

**Current VEHI Health Plans
FY 17**

	GF VHP Dual Option (preferred level only)	GF Comp \$300 Dual Option	GF JY Plan	GF Comp \$1,200	GF CDHP \$1,800	Non-GF Comp \$1,200	Non-GF CDHP \$1,800
Type of Service	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum
Medical Deductible (Self/Other than Self)	\$100 pp / up to \$300 per fam	\$300 / \$600	\$100 pp / up to \$300 per fam	\$1,200 / \$2,400	\$1,800 / \$3,600 aggregate	\$1,200 / \$2,400	\$1,800 / \$3,600 aggregate
Prescription Drug Deductible	\$0	\$0	\$0	\$0	Included in Medical	\$0	Included in Medical
Medical Out-of-Pocket-Maximum (Self/Other than Self)	n/a	\$600 / \$1,200	n/a	\$1,800 / \$3,600	\$1,800 / \$3,600 aggregate	\$1,800 / \$3,600	\$1,800 / \$3,600 aggregate
Prescription Drug Out-of-Pocket-Maximum (Self/Other than Self)	\$600 / \$1,200	\$600 / \$1,200	\$600 / \$1,200	\$600 / \$1,200	\$1,300 / \$2,600 aggregate	\$600 / \$1,200	\$1,300 / \$2,600 aggregate
Total Out-of-Pocket Maximum for both Medical and Prescription Drug Benefits (Self/Other than Self)	\$700 / \$1,500 plus unlimited medical copays and coinsurance	\$1,200 / \$2,400	\$700 / \$1,500 plus unlimited medical copays and coinsurance	\$2,400 / \$4,800 plus unlimited office visit copayments	\$1,800 / \$3,600 aggregate	\$2,400 / \$4,800	\$1,800 / \$3,600 aggregate
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Preventive Care	\$15	deductible, then 20% coinsurance	\$20	\$20	\$0	\$0	\$0
Primary Care Office Visit	\$15	deductible, then 20% coinsurance	\$20	\$20	deductible, then covered in full	\$20	deductible, then covered in full
Mental Health / Substance Abuse Office Visit	\$25	deductible, then 20% coinsurance	\$20	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Specialist Office Visit	\$25	deductible, then 20% coinsurance	\$20	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Urgent Care	covered in full	deductible, then 20% coinsurance	covered in full	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Ambulance	\$50	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Durable Medical Equipment	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Emergency Room	covered in full	deductible, then 20% coinsurance	\$20 phys fee, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Radiology (MRI, CT, PET)	covered in full	deductible, then 20% coinsurance	covered in full	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Outpatient	covered in full	deductible, then 20% coinsurance	covered in full	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Inpatient	covered in full	deductible, then 20% coinsurance	covered in full	deductible, then 20% coinsurance	deductible, then covered in full	deductible, then 20% coinsurance	deductible, then covered in full
Vision Exam	\$20	n/a	n/a	n/a	n/a	n/a	n/a
Prescription Drug Benefits	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Wellness Drugs #	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Generic Tier 1	\$5	\$5	\$5	\$5	deductible, then covered in full	\$5	deductible, then covered in full
Generic Tier 2	n/a	n/a	n/a	n/a	deductible, then covered in full	n/a	deductible, then covered in full
Preferred Brand	\$20	\$20	\$20	\$20	deductible, then covered in full	\$20	deductible, then covered in full
Non-Preferred Brand	\$45	\$45	\$45	\$45	deductible, then covered in full	\$45	deductible, then covered in full
Compatible with: Health Reimbursement Arrangement (HRA) - ◊ Health Savings Account (HSA) - •	◊	◊	◊	◊	◊ •	◊	◊ •

Below is the pricing for FY 17 (July 1, 2016 through June 30, 2017) on the current VEHI plans.

FY 17 Comparable Rate Contributions	GF VHP dual option (preferred level only)	GF Comp \$300 dual option	GF JY Plan	GF Comp \$1,200	GF CDHP \$1,800	Non-GF Comp \$1,200	Non-GF CDHP \$1,800
Single (Self)	\$752.41	\$752.41	\$844.66	\$601.91	\$601.91	\$601.91	\$601.91
2-Person	\$1,478.99	\$1,478.99	\$1,665.49	\$1,183.12	\$1,183.12	\$1,183.12	\$1,183.12
Family	\$1,982.66	\$1,982.66	\$2,239.71	\$1,586.30	\$1,586.30	\$1,586.30	\$1,586.30

*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

GF = Grandfathered

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