

	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</b>	\$2,100 / \$4,200 / \$3,800 1p / 2p or P/C / Family	\$2,100 / \$4,200 / \$3,800 1p / 2p or P/C / Family	\$2,100 / \$4,200 / \$3,800 1p / 2p or P/C / Family	\$2,100 / \$4,200 / \$3,800 1p / 2p or P/C / Family
<b>Employee Potential Cost Exposure (Total out of Pocket - SBSB contribution)</b>	\$700 / \$1,400 / \$1,800 1p / 2p or P/C / Family	\$1,000 / \$2,000 / \$2,400 1p / 2p or P/C / Family	\$400 / \$800 / \$1,200 1p / 2p or P/C / Family	\$1,900 / \$3,800 / \$4,200 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	\$400 / \$800 / \$1,200 1p / 2p or P/C / Family	\$400 / \$800 / \$1,200 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>Teacher 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	\$174.79 \$121.00	\$151.71 \$105.03	\$73.11 \$59.05	\$73.11 \$59.05
Two - Person	\$389.18 \$269.43	\$207.47 \$237.48	\$143.70 \$116.07	\$143.70 \$116.07
Parent / Child(ren)	\$323.11 \$223.69	\$285.13 \$197.40	\$129.45 \$89.62	\$129.45 \$89.62
Family	\$498.51 \$345.69	\$433.97 \$300.44	\$192.65 \$155.61	\$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.