



**Vermont Health Service Group (VHSG)**

**January 1, 2012 – December 31, 2012**

**Health Coverage Options**

<b>Vermont Freedom Plans (PPO)</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>	<b>Carve-out</b>
\$750/\$1,500 deductible - \$30 office visit - 80%/20% coinsurance to \$3,750/\$7,500 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$721.33	\$1,442.68	\$2,112.08	\$472.00
\$1,500/\$3,000 deductible - \$30 office visit - 80%/20% coinsurance to \$7,500/\$15,000 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$668.23	\$1,336.47	\$1,966.18	\$421.79
\$2,500/\$5,000 deductible - \$30 office visit - 80%/20% coinsurance to \$7,500/\$15,000 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$628.74	\$1,257.45	\$1,855.90	\$383.12
\$5,000/\$10,000 deductible - \$30 office visit - 80%/20% coinsurance to \$7,500/\$15,000 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$588.22	\$1,176.43	\$1,744.44	\$344.68
\$10,000/\$20,000 deductible - \$30 office visit - out-of-pocket limit equals annual deductible - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$532.66	\$1,069.21	\$1,450.18	\$366.07
<b>Prescription Drug Benefit:</b> \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs	<b>Included in premium rates</b>			

Note: Carve-out is available for members who are eligible for Medicare with a Small Employer Exception from CMS.

<b>Blue CDHP (Comprehensive) with NEW Wellness Drug Benefits -HSA/HRA Compatible</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>	<b>Carve-out</b>
\$2,250/\$4,500 deductible (aggregate*) - 80%/20% coinsurance to \$3,250/\$6,500 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> \$5/40%/60% before deductible	\$707.67	\$1,210.87	\$1,768.57	\$452.73
\$4,000/\$8,000 deductible (aggregate*) - 80%/20% coinsurance to \$5,000/\$10,000 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> \$5/40%/60% before deductible	\$519.68	\$892.05	\$1,322.25	\$190.68

Note: Carve-out is available for members who are eligible for Medicare with a Small Employer Exception from CMS.

Wellness Drugs are credited towards the out-of-pocket limit, for the list of wellness drugs we cover, visit [www.bcbsvt.com/wellnessRx](http://www.bcbsvt.com/wellnessRx)

<b>Vision Care Rider for Vermont Freedom Plan or Blue CDHP Plans</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>	<b>Carve-out</b>
\$20 co-pay for Vision Materials (\$20 Vision Exam included in ALL plans)	\$6.36	\$12.72	\$25.20	\$6.36

<b>BlueCare CDHP (HMO)** with NEW Wellness Drug Benefits – HSA/HRA Compatible</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>
\$2,000/\$4,000 deductible (aggregate*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> \$5/40%/60% before deductible	\$483.08	\$821.23	\$1,206.25
\$2,500/\$5,000 deductible (aggregate*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> \$5/40%/60% before deductible	\$450.51	\$747.84	\$1,097.48
\$2,500/\$5,000 deductible (aggregate*) - 80%/20% coinsurance to \$5,950/\$11,900 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> 50% before deductible - <b>Prescription Drug Benefit:</b> 50% for all Prescriptions after deductible	\$390.23	\$647.77	\$950.63
\$3,000/\$6,000 deductible (stacked^*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> \$5/40%/60% before deductible	\$426.72	\$853.43	\$1,191.63
\$5,000/\$10,000 deductible (stacked^*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit:</b> \$5/40%/60% before deductible	\$325.72	\$651.45	\$909.60

Wellness Drugs are credited towards the out-of-pocket limit, for the list of wellness drugs we cover, visit [www.bcbsvt.com/wellnessRx](http://www.bcbsvt.com/wellnessRx)

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<b>BlueCare Access CDHP (HMO) ** ^^ - with NEW Wellness Drug Benefits- HSA/HRA Compatible</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>
\$2,000/\$4,000 deductible (aggregate*) - 80%/20% coinsurance to \$3,000/\$6,000 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit: \$5/40%/60% before deductible</b>	\$465.83	\$791.90	\$1,163.16
\$3,000/\$6,000 deductible (stacked^) - 80%/20% coinsurance to \$4,000/\$8,000 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. <b>Wellness Drug Benefit: \$5/40%/60% before deductible</b>	\$416.95	\$833.90	\$1,164.35

Wellness Drugs are credited towards the out-of-pocket limit, for the list of wellness drugs we cover, visit [www.bcbsvt.com/wellnessRx](http://www.bcbsvt.com/wellnessRx)

<b>BlueCare (HMO) **</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>
Plan D: \$500 inpatient co-pay - \$200 outpatient co-pay - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$624.08	\$1,248.15	\$1,742.76
Plan I: \$1,000 inpatient/outpatient combined deductible - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$589.04	\$1,178.08	\$1,644.91
Plan K: \$2,000/\$1,000 inpatient/outpatient deductible - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$555.14	\$1,110.28	\$1,550.25
<b>Prescription Drug Benefit: \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs</b>	<b>Included in premium rates</b>		

<b>BlueCare Access (HMO) ** ^^</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>
\$1,500/\$750 inpatient/outpatient deductible - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$583.69	\$1,167.38	\$1,629.97
<b>Prescription Drug Benefit: \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs</b>	<b>Included in premium rates</b>		

<b>Vision Care Rider for BlueCare Plans</b>	<b>Single</b>	<b>2-Person</b>	<b>Family</b>
\$20 co-pay for Vision Materials (\$20 Vision Exam included in ALL plans)	\$8.56	\$17.11	\$23.90

CDHP – Consumer-Directed Health Plan

\* Aggregate Deductible: Full single or entire family deductible must be satisfied before benefits are paid.

^ Stacked Deductible: Plan pays for an individual once the individual deductible is met.

\*\* If you are choosing a BlueCare plan for the first time, each subscriber must complete a new enrollment form and select a Primary Care Physician (PCP) for each member.

^^ BlueCare Access allows for up to 40% of subscribers to live outside of the BlueCare Access Service Area