, rates effective 7/1/2024](#)

The cost comparison document looks at the out-of-pocket exposure including the out-of-pocket maximums, the HRA/HSA\* funding and the premium contributions. The premium contribution is set at 80% employer share.

\*HRA - [Health Reimbursement Arrangement](#)

\*HSA - [Health Savings Account](#)

## Related Pages

## Other Resources

Click **here** to learn more about Employee Segments.

Click **here** to review our Frequently Asked Questions.

# Plan Comparison for LICENSED Employees:

Health Plans for <b>Licensed</b> Employees CY25	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 Funding for Licensed Employees	HRA \$1,900 Single/ \$4,000 All other tiers	HRA \$1,900 Single/ \$4,000 All other tiers	HRA \$1,900 Single/ \$4,000 All other tiers	HRA or HSA \$1,900 Single/ \$4,000 All other tiers
Medical Deductible	\$500 Single/ \$1,000 All other tiers	\$1,200 Single/ \$2,400 All other tiers	\$1,800 Single/ \$3,600 (aggregate) All other tiers	\$3,000 Single/ \$6,000 All other tiers
Medical Out of Pocket Maximum	\$1,500 Single/ \$3,000 All other tiers	\$1,800 Single/ \$3,600 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300 Single/ \$2,600 All other tiers	\$1,300 Single/ \$2,600 All other tiers	\$1,650 Single/ \$3,300 (aggregate) All other tiers (included in Medical OOPM)	\$1,650 Single/ \$3,300 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure <b>before</b> HRA or HSA (Medical and Rx Combined)	<b>\$2,800 Single/ \$5,600 All other tiers</b>	<b>\$3,100 Single/ \$6,200 All other tiers</b>	<b>\$2,500 Single/ \$5,000 (aggregate) All other tiers</b>	<b>\$4,000 Single/ \$8,000 All other tiers</b>
Total Out of Pocket Exposure <b>AFTER</b> HRA or HSA (Medical and Rx Combined)	<b>\$900 Single/ \$1,600 All other tiers</b>	<b>\$1,200 Single/ \$2,200 All other tiers</b>	<b>\$600 Single/ \$1,000 All other tiers</b>	<b>\$2,100 Single/ \$4,000 All other tiers</b>
<b>Benefit Specifics by Plan</b>				
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, DME, Ambulance, etc.	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

# Cost Comparison for LICENSED Employees as of January 2025:

Licensed Employee* Full Time - <b>Single Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost per 20 Paychecks	Total Employee Annual Premium & Out-of-Pocket Exposure
Single	Platinum	\$2,800	\$1,900	NA	\$900	\$1,202.97	\$14,435.64	\$10,555.30	\$3,880.34	\$194.02	\$4,780.34
Single	Gold	\$3,100	\$1,900	NA	\$1,200	\$1,177.89	\$14,134.68	\$10,555.30	\$3,579.38	\$178.97	\$4,779.38
Single	Gold CDHP	\$2,500	\$1,900	NA	\$600	\$1,099.51	\$13,194.12	\$10,555.30	\$2,638.82	\$131.94	\$3,238.82
Single	Silver CDHP	\$4,000	\$1,900	\$1,900	\$2,100	\$1,013.90	\$12,166.80	\$9,733.44	\$2,433.36	\$121.67	\$4,533.36
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											
Licensed Employee* Full Time - <b>Two-Person Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost per 20 Paychecks	Total Employee Annual Premium & Out-of-Pocket Exposure
Two Person	Platinum	\$5,600	\$4,000	NA	\$1,600	\$2,405.95	\$28,871.40	\$19,823.33	\$9,048.07	\$452.40	\$10,648.07
Two Person	Gold	\$6,200	\$4,000	NA	\$2,200	\$2,355.79	\$28,269.48	\$19,823.33	\$8,446.15	\$422.31	\$10,646.15
Two Person	Gold CDHP	\$5,000	\$4,000	NA	\$1,000	\$2,064.93	\$24,779.16	\$19,823.33	\$4,955.83	\$247.79	\$5,955.83
Two Person	Silver CDHP	\$8,000	\$4,000	\$4,000	\$4,000	\$2,027.82	\$24,333.84	\$19,467.07	\$4,866.77	\$243.34	\$8,866.77
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											
Licensed Employee* Full Time - <b>Parent/Child(ren) Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost per 20 Paychecks	Total Employee Annual Premium & Out-of-Pocket Exposure
Parent/Child(ren)	Platinum	\$5,600	\$4,000	NA	\$1,600	\$2,011.55	\$24,138.60	\$16,318.85	\$7,819.75	\$390.99	\$9,419.75
Parent/Child(ren)	Gold	\$6,200	\$4,000	NA	\$2,200	\$1,971.27	\$23,655.24	\$16,318.85	\$7,336.39	\$366.82	\$9,536.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	NA	\$1,000	\$1,699.88	\$20,398.56	\$16,318.85	\$4,079.71	\$203.99	\$5,079.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$4,000	\$1,709.17	\$20,510.04	\$16,408.03	\$4,102.01	\$205.10	\$8,102.01
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											
Licensed Employee* Full Time - <b>Family Policy</b>	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost per 20 Paychecks	Total Employee Annual Premium & Out-of-Pocket Exposure
Family	Platinum	\$5,600	\$4,000	NA	\$1,600	\$3,403.19	\$40,838.28	\$29,238.24	\$11,600.04	\$580.00	\$13,200.04
Family	Gold	\$6,200	\$4,000	NA	\$2,200	\$3,334.30	\$40,011.60	\$29,238.24	\$10,773.36	\$538.67	\$12,973.36
Family	Gold CDHP	\$5,000	\$4,000	NA	\$1,000	\$3,045.65	\$36,547.80	\$29,238.24	\$7,309.56	\$365.48	\$8,309.56
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$4,000	\$2,885.25	\$34,623.00	\$27,698.40	\$6,924.60	\$346.23	\$10,924.60
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											

