

VEHI plan comparison

	VEHI PLATINUM	VEHI GOLD
Types of Services	Deductible	Deductible
medical deductible (individual/family)	\$500 / \$1,000 stacked^	\$1,200 / \$2,400 stacked^
prescription drug deductible	\$0	\$0
medical out-of-pocket limit (individual/family)	\$1,500 / \$3,000^	\$1,800 / \$3,600^
prescription drug out-of-pocket limit (individual/family)	\$1,300 / \$2,600^	\$1,300 / \$2,600^
TOTAL out-of-pocket exposure for both medical and prescription drug benefits (individual/family)	\$2,800 / \$5,600	\$3,100 / \$6,200
Service Categories	Co-payment/Co-insurance	Co-payment/Co-insurance
preventive care	\$0	\$0
primary care office visit	\$25	\$25
mental health/substance abuse office visit	\$25	\$25
specialist office visit	\$35	\$35
urgent care	\$75	deductible, then 20% co-insurance
emergency room	\$250	deductible, then 20% co-insurance
ambulance	deductible, then 20% co-insurance	deductible, then 20% co-insurance
durable medical equipment (DME)	deductible, then 20% co-insurance	deductible, then 20% co-insurance
radiology (MRI, CT, PET)	deductible, then 20% co-insurance	deductible, then 20% co-insurance
outpatient care	deductible, then 20% co-insurance	deductible, then 20% co-insurance
inpatient care, general hospital	deductible, then 20% co-insurance	deductible, then 20% co-insurance
routine vision exam with a VSP provider	\$20	\$20
Service Categories	Co-payment/Co-insurance	Co-payment/Co-insurance
wellness drugs #	n/a	n/a
generic tier 1	\$4 (30-day supply)	\$4
generic tier 2	\$10 (30-day supply)	\$10
preferred brand	\$20 (30-day supply)	\$20
non-preferred brand	50%	50%
compatible with: Health Reimbursement Arrangement (HRA) Health Savings Account (HSA)	HRA	HRA

* CDHP—Consumer Directed Health Plan

^ stacked—See definition on page 19.

** aggregate—See definition on page 19.

wellness drugs—www.bcbstv.com/wellnessrx

VEHI GOLD CDHP*	VEHI SILVER CDHP*	
Deductible	Deductible	Types of Services
\$1,800 / \$3,600 aggregate** included in medical	\$3,000 / \$6,000 stacked^ included in medical	medical deductible (individual/family)
\$2,500 / \$5,000**	\$4,000 / \$8,000^	prescription drug deductible
\$1,400 / \$2,800**	\$1,400 / \$2,800**	medical out-of-pocket limit (individual/family)
\$2,500 / \$5,000	\$4,000 / \$8,000	prescription drug out-of-pocket limit (individual/family)
		TOTAL out-of-pocket exposure for both medical and prescription drug benefits (individual/family)
Co-payment/Co-insurance	Co-payment/Co-insurance	Service Categories
\$0 deductible, then 20% co-insurance	\$0 deductible, then 20% co-insurance	preventive care
deductible, then 20% co-insurance	deductible, then 20% co-insurance	primary care office visit
deductible, then 20% co-insurance	deductible, then 20% co-insurance	mental health/substance abuse office visit
deductible, then 20% co-insurance	deductible, then 20% co-insurance	specialist office visit
deductible, then 20% co-insurance	deductible, then 20% co-insurance	urgent care
deductible, then 20% co-insurance	deductible, then 20% co-insurance	emergency room
deductible, then 20% co-insurance	deductible, then 20% co-insurance	ambulance
deductible, then 20% co-insurance	deductible, then 20% co-insurance	durable medical equipment
deductible, then 20% co-insurance	deductible, then 20% co-insurance	radiology (MRI, CT, PET)
deductible, then 20% co-insurance	deductible, then 20% co-insurance	outpatient care, general hospital
deductible, then 20% co-insurance	deductible, then 20% co-insurance	inpatient care
\$20	\$20	vision exam
Co-insurance	Co-insurance	Service Categories
0% deductible, then 20% co-insurance	0% deductible, then 20% co-insurance	wellness drugs #
deductible, then 20% co-insurance	deductible, then 20% co-insurance	generic tier 1
deductible, then 20% co-insurance	deductible, then 20% co-insurance	generic tier 2
deductible, then 20% co-insurance	deductible, then 20% co-insurance	preferred brand
deductible, then 20% co-insurance	deductible, then 20% co-insurance	non-preferred brand
HRA, HSA	HRA, HSA	compatible with: Health Reimbursement Arrangement (HRA) Health Savings Account (HSA)

