

**VEHI Health Plans**  
**FY25 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	\$1,650 / \$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
<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: <b>Health Reimbursement Arrangement (HRA) - ◇</b> <b>Health Savings Account (HSA) - •</b>	◇	◇	◇ • (HSA not allowed for public school employees)	◇ •

**Below is the FY 25 pricing of the VEHI health plans. Rates have been approved by the VT Department of Financial Regulation for July 1, 2024 through June 30, 2025.**

<b>FY 25 Rates</b>	<b>VEHI Platinum</b>	<b>VEHI Gold</b>	<b>VEHI Gold - CDHP*</b>	<b>VEHI Silver - CDHP*</b>
Single (Self)	\$1,202.97	\$1,177.89	\$1,099.51	\$1,013.90
Self & Spouse	\$2,405.95	\$2,355.79	\$2,064.93	\$2,027.82
Parent/Child(ren) (1 adult & 1 or more children)	\$2,011.55	\$1,971.27	\$1,699.88	\$1,709.17
Family (2 adults and 1 or more children)	\$3,403.19	\$3,334.30	\$3,045.65	\$2,885.25

\*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)