

**VEHI Health Plans**  
**FY26 Rates**

**VEHI Plan Comparison Grid**

Type of Service	VEHI Platinum Deductible / Maximum	VEHI Gold Deductible / Maximum	VEHI Gold - CDHP* Deductible / Maximum	VEHI Silver - CDHP* Deductible / Maximum
Medical Deductible (Single / All other Plans)	\$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 (Single / All other Plans)	\$1,500 / \$3,000	\$1,800 / \$3,600	\$2,500 / \$5,000	\$4,000 / \$8,000
Prescription Drug Out-of-Pocket Maximum (Single / All other Plans)	\$1,300 / \$2,600	\$1,300 / \$2,600	\$1,650 / \$3,300	\$1,650 / \$3,300
Total Out-of-Pocket Maximum for both Medical and Prescription Drug Benefits (Single / All other Plans)	\$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	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: <b>Health Reimbursement Arrangement (HRA) - ◇</b> <b>Health Savings Account (HSA) - •</b>	◇	◇	◇ • (HSA not allowed for public school employees)	◇ •

Below is the FY 26 monthly pricing of the VEHI Health Plans

Rates Have been approved by the Vermont Department of Financial Regulation for July 1, 2025 - June 30, 2026

FY 26 Rates	VEHI Platinum	VEHI Gold	VEHI Gold - CDHP*	VEHI Silver - CDHP*
Single (Self)	\$1,339.21	\$1,312.77	\$1,230.72	\$1,134.21
Self & Spouse	\$2,678.44	\$2,625.55	\$2,311.36	\$2,268.44
Parent/Child(ren) (1 adult & 1 or more children)	\$2,239.37	\$2,197.00	\$1,902.74	\$1,911.97
Family (2 adults and 1 or more children)	\$3,788.62	\$3,716.11	\$3,409.12	\$3,227.61

\*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 Drug List can be found at [www.bluecrossvt.org](http://www.bluecrossvt.org)

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