

2018 Contribution Reporting

2018 Transition Decisions

Welcome and thank you for providing this important information to us. Please note that this form will take approximately 10 minutes to complete, assuming you have all of the information available to answer the questions. If you would prefer, you can instead, send the completed negotiations checklist to vehi2018@vsbit.org.

* 1. Supervisory Union/District name for which this information applies:

Other (If not listed above, please type name of SU / district below)

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* 2. Please provide your contact information - please note that you must be a designated HR professional for your district to submit this information.

Name

Email

Phone

3. Check below if this is an updated submission (previous information may have been tentative or unknown)

YES

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* 4. Current five-digit Group Number(s) (enter all that apply):

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* 5. Which bargaining unit does this apply to? Please complete one survey per bargaining unit.

Other (please specify)

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6. Which district (or SU) does this selection apply to? If you have a district or districts with a different arrangement, please complete a separate survey for each.

District Name

District Name

District Name

District Name

District Name

District Name

Supervisory Union Name

2018 Contribution Reporting

Platinum Plan Section

Information collected in this section pertains only to the Platinum Plan.

2018 Contribution Reporting

Monthly premium contribution by district for Platinum Plan

* 7. What is the **monthly premium contribution**, by the district, for the **Platinum Plan**? Please enter a dollar amount (rounded to the nearest dollar), not a percentage.

Single (one adult)	<input type="text"/>
Two Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

2018 Contribution Reporting

* 8. Will your VEHI **Platinum Plan** offer an HRA?

- Yes
 No

2018 Contribution Reporting

* 9. If offering an HRA on the **Platinum Plan**, please indicate the monthly contribution amount by the district, for each tier:

Single (one adult)	<input type="text"/>
Two-Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

2018 Contribution Reporting

* 10. If offering an HRA on the **Platinum Plan**, is **the employee** required to pay a portion of the cost before the HRA begins to pay? (Known as "Employee Pays First")

If yes, please indicate the amount **the employee (and/or dependents)** must pay before the HRA dollars are available. If no, please enter 0:

Single (one adult)	<input type="text"/>
Two-Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

2018 Contribution Reporting

Gold Plan Section

Information collected in this section pertains only to the Gold Plan.

2018 Contribution Reporting

Monthly premium contribution by district for Gold Plan

* 11. What is the **monthly premium contribution**, by the district, for the **Gold Plan**? Please enter a dollar amount (rounded to the nearest dollar), not a percentage.

Single (one adult)	<input type="text"/>
Two Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

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* 12. Will your VEHI Gold Plan offer an HRA?

Yes

No

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* 13. If offering an HRA on the Gold Plan, please indicate the monthly contribution amount by the district, for each tier:

Single (one adult)

Two-Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

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* 14. If offering an HRA on the Gold Plan, is the employee required to pay a portion of the cost before the HRA begins to pay? (Known as "Employee Pays First")

If yes, please indicate the amount the employee (and/or dependents) must pay before the HRA dollars are available. If no, please enter 0:

Single (one adult)

Two-Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

2018 Contribution Reporting

Gold CDHP Section

Information collected in this section pertains only to the Gold CDHP.

2018 Contribution Reporting

Monthly premium contribution by district for Gold CDHP

* 15. What is the **monthly premium contribution**, by the district, for the **Gold CDHP**? Please enter a dollar amount (rounded to the nearest dollar), not a percentage.

Single (one adult)

Two Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

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* 16. VEHI **Gold CDHP** will offer:

HSA

HRA

Both HSA and HRA

Neither HSA nor HRA offered

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* 17. If offering **BOTH an HSA and an HRA** on the **Gold CDHP**, please indicate the monthly contribution amounts below. (Employee contribution - if **the employee** is required to pay a portion of the cost before the HRA begins to pay, known as "Employee Pays First".) If no, please enter 0:

Employer Contribution -
HSA Single (one adult)

Employer Contribution -
HSA Two-Person (two adults)

Employer Contribution -
HSA Parent/Child(ren)
(one adult, with one or more children)

Employer Contribution -
HSA Family (two adults, with one or more children)

Employer Contribution -
HRA Single (one adult)

Employer Contribution -
HRA Two-Person (two adults)

Employer Contribution -
HRA Parent/Child(ren)
(one adult, with one or more children)

Employer Contribution -
HRA Family (two adults, with one or more children)

Employee Contribution -
HRA Single (one adult)

Employee Contribution -
HRA Two-Person (two adults)

Employee Contribution -
HRA Parent/Child(ren)
(one adult, with one or more children)

Employee Contribution -
HRA Family (two adults, with one or more children)

* 18. I understand an employee must choose EITHER an HSA or an HRA and may not have both.