# Non-licensed Employee

This page is for public school employees who are **Non-Licensed Support Staff**. The HRA/HSA\* funding and premiums are specific to that employee segment as defined in the terms of the Statewide Bargaining Agreement for public schools.

[Plan Comparison for Non-Licensed Employees CY25](#)

The plan comparison document shows a side-by-side comparison of the plans and the out-of-pocket exposure for Non-Licensed Support Staff taking into account the funding available with the HRA/HSA\*.

[Cost Comparison for Non-Licensed Employees FY25, rates effective 7/1/2024](#)

The cost comparison document looks at the out-of-pocket exposure including the out-of-pocket maximums, the HRA/HSA\* funding and the premium contributions. You will need to enter your current contracted percentage of premium contributions as it can vary by district. By entering the percentage the spreadsheet will update with new amounts.

\*HRA - [Health Reimbursement Arrangement](#)

\*HSA - [Health Savings Account](#)

## Related Pages

## Other Resources

Click **here** to learn more about Employee Segments.

Click **here** to review our Frequently Asked Questions.

# Plan Comparison for NON-LICENSED Employees:

Health Plans for Non-Licensed Employees CY25	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
<b>HRA or HSA Funding for Non-Licensed</b>	<b>HRA \$2,200 Single/ \$4,400 All other tiers</b>	<b>HRA \$2,200 Single/ \$4,400 All other tiers</b>	<b>HRA \$2,200 Single/ \$4,400 All other tiers</b>	<b>HRA or HSA \$2,200 Single/ \$4,400 All other tiers</b>
Medical Deductible	\$500 Single/ \$1,000 All other tiers	\$1,200 Single/ \$2,400 All other tiers	\$1,800 Single/ \$3,600 (aggregate) All other tiers	\$3,000 Single/ \$6,000 All other tiers
Medical Out of Pocket Maximum	\$1,500 Single/ \$3,000 All other tiers	\$1,800 Single/ \$3,600 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers
Prescription Deductible	\$0	\$0	Included in medical deductible	Included in medical deductible
Prescription Out of Pocket Maximum	\$1,300 Single/ \$2,600 All other tiers	\$1,300 Single/ \$2,600 All other tiers	\$1,650 Single/ \$3,300 (aggregate) All other tiers (included in Medical OOPM)	\$1,650 Single/ \$3,300 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure before HRA or HSA (Medical and Rx Combined)	<b>\$2,800 Single/ \$5,600 All other tiers</b>	<b>\$3,100 Single/ \$6,200 All other tiers</b>	<b>\$2,500 Single/ \$5,000 (aggregate) All other tiers</b>	<b>\$4,000 Single/ \$8,000 All other tiers</b>
Total Out of Pocket Exposure AFTER HRA or HSA (Medical and Rx Combined)	<b>\$600 Single/ \$1,200 All other tiers</b>	<b>\$900 Single/ \$1,800 All other tiers</b>	<b>\$300 Single/ \$600 All other tiers</b>	<b>\$1,800 Single/ \$3,600 All other tiers</b>
<b>Benefit Specifics by Plan</b>				
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, DME, Ambulance, etc.	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

# Cost Comparison for NON-LICENSED Employees:

Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Single	Platinum	\$2,800	\$2,200	NA	\$600	\$1,202.97	\$14,435.64	\$10,555.30	\$3,880.34	\$194.02	\$4,480.34
Single	Gold	\$3,100	\$2,200	NA	\$900	\$1,177.89	\$14,134.68	\$10,555.30	\$3,579.38	\$178.97	\$4,479.38
Single	Gold CDHP	\$2,500	\$2,200	NA	\$300	\$1,099.51	\$13,194.12	\$10,555.30	\$2,638.82	\$131.94	\$2,938.82
Single	Silver CDHP	\$4,000	\$2,200	\$2,200	\$1,800	\$1,013.90	\$12,166.80	\$9,733.44	\$2,433.36	\$121.67	\$4,233.36
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											
Non-Licensed Employee* Full Time - Two-Person Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Two Person	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,405.95	\$28,871.40	\$19,823.33	\$9,048.07	\$452.40	\$10,248.07
Two Person	Gold	\$6,200	\$4,400	NA	\$1,800	\$2,355.79	\$28,269.48	\$19,823.33	\$8,446.15	\$422.31	\$10,246.15
Two Person	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$2,064.93	\$24,779.16	\$19,823.33	\$4,955.83	\$247.79	\$5,555.83
Two Person	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$2,027.82	\$24,333.84	\$19,467.07	\$4,866.77	\$243.34	\$8,466.77
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											
Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,011.55	\$24,138.60	\$16,318.85	\$7,819.75	\$390.99	\$9,019.75
Parent/Child(ren)	Gold	\$6,200	\$4,400	NA	\$1,800	\$1,971.27	\$23,655.24	\$16,318.85	\$7,336.39	\$366.82	\$9,136.39
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$1,699.88	\$20,398.56	\$16,318.85	\$4,079.71	\$203.99	\$4,679.71
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$1,709.17	\$20,510.04	\$16,408.03	\$4,102.01	\$205.10	\$7,702.01
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											
Non-Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Family	Platinum	\$5,600	\$4,400	NA	\$1,200	\$3,403.19	\$40,838.28	\$29,238.24	\$11,600.04	\$580.00	\$12,800.04
Family	Gold	\$6,200	\$4,400	NA	\$1,800	\$3,334.30	\$40,011.60	\$29,238.24	\$10,773.36	\$538.67	\$12,573.36
Family	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$3,045.65	\$36,547.80	\$29,238.24	\$7,309.56	\$365.48	\$7,909.56
Family	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$2,885.25	\$34,623.00	\$27,698.40	\$6,924.60	\$346.23	\$10,524.60
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											

