

VEHI Health Plans
FY24 Rates

VEHI Plan Comparison Grid

	VEHI Platinum	VEHI Gold	VEHI Gold - CDHP*	VEHI Silver - CDHP*
Type of Service	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	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	\$1,600 / \$3,200	\$1,600 / \$3,200
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
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) - •	◊	◊	◊ • (HSA not allowed for public school employees)	◊ •

Below is the FY 24 pricing of the VEHI health plans. Rates have been approved by the VT Department of Financial Regulation for July 1, 2023 through June 30, 2024.

FY 24 Rates	VEHI Platinum	VEHI Gold	VEHI Gold - CDHP*	VEHI Silver - CDHP*
Single (Self)	\$1,039.81	\$1,016.01	\$944.43	\$869.01
Self & Spouse	\$2,079.64	\$2,032.02	\$1,773.69	\$1,738.05
Parent/Child(ren) (1 adult & 1 or more children)	\$1,738.72	\$1,700.35	\$1,460.13	\$1,464.93
Family (2 adults and 1 or more children)	\$2,941.62	\$2,876.05	\$2,616.09	\$2,472.95

*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