

2010-2011 Cost Comparison - VEHI Dual Option Plans vs Comp 1000

Cost Comparison of Plans - 13% Premium Co-Pay							
Plan	Coverage	Premium	Share of Premium	Employee's Portion of the Premium	Employee Premium Savings over Dual Option	Maximum Deductible Expenses Reimbursed under an HRA	Out-of-Pocket Limit less HRA reimbursement*
Dual Option - VHP	Single	\$6,536	13%	\$849.68	NA	\$0	None (Preferred Benefits)/ \$2,500 (Standard Benefits)
	2-Person	\$12,848	13%	\$1,670.24	NA	\$0	None (Preferred Benefits)/ \$5,000 (Standard Benefits)
	Family	\$17,224	13%	\$2,239.12	NA	\$0	None (Preferred Benefits)/ \$5,000 (Standard Benefits)
Dual Option - Comp 250	Single	\$6,536	13%	\$849.68	NA	\$0	\$500 (\$250 deductible plus 20% co-insurance)
	2-Person	\$12,848	13%	\$1,670.24	NA	\$0	\$1,000 (\$500 deductible plus 20% co-insurance)
	Family	\$17,224	13%	\$2,239.12	NA	\$0	\$1,000 (\$500 deductible plus 20% co-insurance)
Comp 1000	Single	\$5,229	10%	\$522.90	\$326.78	\$1,000	\$500 (20% co-insurance after deductible is met) †
	2-Person	\$10,277	10%	\$1,027.70	\$642.54	\$2,000	\$1,000 (20% co-insurance after deductible is met) ‡
	Family	\$13,781	10%	\$1,378.10	\$861.02	\$2,000	\$1,000 (20% co-insurance after deductible is met) ‡

\*Costs include unreimbursed deductible and co-insurance.

† Total allowable claims must equal \$3,500 or more for the year to reach this out-of-pocket limit

‡ Total allowable claims for all participants must equal \$7,000 or more for the year to reach this out-of-pocket limit

Cost Comparison of Plans - 6% Premium Co-Pay							
Plan	Coverage	Premium	Share of Premium	Employee's Portion of the Premium	Employee's Premium Savings over Dual Option	Maximum Deductible Expenses Reimbursed under an HRA	Out-of-Pocket Limit less HRA reimbursement*
Dual Option - VHP	Single	\$6,536	6%	\$392.16	NA	\$0	None (Preferred Benefits)/ \$2,500 (Standard Benefits)
	2-Person	\$12,848	6%	\$770.88	NA	\$0	None (Preferred Benefits)/ \$5,000 (Standard Benefits)
	Family	\$17,224	6%	\$1,033.44	NA	\$0	None (Preferred Benefits)/ \$5,000 (Standard Benefits)
Dual Option - Comp 250	Single	\$6,536	6%	\$392.16	NA	\$0	\$500 (\$250 deductible plus 20% co-insurance)
	2-Person	\$12,848	6%	\$770.88	NA	\$0	\$1,000 (\$500 deductible plus 20% co-insurance)
	Family	\$17,224	6%	\$1,033.44	NA	\$0	\$1,000 (\$500 deductible plus 20% co-insurance)
Comp 1000	Single	\$5,229	3%	\$156.87	\$235.29	\$1,000	\$500 (20% co-insurance after deductible is met) †
	2-Person	\$10,277	3%	\$308.31	\$462.57	\$2,000	\$1,000 (20% co-insurance after deductible is met) ‡
	Family	\$13,781	3%	\$413.43	\$620.01	\$2,000	\$1,000 (20% co-insurance after deductible is met) ‡

\*Based on VHP Preferred Benefits

† Total allowable claims must equal \$3,500 or more for the year to reach this out-of-pocket limit

‡ Total allowable claims for all participants must equal \$7,000 or more for the year to reach this out-of-pocket limit