Yes, I understand.

* 19. If offering an HSA on the Gold CDHP, please indicate the monthly contribution amount by the district:

Single (one adult)

Two-Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

* 20. I understand employees may contribute additional amounts to their HSA up to the federal annual limit.

Yes, I understand.

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* 21. If offering an HRA on the Gold CDHP, please indicate the monthly contribution amount by the district, for each tier:

Single (one adult)

Two-Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

2018 Contribution Reporting

* 22. If offering an HRA on the Gold CDHP, is **the employee** required to pay a portion of the cost before the HRA begins to pay? (known as "Employee Pays First")

If yes, please indicate the amount **the employee (and/or dependents)** must pay before the HRA dollars are available. If no, please enter 0.

Single (one adult)	<input type="text"/>
Two-Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

2018 Contribution Reporting

Silver CDHP Section

Information collected in this section pertains only to Silver CDHP.

2018 Contribution Reporting

Monthly premium contribution by district for Silver CHDP

* 23. What is the **monthly premium contribution**, by the district, for the **Silver CDHP**? Please enter a dollar amount (rounded to the nearest dollar), not a percentage.

Single (one adult)	<input type="text"/>
Two Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

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* 24. VEHI Silver CDHP will offer:

HSA

HRA

Both HSA and HRA

Neither HSA nor HRA

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* 25. If offering ***BOTH an HSA and an HRA*** on the **Silver CDHP**, please indicate the monthly contribution amounts below. (Employee contribution - if **the employee** is required to pay a portion of the cost before the HRA begins to pay, known as "Employee Pays First".) If no, please enter 0:

District Only - **HSA** Single
(one adult)

District Only - **HSA** Two-
Person (two adults)

District Only - **HSA**
Parent/Child(ren) (one
adult, with one or more
children)

District Only - **HSA** Family
(two adults, with one or
more children)

District Only - **HRA** Single
(one adult)

District Only - **HRA** Two-
Person (two adults)

District Only - **HRA**
Parent/Child(ren) (one
adult, with one or more
children)

District Only - **HRA** Family
(two adults, with one or
more children)

Employee Contribution -
HRA Single (one adult)

Employee Contribution -
HRA Two-Person (two
adults)

Employee Contribution -
HRA Parent/Child(ren)
(one adult, with one or
more children)

Employee Contribution -
HRA Family (two adults,
with one or more children)

* 26. I understand an employee must choose EITHER an HSA or an HRA and may not have both.

Yes, I understand.

* 27. If offering an HSA on the Silver CDHP, please indicate the monthly contribution amount **by the district**:

Single (one adult)

Two-Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

* 28. I understand employees may contribute additional amounts to their HSA up to the federal annual limit.

Yes, I understand.

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* 29. If offering an HRA on the Silver CDHP, please indicate the monthly contribution amount **by the district**, for each tier:

Single (one adult)

Two-Person (two adults)

Parent/Child(ren) (one adult, with one or more children)

Family (two adults, with one or more children)

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* 30. If offering an HRA on the Silver CDHP, is **the employee** required to pay a portion of the cost before the HRA begins to pay? (known as "Employee Pays First")

If yes, please indicate the amount **the employee (and/or dependents)** must pay before the HRA dollars are available. If no, please enter 0.

Single (one adult)	<input type="text"/>
Two-Person (two adults)	<input type="text"/>
Parent/Child(ren) (one adult, with one or more children)	<input type="text"/>
Family (two adults, with one or more children)	<input type="text"/>

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* 31. Vendor for HSA or HRA will be:

- HealthEquity
- Future Planning Associates, Inc.
- Vendor undecided
- Other vendor (please specify)

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* 32. If you are offering an HRA, have you completed the HRA application form?

- An HRA is not offered
- Yes, I found the HealthEquity HRA application on www.vehi.org
- Yes, I am in touch with Future Planning, or will contact them at 802-878-6601
- No, not yet

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33. Please note all HealthEquity applications should be submitted to the VEHI office at VEHI2018@vsbit.org

I understand

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34. Do you need further assistance?

Yes - please contact Bobby-Jo Salls at 802-223-5040 x 233 or vehi2018@vsbit.org

No

Questions or Comments: