

	VEHI Platinum		VEHI Gold		VEHI Gold- CDHP*		VEHI Silver - CDHP*	
Type of Service	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		\$1,350 / \$2,700		\$1,350 / \$2,700	
Total out of Pocket Maximum for Medical & Prescription Drug Benefits (Self/Other than Self)	\$2,800 / \$5,600		\$3,100 / \$6,200		\$2,500 / \$5,000		\$4,000 / \$8,000	
<b>SBSD Contribution towards HRA Note: Employee 1st and Last \$175 1p / \$350 2p or P/C \$525 Family</b>	\$2,150 / \$4,300 / \$3,950 1p / 2p or P/C / Family		\$2,150 / \$4,300 / \$3,950 1p / 2p or P/C / Family		\$2,150 / \$4,300 / \$3,950 1p / 2p or P/C / Family		\$2,150 / \$4,300 / \$3,950 1p / 2p or P/C / Family	
<b>Employee Potential Cost Exposure (Total out of Pocket - SBSB contribution)</b>	\$650 / \$1,300 / \$1,650 1p / 2p or P/C / Family		\$950 / \$1,900 / \$2,250 1p / 2p or P/C / Family		\$350 / \$700 / \$1,050 1p / 2p or P/C / Family		\$1,850 / \$3,700 / \$4050 1p / 2p or P/C / Family	
<b>SBSD Contribution towards H S A</b>	Not Compatible with H S A		Not Compatible with H S A		\$500 total 1p / 2p or P/C / Family		\$500 total 1p / 2p or P/C / Family	
Service Category	Copay / Coinsurance		Copay / Coinsurance		Copay / Coinsurance		Copay / Coinsurance	
<b>IMPORTANT NOTE: COSTS IN THESE CATEGORIES ONLY APPLY IF THE MEDICAL DEDUCTIBLE or TOTAL OUT OF POCKET MAXIMUM HAS NOT YET BEEN MET</b>								
Preventative 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:Health Care Savings Account (HSA) - • Health Care Reimbursement Arrangement (HRA) - ◊	◊		◊		◊ •		◊ •	
<b>Support Staff Payroll Deduction amounts for the new health plans. Effective: 1/1/18 - 6/30/18</b>								
Coverage Type	21 Pays VEHI Platinum 26 Pays		21 Pays VEHI Gold 26 Pays		21 Pays VEHI Gold CDHP* 26 Pays		21 Pays VEHI Silver CDHP* 26 Pays	
Single	\$109.45	\$83.70	\$88.57	\$67.73	\$28.43	\$21.74	\$73.11	\$59.05
Two - Person	\$253.98	\$194.22	\$212.20	\$162.27	\$53.38	\$40.82	\$143.70	\$116.07
Parent / Child(ren)	\$219.27	\$167.68	\$184.88	\$141.38	\$43.94	33.60	\$129.45	\$89.62
Family	\$326.61	\$249.76	\$268.18	\$205.08	\$78.74	\$60.21	\$192.65	\$155.61

\*CDHP- Consumer Directed Health Plan  
#Wellness Drugs- [www.bcbsvt.com/wellnessrx](http://www.bcbsvt.com/wellnessrx)

^Stacked- Plan pays for individual once the individual deductible is met.  
\*\*Aggregate- Full single or entire family deductible must be satisfied before benefits are paid.