

Health Plans for <b>Licensed</b> Employees CY24	VEHI Platinum Member Cost Share	VEHI Gold Member Cost Share	VEHI Gold CDHP Member Cost Share	VEHI Silver CDHP Member Cost Share
<b>HRA or HSA Funding for Licensed Employees</b>	<b>HRA \$1,900 Single/ \$4,000 All other tiers</b>	<b>HRA \$1,900 Single/ \$4,000 All other tiers</b>	<b>HRA \$1,900 Single/ \$4,000 All other tiers</b>	<b>HRA or HSA \$1,900 Single/ \$4,000 All other tiers</b>
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	\$3,000 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 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	\$1,600 Single/ \$3,200 (aggregate) All other tiers (included in Medical OOPM)	\$1,600 Single/ \$3,200 All other tiers (included in Medical OOPM)
Total Health Plan Out of Pocket Exposure <b>before</b> HRA or HSA (Medical and Rx Combined)	<b>\$2,800 Single/ \$5,600 All other tiers</b>	<b>\$3,100 Single/ \$6,200 All other tiers</b>	<b>\$2,500 Single/ \$5,000 (aggregate) All other tiers</b>	<b>\$4,000 Single/ \$8,000 All other tiers</b>
Total Out of Pocket Exposure <b>AFTER</b> HRA or HSA (Medical and Rx Combined)	<b>\$900 Single/ \$1,600 All other tiers</b>	<b>\$1,200 Single/ \$2,200 All other tiers</b>	<b>\$600 Single/ \$1,000 All other tiers</b>	<b>\$2,100 Single/ \$4,000 All other tiers</b>
<b>Benefit Specifics by Plan</b>				
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