

| Health Plans for <b>Non-Licensed</b> Employees<br>CY25                                     | VEHI Platinum<br>Member Cost Share                     | VEHI Gold<br>Member Cost Share                         | VEHI Gold CDHP<br>Member Cost Share  | VEHI Silver CDHP Member Cost<br>Share                                    |
|--|--|--|--|--|
| <b>HRA or HSA Funding for Non-Licensed</b>   | <b>HRA \$2,200 Single/<br/>\$4,400 All other tiers</b> | <b>HRA \$2,200 Single/<br/>\$4,400 All other tiers</b> | <b>HRA \$2,200 Single/<br/>\$4,400 All other tiers</b>                               | <b>HRA or HSA \$2,200 Single/<br/>\$4,400 All other tiers</b>            |
| Medical Deductible   | \$500 Single/<br>\$1,000 All other tiers               | \$1,200 Single/<br>\$2,400 All other tiers             | \$1,800 Single/<br>\$3,600 (aggregate) All other tiers                               | \$3,000 Single/<br>\$6,000 All other tiers                               |
| Medical Out of Pocket Maximum  | \$1,500 Single/<br>\$3,000 All other tiers             | \$1,800 Single/<br>\$3,600 All other tiers             | \$2,500 Single/<br>\$5,000 (aggregate) All other tiers                               | \$4,000 Single/<br>\$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/<br>\$2,600 All other tiers             | \$1,300 Single/<br>\$2,600 All other tiers             | \$1,650 Single/<br>\$3,300 (aggregate) All other tiers<br>(included in Medical OOPM) | \$1,650 Single/<br>\$3,300 All other tiers<br>(included in Medical OOPM) |
| Total Health Plan Out of Pocket Exposure<br>before HRA or HSA (Medical and Rx<br>Combined) | <b>\$2,800 Single/<br/>\$5,600 All other tiers</b>     | <b>\$3,100 Single/<br/>\$6,200 All other tiers</b>     | <b>\$2,500 Single/<br/>\$5,000 (aggregate) All other tiers</b>                       | <b>\$4,000 Single/<br/>\$8,000 All other tiers</b>                       |
| Total Out of Pocket Exposure AFTER HRA or<br>HSA (Medical and Rx Combined)                 | <b>\$600 Single/<br/>\$1,200 All other tiers</b>       | <b>\$900 Single/<br/>\$1,800 All other tiers</b>       | <b>\$300 Single/<br/>\$600 All other tiers</b>                                       | <b>\$1,800 Single/<br/>\$3,600 All other tiers</b>                       |
| <b>Benefit Specifics by Plan</b>   |  |  |  |  |
| Preventive PCP Visit   | \$0  | \$0  | \$0  | \$0  |
| Primary Care Physician /<br>Mental Health or Substance Abuse Visit                         | \$25   | \$25   | Deductible, then 20%<br>coinsurance  | Deductible, then 20%<br>coinsurance                                      |
| Specialist Visit   | \$35   | \$35   | Deductible, then 20%<br>coinsurance  | Deductible, then 20%<br>coinsurance                                      |
| Urgent Care Facility   | \$75   | Deductible, then 20%<br>coinsurance                    | Deductible, then 20%<br>coinsurance  | Deductible, then 20%<br>coinsurance                                      |
| Emergency Room   | \$250  | Deductible, then 20%<br>coinsurance                    | Deductible, then 20%<br>coinsurance  | Deductible, then 20%<br>coinsurance                                      |
| Inpatient, Outpatient, Radiology, DME,<br>Ambulance, etc.                                  | Deductible, then 20%<br>coinsurance                    | Deductible, then 20%<br>coinsurance                    | Deductible, then 20%<br>coinsurance  | Deductible, then 20%<br>coinsurance                                      |
| Generic tier 1 / tier 2 / Brand / NP Brand   | \$4 / \$10 / \$20 / 50%                                | \$4 / \$10 / \$20 / 50%                                | Deductible, then 20%<br>coinsurance  | Deductible, then 20%<br>coinsurance                                      |
| Wellness Prescriptions   | \$4 / \$10 / \$20 / 50%                                | \$4 / \$10 / \$20 / 50%                                | No member cost   | No member cost   |