

# Comparison of Plans for Active Employees

Selected Service	JY Plan	Dual Option Comprehensive Plan (\$250 Deductible)	\$0 or \$100 Comprehensive Plans	Comprehensive Plus \$1,000 Deductible	Dual Option Vermont Health Partnership
<b>Primary Care Physician</b>	You need not select a Primary Care Physician.				You select a Primary Care Physician upon enrollment.
<b>Office Visits</b>	We pay all but your \$15 office visit co-payment.	You pay your deductible, then 20% until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay \$20 for primary care office visits. For all other visits, you pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit.	You pay: <ul style="list-style-type: none"> <li>\$10 co-payment for visits with your Primary Care Physician</li> <li>\$20 co-payment for visits with network specialty providers</li> </ul> We pay the rest. Standard benefits are available for some out-of-network visits.
<b>2009 Prescription Drugs</b>	You pay a \$100 prescription drug deductible* each year. Then you pay: <ul style="list-style-type: none"> <li>a \$6 co-payment for each generic prescription</li> <li>\$12 co-payment for each prescription on our Preferred Brand-name Drug List</li> <li>\$24 co-payment for each Non-preferred prescription</li> </ul>				
<b>2010 Prescription Drugs</b>	You pay: <ul style="list-style-type: none"> <li>a \$0 co-payment for each generic prescription</li> <li>\$15 co-payment for each prescription on our Preferred Brand-name Drug List</li> <li>\$40 co-payment for each Non-preferred prescription</li> </ul>				
<b>Hospital Inpatient and Outpatient</b>	We pay 100 percent of the Allowed Price.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit.	We pay 100 percent of the Allowed Price. Standard benefits are available for some out-of-network visits.
<b>Emergency Room</b>	You pay a \$15 co-payment for the ER physician. We pay 100 percent of the Allowed Price.				We pay 100 percent of the Allowed Price.
<b>Inpatient Mental Health Services**</b>	Covered in full. You may need to contact our mental health network to initiate mental health care.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must contact our mental health network to initiate mental health care.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You may need to contact our mental health network to initiate mental health care	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit. You may need to contact our mental health network to initiate mental health care.	We pay 100 percent of the Allowed Price. You must contact our mental health network to initiate mental health care. No Standard benefits are available for mental health care.
<b>Outpatient Mental Health Services**</b>	Same as office visits (above). You may need to contact our mental health network to initiate mental health care.				You pay a \$20 co-payment for each visit. We cover the rest. You must contact our mental health network to initiate mental health care. No Standard benefits are available for mental health care.
<b>Chiropractic Services</b>	You pay a \$15 co-payment. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay a \$20 co-payment for each visit. You must use network providers and get prior approval for any visits after 12 in a calendar year. No Standard benefits are available.
<b>Lifetime Maximum (all services)</b>	None	None	None	None	None

\* Your Prescription Drug program deductible is a separate deductible. Your out-of-pocket limit does not include your office visit co-payments and deductibles you pay as part of the Prescription Drug program.

\*\* Depending on local, negotiated agreements, your benefits for mental health services may differ. Call your school's business office if you have questions.