

**VEHI Health Plans**  
Effective: January 1, 2018

**Introductory Comparison Grid**

Type of Service	VEHI Platinum	VEHI Gold	VEHI Gold- CDHP*	VEHI Silver - CDHP*
	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum
Medical Deductible (Self/Other than Self)	\$500 /\$1,000 Stacked^	\$1,200/\$2,400 Stacked^	\$1,800 / \$3,600 Aggregate**	\$3,000/\$6,000 Stacked^
Prescription Drug Deductible	\$0	\$0	\$0	\$0
Medical Out-of-Pocket-Maximum (Self/Other than Self)	\$1,500/\$3,000	\$1,800/\$3,600	\$2,500/\$5,000	\$4,000/\$8,000
Prescription Drug Out-of-Pocket-Maximum (Self/Other than Self)	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600
Total Out-of-Pocket Maximum for both Medical and Prescription Drug Benefits (Self/Other than Self)	\$2,800/\$5,600	\$3,100/\$6,200	\$2,500/\$5,000	\$4,000/\$8,000
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Office Visit	\$25	\$25	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Mental Health /Substance Abuse Office Visit	\$35	\$35	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Specialist Office Visit	\$35	\$35	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Urgent Care	\$75	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Ambulance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Durable Medical Equipment	deductible, then 20% coinsurance	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
Radiology (MRI, CT, PET)	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Outpatient	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Inpatient	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Vision Exam	\$20	\$20	\$20	\$20
Prescription Drug Benefits	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Wellness Drugs #	n/a	n/a	100%	100%
Generic Tier 1	\$4	\$4	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Generic Tier 2	\$10	\$10	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Preferred Brand	\$20	\$20	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Non-Preferred Brand	50%	50%	deductible, then 20% coinsurance	deductible, then 20% coinsurance
Compatible with:				
Health Savings Account (HSA) - •	◇	◇	◇ •	◇ •
Health Reimbursement Arrangement (HRA)- ◇				

Below is the pricing if the plans were in effect in FY 17 (July 1, 2016 through June 30, 2017).  
Actual pricing will be determined by January 2017 to take effect January 1, 2018 through June 30, 2018.

FY 17 Comparable Rate Contributions	VEHI Platinum	VEHI Gold	VEHI Gold- CDHP	VEHI Silver - CDHP
Single (Self)	\$650.73	\$615.25	\$524.56	\$456.60
2-Person	\$1,301.45	\$1,230.49	\$977.84	\$913.20
Parent/Child(ren)	\$1,126.49	\$1,066.21	\$837.29	\$797.13
Family	\$1,893.89	\$1,792.08	\$1,490.04	\$1,337.42

\*CDHP- Consumer Directed Health Plan

^Stacked- Plan pays for an individual once the individual deductible is met.

\*\*Aggregate- Full single or entire family deductible must be satisfied before benefits are paid.

#Wellness Drugs- [www.bcbsvt.com/wellnessrx](http://www.bcbsvt.com/wellnessrx)