Health Plans for Licensed Employees CY26	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	$3,400 Single/ $6,800 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	$1,700 Single/ $3,400 (aggregate) All other tiers (included in Medical OOPM)	$1,700 Single/ $3,400 (aggregate) 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 HSA (Medical and Rx Combined)	**$900 Single/ $1,600 All other tiers**	**$1,200 Single/ $2,200 All other tiers**	**$600 Single/ $1,000 All other tiers**	**$2,100 Single/ $4,000 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

October 2, 2025