

South Burlington School District

Support Staff (Union & Non-Union)

January 1, 2018 – June 30, 2018

1. YOUR COST-SHARE FOR **VEHI GOLD PLAN**:

VEHI Gold Plan	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction through 6/30/2018
Single	\$622.94	\$476.19	\$67.73
Two-Person	\$1,245.88	\$894.30	\$162.27
Parent/Child(ren)	\$1,042.53	\$736.21	\$141.38
Family	\$1,763.38	\$1,319.05	\$205.08

2. HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW:

- You will be offered an Employer Health Reimbursement Arrangement (HRA)
- The HRA will be administered by: Future Planning Associates, Inc.
- SBSD will pay the monthly administrative fees associated with the HRA account.
- HRA eligible expenses include:**
 - ∞ Medical copayments
 - ∞ Medical coinsurance
 - ∞ Rx copayments
 - ∞ Medical deductible
 - ∞ Rx coinsurance
- The amount of the District's **annual** contribution towards the HRA for employees in the **VEHI GOLD Plan**:

Single:	<u>\$2,150.00</u>	Two-person:	<u>\$4,300.00</u>
Parent/Child(ren):	<u>\$4,300.00</u>	Family:	<u>\$3,950.00</u>
- The HRA will require you to pay a portion of the costs **BEFORE** the HRA will begin to pay out-of-pocket costs. Your portion:

Single:	<u>\$175.00</u>	Two-person:	<u>\$350.00</u>
Parent/Child(ren):	<u>\$350.00</u>	Family:	<u>\$525.00</u>
- Other HRA terms: Debit Cards for use at the Pharmacy ONLY will be available upon completion of an application.
- The HRA plan document may be viewed on the SBSB Website for complete details (or by request from the Business Office).

3. FLEXIBLE SPENDING ACCOUNT (FSA): Employees may also have the option of a Flexible Spending Account (FSA). Please see separate details on the website or through the Business Office. A separate form must be completed.

South Burlington School District

Support Staff (Union & Non-Union)

January 1, 2018 – June 30, 2018

1. YOUR COST-SHARE FOR **VEHI GOLD CDHP PLAN**:

VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction through 6/30/2018
Single	\$523.29	\$476.19	\$21.74
Two-Person	\$982.75	\$894.30	\$40.82
Parent/Child(ren)	\$809.02	\$736.21	\$33.60
Family	\$1,449.51	\$1,319.05	\$60.21

2. HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW:

- You will be offered an Employer Health Reimbursement Arrangement (HRA)
- The HRA will be administered by: Future Planning Associates, Inc.
- SBSD will pay the monthly administrative fees associated with the HRA account.
- HRA eligible expenses include:**
 - ∞ Medical copayments
 - ∞ Medical coinsurance
 - ∞ Rx copayments
 - ∞ Medical deductible
 - ∞ Rx coinsurance
- The amount of the District's **annual** contribution towards the HRA for employees in the **VEHI GOLD CDHP Plan**:

Single:	<u>\$2,150.00</u>	Two-person:	<u>\$4,300.00</u>
Parent/Child(ren):	<u>\$4,300.00</u>	Family:	<u>\$3,950.00</u>

- The HRA will require you to pay a portion of the costs **BEFORE** the HRA will begin to pay out-of-pocket costs. Your portion:

Single:	<u>\$175.00</u>	Two-person:	<u>\$350.00</u>
Parent/Child(ren):	<u>\$350.00</u>	Family:	<u>\$525.00</u>

- Other HRA terms: Debit Cards for use at the Pharmacy ONLY will be available upon completion of an application.
- The HRA plan document may be viewed on the SBSB Website for complete details (or by request from the Business Office).

3. FLEXIBLE SPENDING ACCOUNT (FSA):

Employees may also have the option of a Flexible Spending Account (FSA). Please see separate details on the website or through the Business Office. A separate form must be completed.

4. HEALTH SAVINGS ACCOUNT (HSA):

With some insurance options, employees may instead elect to participate in an HSA instead of an HRA. The employee will make the election on the enrollment form.

- The District will use Future Planning Associates, Inc. unless you specify otherwise. In order to receive any employer HSA funding, the employer vendor must be used.
- You have the option for employer funding into an HSA – complete certification form to qualify.
- You have the option of contributing your own pre-tax HSA dollars if you choose to – you must complete payroll deduction form.
- You have the option in using a Limited Purpose FSA for dental and vision - please complete separate form
- Employer HSA contributions will be made Annually, January 1, 2018 for the FY2018 year and July 1, 2018 for the FY2019. The District will contribute the following amounts for each enrollee:

Single:	<u>\$500.00</u>	Two-person:	<u>\$500.00</u>
Parent/Child(ren):	<u>\$500.00</u>	Family:	<u>\$500.00</u>

South Burlington School District

Support Staff (Union & Non-Union)

January 1, 2018 – June 30, 2018

1. YOUR COST-SHARE FOR **VEHI SILVER CDHP PLAN:**

VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction through 6/30/2018
Single	\$456.34	\$415.27	\$18.96
Two-Person	\$912.69	\$830.55	\$37.91
Parent/Child(ren)	\$769.27	\$700.04	\$31.95
Family	\$1,298.60	\$1,181.73	\$53.94

2. HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW:

- You will be offered an Employer Health Reimbursement Arrangement (HRA)
- The HRA will be administered by: Future Planning Associates, Inc.
- SBSD will pay the monthly administrative fees associated with the HRA account.
- HRA eligible expenses include:**
 - ∞ Medical copayments
 - ∞ Medical coinsurance
 - ∞ Rx copayments
 - ∞ Medical deductible
 - ∞ Rx coinsurance
- The amount of the District's **annual** contribution towards the HRA for employees in the **VEHI SILVER Plan:**

Single:	<u>\$2,150.00</u>	Two-person:	<u>\$4,300.00</u>
Parent/Child(ren):	<u>\$4,300.00</u>	Family:	<u>\$3,950.00</u>
- The HRA will require you to pay a portion of the costs **BEFORE** the HRA will begin to pay out-of-pocket costs. Your portion:

Single:	<u>\$175.00</u>	Two-person:	<u>\$350.00</u>
Parent/Child(ren):	<u>\$350.00</u>	Family:	<u>\$525.00</u>
- Other HRA terms: Debit Cards for use at the Pharmacy ONLY will be available upon completion of an application.
- The HRA plan document may be viewed on the SBSB Website for complete details (or by request from the Business Office).

3. FLEXIBLE SPENDING ACCOUNT (FSA):

Employees may also have the option of a Flexible Spending Account (FSA). Please see separate details on the website or through the Business Office. A separate form must be completed.

- ### 4. HEALTH SAVINGS ACCOUNT (HSA):
- With some insurance options, employees may instead elect to participate in an HSA instead of an HRA. The employee will make the election on the enrollment form.
- The District will use Future Planning Associates, Inc. unless you specify otherwise. In order to receive any employer HSA funding, the employer vendor must be used.
 - You have the option for employer funding into an HSA – complete certification form to qualify.
 - You have the option of contributing your own pre-tax HSA dollars if you choose to – you must complete payroll deduction form.
 - You have the option in using a Limited Purpose FSA for dental and vision - please complete separate form
 - Employer HSA contributions will be made Annually, January 1, 2018 for the FY2018 year and July 1, 2018 for the FY2019. The District will contribute the following amounts for each enrollee:

Single:	<u>\$500.00</u>	Two-person:	<u>\$500.00</u>
Parent/Child(ren):	<u>\$500.00</u>	Family:	<u>\$500.00</u>