# IMPORTANT HIGHLIGHTS WE DON'T WANT YOU TO MISS:

- Domestic Partners/Child(ren) of Domestic Partners: Rates that are shown are not for domestic partners. Rates will be calculated on as needed basis for domestic partnerships.
- Licensed – Teachers and Administrators HRA/H.S.A. funding change for calendar year 2025.

## NEXT SECTION OF PRESENTATION DISCUSS THE PLANS DEDUCTIBLE

- Choosing a Health Plan can be confusing. Please see our next slide for a summary on the four options available to you.
- It is important to note the difference between stacked and aggregate plans.

### Stacked Vs. Aggregate Plans

Stacked deductible: Plan pays for an individual once the individual deductible is met, even on a two-person or family plan.

Aggregate deductible: Full single or entire family deductible must be satisfied before benefits are paid. The only plan that is an aggregate deductible plan is the Gold CDHP plan.

# STACKED VS. AGGREGATE DEDUCTIBLES

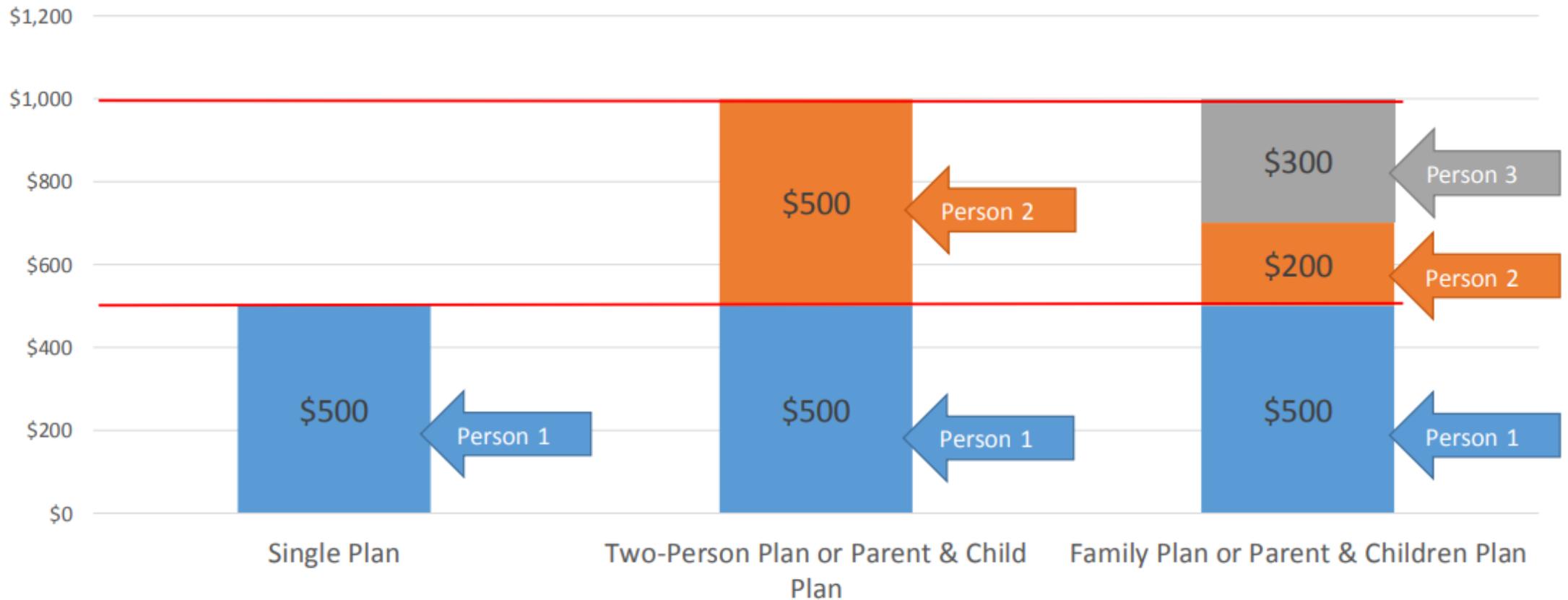
## What is a deductible?

