

**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		
COMMON BENEFITS IN ALL PLAN OPTIONS EXCEPT THE SAFETYNET PLAN			
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.		