

**VEHI Health Plans**  
FY23 Rates

**VEHI Plan Comparison Grid**

	<b>VEHI Platinum</b>	<b>VEHI Gold</b>	<b>VEHI Gold - CDHP*</b>	<b>VEHI Silver - CDHP*</b>
<b>Type of Service</b>	<b>Deductible / Maximum</b>	<b>Deductible / Maximum</b>	<b>Deductible / Maximum</b>	<b>Deductible / Maximum</b>
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	\$1,400 / \$2,800	\$1,400 / \$2,800
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
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
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
<b>Prescription Drug Benefits</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
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) - •	◇	◇	◇ • (HSA not allowed for public school employees)	◇ •
<b>Below is the FY 23 pricing of the VEHI health plans. Rates have been approved by the VT Department of Financial Regulation for July 1, 2022 through June 30, 2023.</b>				
<b>FY 23 Rates</b>	<b>VEHI Platinum</b>	<b>VEHI Gold</b>	<b>VEHI Gold - CDHP*</b>	<b>VEHI Silver - CDHP*</b>
Single (Self)	\$928.68	\$907.54	\$837.78	\$775.58
Self & Spouse	\$1,857.38	\$1,815.08	\$1,573.39	\$1,551.17
Parent/Child(ren) (1 adult & 1 or more children)	\$1,552.90	\$1,518.82	\$1,295.24	\$1,307.41
Family (2 adults and 1 or more children)	\$2,627.24	\$2,569.00	\$2,320.66	\$2,207.05

\*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