**Deductible** – The amount you must pay toward the cost of specific services each calendar year before BCBSVT-VEHI make payment.

There are two kinds of deductibles: stacked and aggregate. Benefits are paid differently for **members** on two-person or family plans with **stacked** or **aggregate** deductibles:

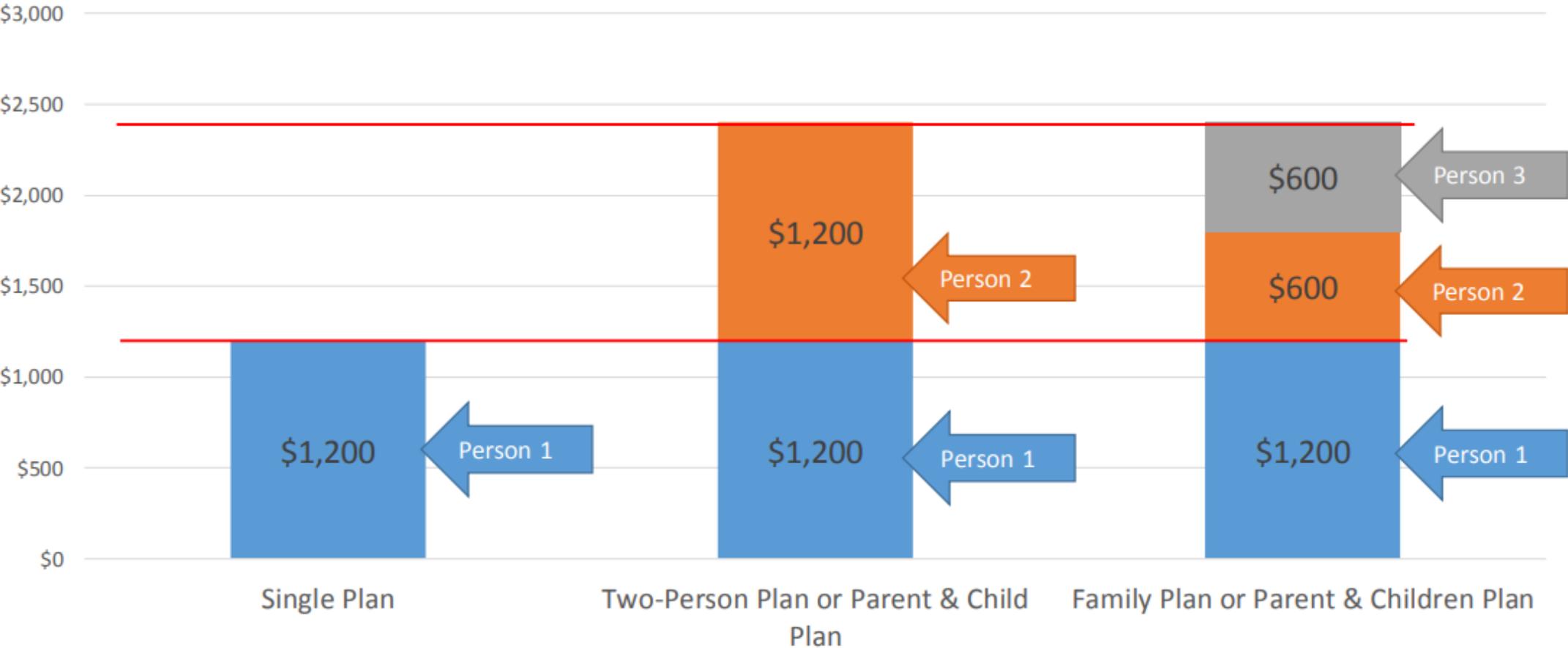
- **Stacked** deductible - Plan pays for an individual once the individual deductible is met, even on a two-person or family plan.
- **Aggregate** deductible - Full single or entire family deductible must be satisfied before benefits are paid.

# VEHI Platinum Plan Example (Stacked Deductible)



Two-Person, Parent & Child(ren) or Family members can be in any combination amount up to \$1,000, with a cap of \$500 per member

# VEHI Gold Plan Example (Stacked Deductible)



Two-Person, Parent & Child(ren) or Family members can be in any combination amount up to \$2,400, with a cap of \$1,200 per member

# Aggregate vs Stacked

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No coverage until bucket is full, regardless of who uses services



