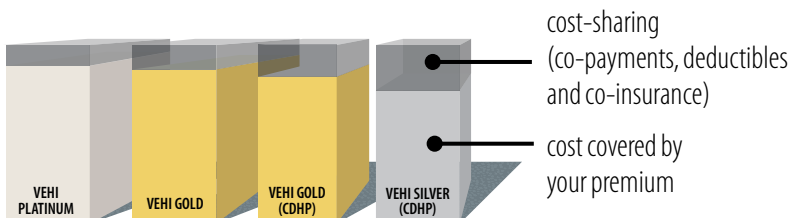


# VEHI plan comparison

	VEHI PLATINUM	VEHI GOLD	VEHI GOLD CDHP*	VEHI SILVER CDHP*
<i>Types of Services</i>	<i>Deductible/Maximum</i>	<i>Deductible/Maximum</i>	<i>Deductible/Maximum</i>	<i>Deductible/Maximum</i>
medical deductible (individual/family)	\$500 / \$1,000   stacked <sup>^</sup>	\$1,200 / \$2,400   stacked <sup>^</sup>	\$1,800 / \$3,600   aggregate**	\$3,000 / \$6,000   stacked <sup>^</sup>
prescription drug deductible	\$0	\$0	included in medical	included in medical
medical out-of-pocket limit (individual/family)	\$1,500 / \$3,000 <sup>^</sup>	\$1,800 / \$3,600 <sup>^</sup>	\$2,500 / \$5,000**	\$4,000 / \$8,000 <sup>^</sup>
prescription drug out-of-pocket limit (individual/family)	\$1,300 / \$2,600 <sup>^</sup>	\$1,300 / \$2,600 <sup>^</sup>	\$1,350 / \$2,700**	\$1,350 / \$2,700**
TOTAL out-of-pocket exposure for both medical and prescription drug benefits (individual/family)	\$2,800 / \$5,600	\$3,100 / \$6,200	\$2,500 / \$5,000	\$4,000 / \$8,000

<i>Service Categories</i>	<i>Co-payment/Co-insurance</i>	<i>Co-payment/Co-insurance</i>	<i>Co-payment/Co-insurance</i>	<i>Co-payment/Co-insurance</i>
preventive care	\$0	\$0	\$0	\$0
primary care office visit	\$25	\$25	deductible, then 20% co-insurance	deductible, then 20% co-insurance
mental health/substance abuse office visit	\$25	\$25	deductible, then 20% co-insurance	deductible, then 20% co-insurance
specialist office visit	\$35	\$35	deductible, then 20% co-insurance	deductible, then 20% co-insurance
urgent care	\$75	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
emergency room	\$250	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
ambulance	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
durable medical equipment	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
radiology (MRI, CT, PET)	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
outpatient	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
inpatient	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
vision exam	\$20	\$20	\$20	\$20

<i>Service Categories</i>	<i>Co-payment/Co-insurance</i>	<i>Co-payment/Co-insurance</i>	<i>Co-insurance</i>	<i>Co-insurance</i>
wellness drugs <sup>#</sup>	n/a	n/a	0%	0%
generic tier 1	\$4	\$4	deductible, then 20% co-insurance	deductible, then 20% co-insurance
generic tier 2	\$10	\$10	deductible, then 20% co-insurance	deductible, then 20% co-insurance
preferred brand	\$20	\$20	deductible, then 20% co-insurance	deductible, then 20% co-insurance
non-preferred brand	50%	50%	deductible, then 20% co-insurance	deductible, then 20% co-insurance
compatible with: Health Reimbursement Arrangement (HRA) Health Savings Account (HSA)	HRA	HRA	HRA, HSA	HRA, HSA



\* CDHP—Consumer Directed Health Plan

<sup>^</sup> stacked—See definition at left.

\*\* aggregate—See definition at left.

# wellness drugs—[www.bcbstv.com/wellnessrx](http://www.bcbstv.com/wellnessrx)