

STATE OF VERMONT EMPLOYEE MEDICAL PLAN OPTIONS FOR ACTIVE AND RETIRED MEMBERS

Benefit/Feature	SelectCare POS Plan		TotalChoice Plan
	In-Network	Out-of-Network	
Annual DEDUCTIBLE	none	\$500 per person; \$1,000 per family	\$300 per person; \$600 per family
MAXIMUM annual COPAYS (after deductible is met)	none	\$2,000 per person; \$6,000 per family	\$750 per person; \$2,250 per family
Maximum Lifetime Benefit Per Member	none	none	none
PERCENTAGE THAT THE PLAN PAYS			
Inpatient Hospital	100% after \$250 co-pay	70%	90%
Outpatient Hospital	100%	70%	80%
Emergency Room	100% after \$50 co-pay (waived if admitted)	70%	80%
Physician Charges			
• Office visit	100% after \$20 copay	70%	80%
• Surgery	100%	70%	90% inpatient; 80% outpatient
• In-Hospital visit	100%	70%	90%
Diagnostic X-ray and Labs	100%	70%	80%
Home Healthcare	100%	70%	80%
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 health plan options, at no charge to the employee or retiree		
Mental Health & Substance Abuse Program Benefits	In-Network: Paid at 100%. Out-of-Network: Deductibles & copay required.		
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.		
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.		

For additional information, contact Benefits:
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