

FY25 Health Plans for Non-Licensed Employees	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 Non-Licensed	HRA \$2,200 Single/ \$4,400 All other tiers	HRA \$2,200 Single/ \$4,400 All other tiers	HRA \$2,200 Single/ \$4,400 All other tiers	HRA or HSA \$2,200 Single/ \$4,400 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	\$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	\$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	\$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)	\$2,800 Single/ \$5,600 All other tiers	\$3,100 Single/ \$6,200 All other tiers	\$2,500 Single/ \$5,000 (aggregate) All other tiers	\$4,000 Single/ \$8,000 All other tiers				
Total Out of Pocket Exposure AFTER HRA or HAS (Medical and Rx Combined)	\$600 Single/ \$1,200 All other tiers	\$900 Single/ \$1,800 All other tiers	\$300 Single/ \$600 All other tiers	\$1,800 Single/ \$3,600 All other tiers				
Benefit Specifics by Plan								
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				
Monthly Cost based on 1 FTE or Full Time Employee	The HRA or Silver HAS fund amounts are based on the plan type you choose:							
	Single \$2,200		2-Person: \$4,400		Parent/Child(ren): \$4,400		Family: \$4,400	
Plan Type	Platinum		Gold		Gold CDHP		Silver CDHP	
	Deduction 1	Fringe 1	Deduction 1	Fringe 1	Deduction 1	Fringe 1	Deduction 1	Fringe 1
Family	\$ 966.68	\$ 2,436.52	\$ 897.78	\$ 2,436.52	\$ 609.13	\$ 2,436.52	\$ 577.05	\$ 2,308.20
2 Person	\$ 754.00	\$ 1,651.94	\$ 703.84	\$ 1,651.94	\$ 412.99	\$ 1,651.94	\$ 405.56	\$ 1,622.26
Parent & child(ren)	\$ 651.64	\$ 1,359.90	\$ 611.36	\$ 1,359.90	\$ 339.98	\$ 1,359.90	\$ 341.83	\$ 1,367.34
Single	\$ 323.36	\$ 879.61	\$ 298.28	\$ 879.61	\$ 219.90	\$ 879.61	\$ 202.78	\$ 811.12