

STATE OF VERMONT EMPLOYEE MEDICAL PLAN OPTIONS FOR ACTIVE EMPLOYEES
Effective January 1, 2014

Benefit/Feature	TotalChoice Plan	SelectCare POS Plan		HealthGuard PPO Plan	
		In-Network	Out-of-Network	In-network	Out-of-Network
Annual DEDUCTIBLE	\$300 per person; \$600 per family	none	\$500 per person; \$1,000 per family	\$300 per person; \$600 per family	\$500 per person; \$1,000 per family
MAXIMUM annual COPAYS (after deductible is met)	\$750 per person; \$2,250 per family	none	\$2,000 per person; \$6,000 per family	\$2,000 per person; \$6,000 per family	\$4,000 per person; \$12,000 per family
Maximum Lifetime Benefit Per Member	none	none	none	none	none
PERCENTAGE THAT THE PLAN PAYS					
Inpatient Hospital	90%	100% after \$250 co-pay	70%	80%	60%
Outpatient Hospital	80%	100%	70%	80%	60%
Emergency Room	80%	100% after \$50 co-pay (waived if admitted)	70%	80%	60%
Physician Charges					
· Office visit	80%	100% after \$20 copay	70%	80%	60%
· Surgery	90% inpatient; 80% outpatient	100%	70%	80%	60%
· In-Hospital visit	90%	100%	70%	80%	60%
Diagnostic X-ray and Labs	80%	100%	70%	80%	60%
Home Healthcare	80%	100%	70%	80%	60%
COMMON BENEFITS IN ALL PLAN OPTIONS					
Preventive Exams & Tests- Program Benefits	Covered at 100%				
Wellness Program Benefits	Available to all active employees and retirees in any of the three health plan options, at no charge to the employee or retiree				
COMMON BENEFITS IN ALL PLAN OPTIONS					
Mental Health & Substance Program Benefits	In-Network: Paid at 100%.				
Prescription Drugs	This is a prescription drug card plan, which combines both local retail and mail order drugs. There is an annual \$25 per person/\$75 family deductible. Individual pays 10% copay for generic drugs, 20% copay for preferred brand drugs, and 40% copay for non-preferred brand drugs. 40% copay drugs will not be counted toward the maximum out-of-pocket limit, except for Speciality drugs. Maximum out-of-pocket is \$775 per covered member per year for both retail and mail order including the deductible.				
· Retail					
· Mail					
Routine Vision Care	The plan pays \$100 every two years, with no deductible and coinsurance, or copay. Benefits available for every plan member, including dependents . Covers routine exams and/or lens changes.				