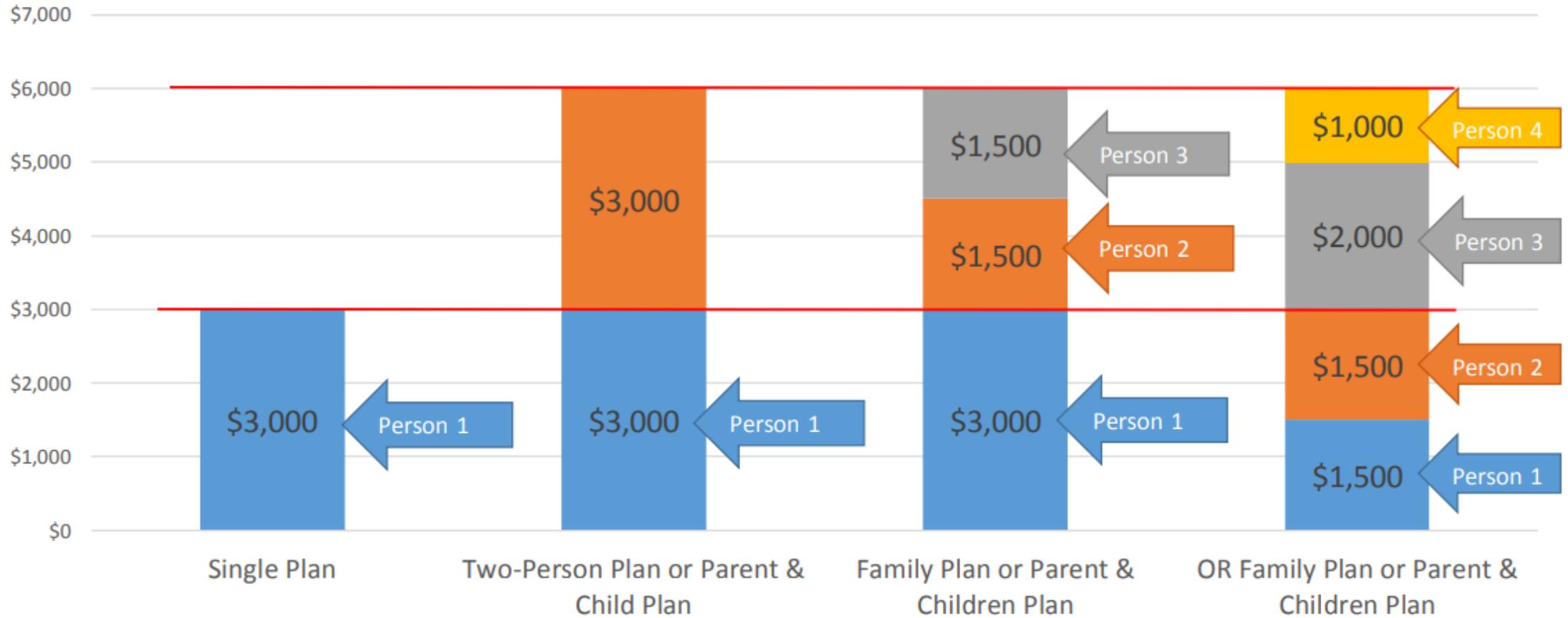
- Coverage begins when one person fills their small bucket.
- Everyone combines to larger bucket.
- Coverage for all once family bucket is full.

# VEHI Gold CDHP Plan Example (Aggregate Deductible)



Two-Person, Parent & Child(ren) or Family members can be in any combination amount up to \$3,600, with NO cap per member

# VEHI Silver CDHP Example (Stacked Deductible)



Two-Person, Parent & Child(ren) or Family members can be in any combination amount up to \$6,000, with a cap of \$3,000 per member

# HOW DOES AN HRA WORK?

The next slide will give you an idea of how an HRA can work for you.



We also want to remind you that if you switch to a plan with an HRA, you keep all monies that you currently have in your HSA and you can still use that money towards qualified payments.

# HRA FLOW CHART

(Health Reimbursement Account)

**RCPS FRONT LOAD FIRST DOLLAR OUT OF POCKET**

Licensed Employees: Single - \$1900  
All other tiers - \$4000

Non-Licensed Employees: Single - \$2200  
All other tiers - \$4400

Debit Card Issued

Used only for prescriptions

1. Medical and Prescription Claim feeds go to Beneliance
2. Beneliance pays the medical claims

What happens after I exhaust my front loaded dollars?

Did I sign up for a Flex Spending Account (FSA) for my Out of Pocket Expense???

**YES** -I have a FSA

SUBMIT YOUR  
REMAINING OOP  
EXPENSES TO  
BENELIANCE

**NO** - I do not have a FSA

YOU WILL HAVE TO PAY  
THE REMAINING OOP  
EXPENSES FROM YOUR  
PERSONAL FUNDS

# myRSC Website

<https://www.myrsc.com>

# HOW TO USE myRSC for HRA Reimbursements:

Go to myRSC.com and use your Login ID and Password to log in to your account.

myRSC

Monday, October 07, 2024  
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## Resource Service Center

for Employees,  
Employers  
and Administrators

Welcome back!

Login ID:  
Password:

I'm not a robot

Log in

digicert SECURED

First Time Logging In?  
If you are new to myrsc.com, please [Register](#) to set up your login. We will guide you through the login process, step by step.

Forgot Your Login ID or Password?  
If you have forgotten your login or password, [click here](#).

Alternate Login Methods

mySourceCard™ myHSA Today™

HSA Today

Activate mySourceCard™

Viewing your data with a smartphone?  
[Click here](#) to use the mobile site.

If you haven't already registered to set up your login information, follow the prompt on the right side of your screen to do so.

