

VEHI Health Plans
FY21 Rates

VEHI Plan 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 | | Included in Medical | | Included in Medical | |
| 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 | | \$1,400 / \$2,800 | | \$1,400 / \$2,800 | |
| 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 | \$25 | | \$25 | | 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 | |
| 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 Reimbursement Arrangement (HRA) - ◊ Health Savings Account (HSA) - • | ◊ | | ◊ | | ◊ • | | ◊ • | |

Below is the FY 21 pricing of the VEHI health plans. Rates have been approved by the VT Department of Financial Regulation for July 1, 2020 through June 30, 2021.

| FY 20 Rates | VEHI Platinum | VEHI Gold | VEHI Gold- CDHP* | VEHI Silver - CDHP* |
|-------------------|---------------|------------|------------------|---------------------|
| Single (Self) | \$821.38 | \$790.20 | \$726.60 | \$636.61 |
| 2-Person | \$1,642.76 | \$1,580.39 | \$1,364.59 | \$1,273.24 |
| Parent/Child(ren) | \$1,373.47 | \$1,322.44 | \$1,123.35 | \$1,073.16 |
| Family | \$2,323.67 | \$2,236.84 | \$2,012.69 | \$1,811.60 |

*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