

**VEHI Health Plans
FY24 Rates**

VEHI Plan Comparison Grid

Type of Service	VEHI Platinum Deductible / Maximum	Stacked [^]	VEHI Gold Deductible / Maximum	Stacked [^]	VEHI Gold - CDHP* Deductible / Maximum	Aggregate**	VEHI Silver - CDHP* Deductible / Maximum	Stacked [^]
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		\$1,600 / \$3,200		\$1,600 / \$3,200	
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	\$250		deductible, then 20% coinsurance		deductible, then 20% coinsurance		deductible, then 20% coinsurance	
Emergency Room	deductible, then 20% coinsurance		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) - \diamond Health Savings Account (HSA) - *	\diamond		\diamond		\diamond * (HSA not allowed for public school employees)		\diamond *	
Below is the FY 24 pricing of the VEHI health plans. Rates have been approved by the VT Department of Financial Regulation for July 1, 2023 through June 30, 2024.								
FY 24 Rates	VEHI Platinum		VEHI Gold		VEHI Gold - CDHP*		VEHI Silver - CDHP*	
Single (Self)	\$1,039.81		\$1,016.01		\$944.43		\$869.01	
Self & Spouse	\$2,079.64		\$2,032.02		\$1,773.69		\$1,738.05	
Parent/Child(ren) (1 adult & 1 or more children)	\$1,738.72		\$1,700.35		\$1,460.13		\$1,464.93	
Family (2 adults and 1 or more children)	\$2,941.62		\$2,876.05		\$2,616.09		\$2,472.95	

*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 9/25/2023