

South Burlington School District

TEACHERS

January 1, 2018 – June 30, 2018

1. YOUR COST-SHARE FOR VEHI PLATINUM PLAN:

VEHI Platinum Plan	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction 21 pays through 6/30/2018	Employee bi-weekly deduction 26 pays through 6/30/2018
Single	\$657.55	\$395.37	\$174.79	\$121.00
Two-Person	\$1,315.10	\$731.33	\$389.18	\$269.43
Parent/Child(ren)	\$1,099.51	\$614.84	\$323.11	\$223.69
Family	\$1,860.19	\$1,112.42	\$498.51	\$345.12

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 Platinum Plan**:

Single:	<u>\$2,100.00</u>
Two-person:	<u>\$4,200.00</u>
Parent/Child(ren):	<u>\$4,200.00</u>
Family:	<u>\$3,800.00</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>\$400.00</u>
Two-person:	<u>\$800.00</u>
Parent/Child(ren):	<u>\$800.00</u>
Family:	<u>\$1,200.00</u>

- Any remaining out of pocket expenses after the District's HRA contribution, will be at the expense of the employee.**
- 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 SBSD 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.

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1. YOUR COST-SHARE FOR VEHI GOLD PLAN:

VEHI Gold Plan	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction 21 pays through 6/30/2018	Employee bi-weekly deduction 26 pays through 6/30/2018
Single	\$622.94	\$395.37	\$151.71	\$105.03
Two-Person	\$1,245.88	\$731.33	\$207.47	\$237.48
Parent/Child(ren)	\$1,042.53	\$614.84	\$285.13	\$197.40
Family	\$1,763.38	\$1,112.42	\$433.97	\$300.44

2. HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW:

- a. You will be offered an Employer Health Reimbursement Arrangement (HRA)
- b. The HRA will be administered by: Future Planning Associates, Inc.
SBSD will pay the monthly administrative fees associated with the HRA account.
- c. HRA eligible expenses include:
 - ∞ Medical copayments
 - ∞ Medical deductibles
 - ∞ Medical coinsurance
 - ∞ Rx copayments
 - ∞ Rx coinsurance
- d. The amount of the District's **annual** contribution towards the HRA for employees in the **VEHI GOLD Plan**:
 - Single: \$2,100.00
 - Two-person: \$4,200.00
 - Parent/Child(ren): \$4,200.00
 - Family: \$3,800.00
- e. 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: \$400.00
 - Two-person: \$800.00
 - Parent/Child(ren): \$800.00
 - Family: \$1,200.00
- f. **Any remaining out of pocket expenses after the District's HRA contribution, will be at the expense of the employee.**
- g. Other HRA terms: Debit Cards for use at the Pharmacy ONLY will be available upon completion of an application.
- h. 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.

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

VEHI Gold CDHP	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction 21 pays through 6/30/2018	Employee bi-weekly deduction 26 pays through 6/30/2018
Single	\$523.29	\$395.37	\$73.11	\$59.05
Two-Person	\$982.75	\$731.33	\$143.70	\$116.07
Parent/Child(ren)	\$809.02	\$614.84	\$129.45	\$89.62
Family	\$1,449.51	\$1,112.42	\$192.65	\$155.61

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 deductible
 - ∞ Medical coinsurance
 - ∞ Rx copayments
 - ∞ Rx coinsurance
- The amount of the District's **annual** contribution towards the HRA for employees in the **VEHI GOLD CDHP Plan**:

Single:	<u>\$2,100.00</u>	Two-person:	<u>\$4,200.00</u>
Parent/Child(ren):	<u>\$4,200.00</u>	Family:	<u>\$3,800.00</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>\$400.00</u>	Two-person:	<u>\$800.00</u>
Parent/Child(ren):	<u>\$800.00</u>	Family:	<u>\$1,200.00</u>
- Any remaining out of pocket expenses after the District's HRA contribution, will be at the expense of the employee.**
- 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 SBSD 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 a payroll deduction form.
- You have the option in using a Limited Purpose FSA for dental and vision - please complete separate form
- An employee contribution to an HSA is required in order to receive a District match dollar-for-dollar, up to the following maximum annual limit:

Single:	<u>\$400.00</u>	Two-person:	<u>\$800.00</u>
Parent/Child(ren):	<u>\$800.00</u>	Family:	<u>\$1,200.00</u>

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

VEHI Silver CDHP	Total Monthly Cost	Employer Monthly Cost	Employee bi-weekly deduction 21 pays through 6/30/2018	Employee bi-weekly deduction 26 pays through 6/30/2018
Single	\$456.34	\$328.42	\$73.11	\$59.05
Two-Person	\$912.69	\$661.27	\$143.70	\$116.07
Parent/Child(ren)	\$769.27	\$575.09	\$129.45	\$89.62
Family	\$1,298.60	\$961.51	\$192.65	\$155.61

2. HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW:

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

Single:	<u>\$2,100.00</u>	Two-person:	<u>\$4,200.00</u>
Parent/Child(ren):	<u>\$4,200.00</u>	Family:	<u>\$3,800.00</u>
- f. 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>\$400.00</u>	Two-person:	<u>\$800.00</u>
Parent/Child(ren):	<u>\$800.00</u>	Family:	<u>\$1,200.00</u>
- g. **Any remaining out of pocket expenses after the District's HRA contribution, will be at the expense of the employee.**
- h. Other HRA terms: Debit Cards for use at the Pharmacy ONLY will be available upon completion of an application.
- i. 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 a payroll deduction form.
- You have the option of using a Limited Purpose FSA for dental and vision - please complete separate form
- An employee contribution to an HSA is required in order to receive a District match dollar-for-dollar, up to the following maximum annual limit:

Single:	<u>\$400.00</u>	Two-person:	<u>\$800.00</u>
Parent/Child(ren):	<u>\$800.00</u>	Family:	<u>\$1,200.00</u>