# HOW TO USE myRSC for HRA Reimbursements:

After you log in, your home screen should look like this:

The screenshot shows the user interface of the myRSC portal. At the top, there is a navigation bar with 'Benefits', 'Contacts', 'HSA Today', and a logo. On the right, it says 'Rutland City Public Schools' and provides links for 'Change Personal Information', 'Change Password', and 'Logout'. Below this, it indicates the user is logged in as an employee for Rutland City Public Schools. A left sidebar contains a menu with options like Home, Reimbursement Accounts, Calculators, Documents, Fulfillment, Q & A, Personal Information Changes, Manage Subscriptions, myShoppingAssistant, and Online Claims Entry. The main content area greets the user with 'Hello [redacted]' and a green welcome message: 'Welcome to your Vermont Account Portal!'. It then lists navigation options under 'Navigate the site to...' with four bullet points: 'Enter and Submit your Claims Online (Recommended Method of Claim Submission)', 'View your HRA/FSA Benefit Balances, Claims, and Reimbursements', 'Update your Personal Information' to keep information up-to-date for accurate BCBS claim processing and mySourceCard® delivery, and 'View and Manage your mySourceCard® Activity'. At the bottom, it provides contact information: 'We're available Monday through Friday, 9:00 AM – 6:00 PM (ET). If you have a question about your account or a claim, you can reach us at 866-207-3028 or email at vtsupport@datapathadmin.com.' On the right side, there is a 'Benefit Services' sidebar with icons and links for 'Calculators', 'Online Claims Entry', 'FAQs', and 'FSA Store' (The Flexible Spending Account Site).

Benefits | Contacts | HSA Today |

Rutland City Public Schools

Change Personal Information | Change Password | Logout

You are logged in as [redacted]  
Employee for Rutland City Public Schools [redacted]

Home  
Reimbursement Accounts  
Calculators  
Documents  
Fulfillment  
Q & A  
Personal Information Changes  
Manage Subscriptions  
myShoppingAssistant  
Online Claims Entry

Hello [redacted]

*Welcome to your Vermont Account Portal!*

Navigate the site to...

- **Enter and Submit your Claims Online** (*Recommended Method of Claim Submission*)
- **View your HRA/FSA Benefit Balances, Claims, and Reimbursements**
- **Update your Personal Information** to keep your information up-to-date for accurate BCBS claim processing and mySourceCard® delivery.
- **View and Manage your mySourceCard® Activity**

We're available Monday through Friday, 9:00 AM – 6:00 PM (ET). If you have a question about your account or a claim, you can reach us at 866-207-3028 or email at vtsupport@datapathadmin.com.

**Benefit Services**

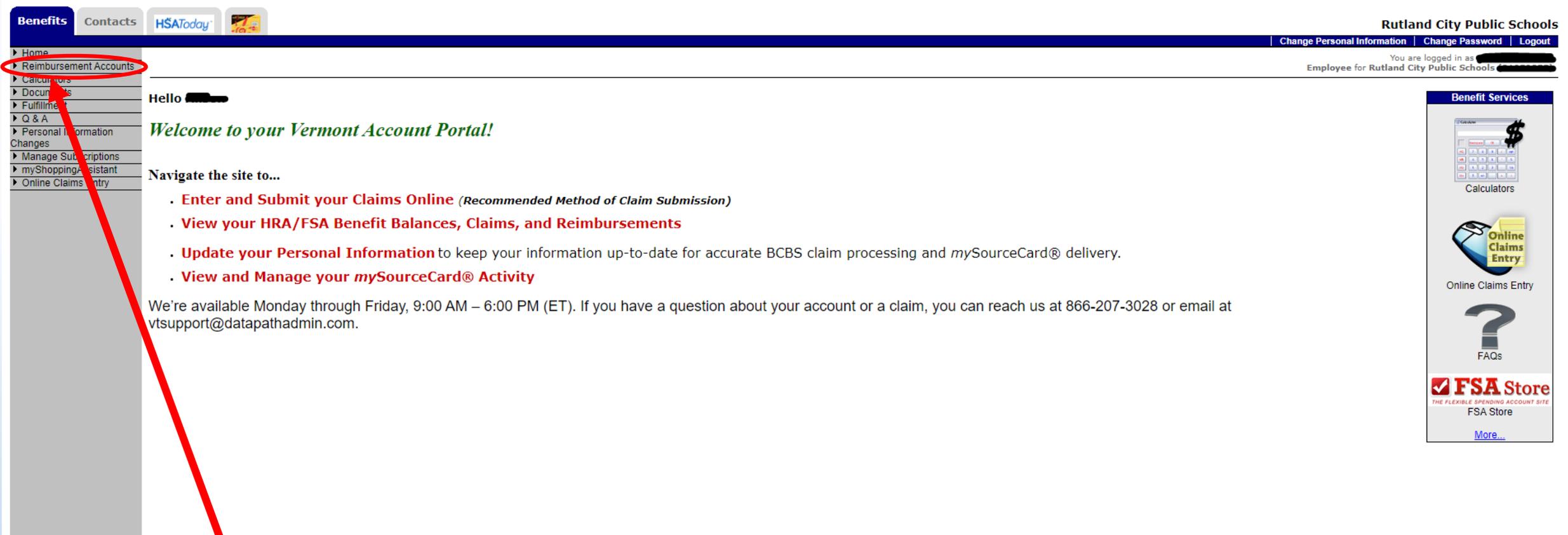
Calculators

Online Claims Entry

FAQs

**FSA Store**  
THE FLEXIBLE SPENDING ACCOUNT SITE  
FSA Store  
[More...](#)

# HOW TO USE myRSC for HRA Reimbursements:



The screenshot shows the myRSC website interface. At the top, there are navigation tabs for 'Benefits', 'Contacts', 'HSA Today', and a logo. On the right, it says 'Rutland City Public Schools' and provides links for 'Change Personal Information', 'Change Password', and 'Logout'. Below this, it indicates the user is logged in as an employee for Rutland City Public Schools. A left-hand navigation menu lists various options, with 'Reimbursement Accounts' circled in red. A red arrow points from this menu item to the main content area. The main content area includes a greeting, a welcome message, navigation instructions, a list of key actions, and contact information. On the right side, there is a 'Benefit Services' sidebar with icons for 'Calculators', 'Online Claims Entry', 'FAQs', and 'FSA Store'.

