

VEHI Health Plans
FY26 Rates

VEHI Plan Comparison Grid

Type of Service	VEHI Platinum		VEHI Gold		VEHI Gold - CDHP*		VEHI Silver - CDHP*	
	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		\$1,650 / \$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	
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		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 26 monthly pricing of the VEHI Health Plans
Rates Have been approved by the Vermont Department of Financial Regulation for July 1, 2025 - June 30, 2026

FY 26 Rates	VEHI Platinum	VEHI Gold	VEHI Gold - CDHP*	VEHI Silver - CDHP*
Single (Self)	\$1,339.21	\$1,312.77	\$1,230.72	\$1,134.21
Self & Spouse	\$2,678.44	\$2,625.55	\$2,311.36	\$2,268.44
Parent/Child(ren) (1 adult & 1 or more children)	\$2,239.37	\$2,197.00	\$1,902.74	\$1,911.97
Family (2 adults and 1 or more children)	\$3,788.62	\$3,716.11	\$3,409.12	\$3,227.61

*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

Updated 04.16.2025