

The TotalChoice Plan

Summary of Benefits for the Employees and Retirees of the State of Vermont

TOTAL CHOICE				
CLASS CODE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	DEFINITION
01	\$512.64	\$410.11	\$102.53	One Person
1A	\$1,025.29	\$820.23	\$205.06	Two Person
1B	\$1,409.77	\$1,127.82	\$281.95	Family

What is the TotalChoice Plan?

- With this plan option you can choose to see any provider nationwide for medical services. Benefits are paid at 80% after an annual deductible has been met. When an annual maximum out-of-pocket expense is reached, benefits are paid at 100%.

Drug Plan

- The program is administered by Express Scripts, Inc. The annual deductible is \$50 per covered person per year. The plan covers 90% of the cost of generic drugs, 80% of the cost of preferred brand drugs and 60% of the cost for non-preferred brand drugs. The maximum out-of-pocket cost per individual per year is \$800 (which includes the deductible). **40% copay drugs do not contribute to the maximum out of pocket limit.** At the local pharmacy, you show your drug plan card and pay your copay; the State is automatically billed for the balance of the cost. The drug plan also features a mail order option, with the convenience of direct home delivery for long-term maintenance drugs.

Important Medical Plan Features

- **Preventive care services** for your children and preventive care benefits for you are described in the Benefits Highlights are paid at 100%
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**

BENEFIT HIGHLIGHTS

THIS TABLE SHOWS HOW MEDICALLY NECESSARY SERVICES ARE COVERED AFTER YOU HAVE MET YOUR ANNUAL MEDICAL DEDUCTIBLE.

Doctor Office Visits such as:

Preventive Care/Well Care:

Periodic Physical Exams (Children and Adults) 100%
 Routine Immunizations and Injections 100%

Adult/Child Medical Care for Illness or Injury 80%
 Procedures performed in a Physician's Office 80%

Routine Mammograms

100%

Specialist Office Visits such as:

Office Visits-Consultations and Physician Services 80%
 Well Care (Includes Pap Test and PSAs) 100%
 Procedures performed in Physician's office 80%

Inpatient Hospital Services including:

Semi-Private Room and Board 90%
 Physician Services
 Diagnostic/Therapeutic Lab and X-ray
 Drugs and Medication
 Operating and Recovery Room
 Radiation Therapy and Chemotherapy
 Anesthesia and Inhalation Therapy

All inpatient hospital admissions require PreCertification. Call the toll free number on your ID Card.

Inpatient Surgeon's Charges 90%
Second Surgical Opinion 80%

Outpatient Facility Services including:

Operating Room, Recovery Room, Procedure Room and Treatment Room including: 80%
 Physician Services
 Diagnostic/Therapeutic Lab and X-rays
 Anesthesia and Inhalation Therapy

Outpatient Preadmission Testing

Office Visit 80%
 Outpatient Facility 80%

Laboratory and Radiology Services such as:

MRIs, MRAs, CAT Scans and PET Scans 80%
 Other Laboratory and Radiology Services 80%

Short-Term Rehabilitative Therapy including Physical, Speech, Occupational and Chiropractic Therapies

80%

Prescription

For both Retail and Mail Order Drugs Combined:

Annual Deductible (Separate from your medical deductible) \$50 per individual/\$150 per family
 Plan Pays 90% for generic drugs, 80% for preferred brand drugs and 60% for non-preferred brand drugs.
 Annual Maximum Copay, excluding deductible \$750 per person
 Maximum Out-Of-Pocket expense per year \$800 per person (\$750 maximum copays plus \$50 annual deductible), then the plan pays 100% for the rest of the year.

Emergency and Urgent Care Services at:

Physician's Office 80%
 Hospital Emergency Room 80%
 Urgent Care or Outpatient Facility 80%
 Ambulance 80%

Maternity Care Services

Initial Office Visit to Confirm Pregnancy 80%
 All other office visits 80%
Delivery
 Hospital Charges 90%
 Physician Charges 90%

Inpatient Services at Other Health Care Facilities

including Skilled Nursing, Rehabilitation and Sub-Acute Facilities 90% - 60 days maximum per calendar year. ***All inpatient hospital admissions require PreCertification. Call the toll free number on your ID Card.***

BENEFIT HIGHLIGHTS

Home Health Services	80%	
Family Planning Services:		
Office Visits (tests, counseling)	80%	
X-ray/lab if billed by separate facility	80%	
Vasectomy/Tubal Ligation (excludes reversals)		
Inpatient Facility	90%	
Outpatient Facility	80%	
Surgery in Physician's Office	80%	
Infertility Treatment (Up to \$50,000 Lifetime Maximum)		
Office Visit (tests, counseling)	80%	
X-ray/lab if billed by separate facility	80%	
Treatment/Surgery (includes in-vitro fertilization, artificial insemination, GIFT and ZIFT.)		
Inpatient Facility/Physician's Charges	90%	
Outpatient Surgical Facility/Physician's Charges	80%	
In Physician's Office	80%	
Mental Health and Substance Abuse Precertification Required	<u>IN-NETWORK PARTICIPATING PROVIDER</u>	<u>OUT-OF-NETWORK NON-PARTICIPATING PROVIDER</u>
Inpatient Mental Health	100%	90%
Inpatient Substance Abuse	100%	90%
Inpatient Substance Abuse Detoxification	100%	90%
Inpatient Substance Abuse Rehab Facility	100%	90%
Outpatient Mental Health	100%	80%
Marital/Family Counseling	100%	Not Covered
Outpatient Substance Abuse	100%	80%
Durable Medical Equipment	80%	
External Prosthetic Equipment	80%	
Vision Care	\$100 every two calendar years, no deductible or coinsurance, routine exams and lenses	
OTHER BENEFIT INFORMATION		
Annual Deductible		
Individual	\$300	
Family	\$600	
Annual Out-of-Pocket Maximum		
Individual	\$750 plus deductible	
Family	\$2,250 plus deductible	
Coinsurance	The plan pays 80% of eligible charges after the annual deductible is met. You pay 20% of the charges after the annual deductible is met.	
Precertification (Inpatient) for Hospital, Skilled Nursing, Rehabilitation and Sub-Acute Facilities.	Member must obtain approval prior to admission to a facility.	
Lifetime Maximum	Unlimited	

Services provided by Participating Providers will qualify for a discount.

Services performed by a Non-Participating Provider will be paid in accordance with the usual, reasonable and customary charge limitations. This provision is identical to the prior Choice Plus Plan.