Benefits | Contacts | HSA Today | 

Rutland City Public Schools  
Change Personal Information | Change Password | Logout  
You are logged in as [redacted]  
Employee for Rutland City Public Schools [redacted]

Home  
**Reimbursement Accounts**  
Calculators  
Documents  
Fulfillment  
Q & A  
Personal Information  
Changes  
Manage Subscriptions  
myShopping Assistant  
Online Claims Entry

Hello [redacted]

*Welcome to your Vermont Account Portal!*

Navigate the site to...

- **Enter and Submit your Claims Online** (*Recommended Method of Claim Submission*)
- **View your HRA/FSA Benefit Balances, Claims, and Reimbursements**
- **Update your Personal Information** to keep your information up-to-date for accurate BCBS claim processing and *mySourceCard*® delivery.
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We're available Monday through Friday, 9:00 AM – 6:00 PM (ET). If you have a question about your account or a claim, you can reach us at 866-207-3028 or email at [vtsupport@datapathadmin.com](mailto:vtsupport@datapathadmin.com).

**Benefit Services**

  
Calculators

  
Online Claims Entry

  
FAQs

  
FSA Store  
THE FLEXIBLE SPENDING ACCOUNT SITE  
FSA Store  
[More...](#)

To see your Reimbursement Account in detail click on “Reimbursement Accounts” on the left hand side of your screen as shown above.

# HOW TO USE myRSC for HRA Reimbursements:

**Benefits** | Contacts | HSA Today

- Home
- Reimbursement Accounts
- Calculators
- Documents
- Fulfillment
- Q & A
- Personal Information Changes
- Manage Subscriptions
- myShoppingAssistant
- Online Claims Entry

### HRA Benefit History for [REDACTED]

Currently viewing plan year ending

2021 Support Staff	
Annual Benefit Amount	
YTD Accrued Benefit	
YTD Claims	
YTD Paid	
Balance	
<b>Total</b>	
Ineligible	
Discount	
Other	
Approved	
Deductible	
Employee	
Carrier	
Employer	

[Detail](#)

The benefit is included in your mySourceCard® balance

HRA Purse Value	
Current Purse Value (Available for claim payments)	

[Do you have mySourceCard® swipes that need your attention?](#)

Once you have clicked through on Reimbursement Accounts, you will be brought to this Benefit History page. This page details the Annual Benefit Amount of the HRA (what RCPS offers to pay based on your chosen plan), your YTD claims, YTD paid, Balance, Total, if any claims are considered ineligible or have discounts, what has been approved so far, deductible, what you as an employee are responsible for at this point, carrier, and what RCPS has paid out YTD.

The HRA Purse Value at the bottom will give you the balance of what is left in your “benefit amount” to use towards claims in the calendar year.

# HOW TO USE myRSC for HRA Reimbursements:

**Benefits** | Contacts | HSA Today

- Home
- Reimbursement Accounts
- Calculators
- Documents
- Fulfillment
- Q & A
- Personal Information Changes
- Manage Subscriptions
- myShoppingAssistant
- Online Claims Entry

### HRA Benefit History for [redacted]

Currently viewing plan year ending

#### 2021 Support Staff

Annual Benefit Amount	
YTD Accrued Benefit	
YTD Claims	
YTD Paid	
Balance	
Total	
Ineligible	
Discount	
Other	
Approved	
Deductible	
Employee	
Carrier	
Employer	

[Detail](#)

The benefit is included in your mySourceCard® balance

#### HRA Purse Value

Current Purse Value (Available for claim payments)	
--	--

[Do you have mySourceCard® swipes that need your attention?](#)

From this screen, you can also click on the detail prompt under your Benefit History. This will bring you to a page that details each claim so you can be aware if the payment status.

# HOW TO USE myRSC for HRA Reimbursements:

On this page, you will be able to see a summary at the top by “Claimant” – each person covered under your chosen plan will be listed here whether they have had any claims or not.



2021 Support Staff									
Claimant	Total	Ineligible	Discount	Other	Approved	Deductible	Employee	Carrier	Employer
	\$902.53	\$0.00	\$0.00	\$0.00	\$902.53	\$0.00	\$0.00	\$0.00	\$902.53
	\$2,537.79	\$0.00	\$0.00	\$0.00	\$2,537.79	\$0.00	\$0.00	\$0.00	\$2,330.69
Total	\$3,440.32	\$0.00	\$0.00	\$0.00	\$3,440.32	\$0.00	\$0.00	\$0.00	\$3,233.22

The next section will be a detailed list of all of your claims for the calendar year. This will you give you claim number, date of appointment, claim amount, paid to date amount, service provider, etc.

