

VEHI Health Plans
FY27 Rates

VEHI Plan Comparison Grid

Calendar year 2026 benefit maximums	VEHI Platinum	VEHI Gold	VEHI Gold - CDHP*	VEHI Silver - CDHP*
Type of Service	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum	Deductible / Maximum
Medical Deductible (Single / All other Plans)	\$500 / \$1,000 Stacked^A	\$1,200 / \$2,400 Stacked^A	\$1,800 / \$3,600 Aggregate**	\$3,400 / \$6,800 Stacked^A
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	\$1,700 / \$3,400	\$1,700 / \$3,400
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 27 monthly pricing of the VEHI Health Plans
Rates Have been approved by the Vermont Department of Financial Regulation for July 1, 2026 - June 30, 2027

FY 27 Rates	VEHI Platinum	VEHI Gold	VEHI Gold - CDHP*	VEHI Silver - CDHP*
Single (Self)	\$1,435.18	\$1,407.39	\$1,321.31	\$1,209.57
Self & Spouse	\$2,870.38	\$2,814.79	\$2,481.48	\$2,419.17
Parent/Child(ren) (1 adult & 1 or more children)	\$2,399.84	\$2,355.35	\$2,042.79	\$2,039.02
Family (2 adults and 1 or more children)	\$4,060.11	\$3,983.95	\$3,660.04	\$3,442.08

*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