**Claims for 2021 Support Staff/DED/C/C**

Claim Number	Claimant Name	From	To	Claim Amount	Paid to Date	Service	Remarks	Service Provider	Payee Provider
542660		09/28/2021	09/28/2021	\$14.12	\$0.00	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
542659		09/28/2021	09/28/2021	\$33.25	\$0.00	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
542658		09/28/2021	09/28/2021	\$33.74	\$0.00	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
542657		09/28/2021	09/28/2021	\$45.07	\$0.00	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
542656		09/28/2021	09/28/2021	\$80.92	\$0.00	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
459342		03/08/2021	03/08/2021	\$93.09	\$93.09	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
459341		03/08/2021	03/08/2021	\$6.55	\$6.55	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
459340		03/08/2021	03/08/2021	\$292.59	\$292.59	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
451391		03/01/2021	03/01/2021	\$79.53	\$79.53	DED/C/C		RUTLAND SKIN CENTER	
444314		02/04/2021	02/04/2021	\$33.25	\$33.25	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
444313		02/04/2021	02/04/2021	\$34.65	\$34.65	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	
444312		02/04/2021	02/04/2021	\$60.69	\$60.69	DED/C/C		RUTLAND REGIONAL MEDICAL CENTER	

The final section “Reimbursements” will provide a detailed list of the actual payments that have gone out on your behalf towards your claims. You’ll be able to see Payment Number, Claim numbers covered under that payment, Payment date, Payment Type (most often a check), and the Total Amount Paid.

Reimbursements					
	Payment Number	Claim Numbers	Payment Date	Payment Type	Amount Paid
Detail	--	538621	09/24/2021	Memo	\$30.00
Detail	--	536305	09/16/2021	Memo	\$85.52
Detail	--	523011	08/03/2021	Memo	\$30.00
Detail	--	518223	07/20/2021	Memo	\$50.27
Detail	--	504762	06/15/2021	Memo	\$30.00
Detail	--	502277	06/08/2021	Memo	\$18.47
Detail	3333	459341, 459342	05/19/2021	Check	\$99.64
Detail	3332	459340	05/19/2021	Check	\$292.59
Detail	--	484945	05/04/2021	Memo	\$30.00
Detail	--	484806	05/01/2021	Memo	\$50.27
Detail	--	484411	04/28/2021	Memo	\$18.03
Detail	--	462139	03/24/2021	Memo	\$30.00
Detail	2218	451391	03/12/2021	Check	\$79.53
Detail	--	451243	03/09/2021	Memo	\$18.47
Detail	1987	444311, 444312, 444313, 444314	02/26/2021	Check	\$209.51
Detail	1858	439125, 439126	02/19/2021	Check	\$132.63
Detail	1857	439123, 439124	02/19/2021	Check	\$1,197.13

# What do YOU need to do for open enrollment?



## Open Enrollment Form Insurance Plans for January 1, 2025

PRINT NAME: \_\_\_\_\_ SCHOOL/BUILDING: \_\_\_\_\_

SCHOOL/WORK NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

### **REQUIRED HEALTH CARE COVERAGE ANNUAL FORMS:**

- I am staying with my current health care plan with no changes.  
**PLEASE NOTE:** if you are continuing with your FSA, DCA, HSA or Buyout, the forms need to be completed annually. Please visit our Human Resources website [HERE](#) for more information.
- Flexible Spending (FSA)  
 Dependent Care (DCA)  
 Health Saving Accounts Extra Contribution (HSA)  
 **HEALTH INSURANCE BUYOUT:** I am electing for the Health Insurance Buyout and have attached the *Buyout Form* with the appropriate documentation.

### **OR I AM MAKING CHANGES TO MY HEALTH/DENTAL CARE COVERAGE:**

- Platinum Plan with the Health Reimbursement Plan (HRA)**  
 I am switching to this plan. I have attached the *BC/BS Enrollment Form* and *HRA Form*
- Gold Plan with the Health Reimbursement Plan (HRA)**  
 I am switching to this plan. I have attached the *BC/BS Enrollment Form* and *HRA Form*
- Gold CDHP Plan with the Health Reimbursement Plan (HRA)**  
 I am switching to this plan. I have attached the *BC/BS Enrollment Form* and *HRA Form*
- Silver CDHP Plan with the Health Reimbursement Plan (HRA) or the Health Savings Plan (HSA)**  
 I am switching to this plan. I have attached the *BC/BS Enrollment Form* and *HRA Form* or *HSA Form*
- DENTAL COVERAGE:** There are changes to my Dental Coverage and I have attached the *Delta Dental Enroll/Change Form*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Return this and all other forms to Cathy Koponen, Business Office by November 8, 2024*

Please fill out the Open Enrollment Form pictured here and submit to Cathy Koponen by November 8, 2024.

Please remember that all RED UNDERLINED items within this form are clickable and will bring you to additional forms that will need to be filled out based on what you choose for your plan.

All forms can be found at [rutlandcitypublicschools.org](http://rutlandcitypublicschools.org)

- Central Office Tab
- Human Resources
- 2025 OPEN ENROLLMENT