

State of Vermont
Plan Designs
Updated August 21, 2012

Deductible/OOP Max	Platinum		Gold		
	Plan Design 1 Copay	Plan Design 2 Deductible	Plan Design 3 Deductible	Plan Design 4 HDHP	Plan Design 5 SG HSA Contribution
Type of Plan	Copay	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$0	\$250	\$750	\$1,250	\$3,000
Rx Ded	\$0	\$0	\$50	N/A	\$1,250
Integrated Ded	No	No	No	Yes	Yes
Medical OOPM	\$3,250	\$1,250	\$4,250	\$1,750	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Integrated OOPM	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	N/A	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Preventive	Preventive
Drug Deductible waived for:	N/A	N/A	Generic scripts	Wellness scripts	Wellness scripts
Minimum E'er HSA Contribution	N/A	N/A	N/A	N/A	\$1,000
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	\$1,000	10%	20%	10%	10%
Outpatient ²	\$400	10%	20%	10%	10%
ER ³	\$100	\$100	\$150	10%	10%
Radiology (MRI, CT, PET)	\$50	10%	20%	10%	10%
Preventive	\$0	\$0	\$0	0%	0%
PCP Office Visit	\$10	\$10	\$20	10%	10%
Specialist Office Visit	\$30	\$20	\$30	10%	10%
Urgent Care	\$50	\$40	\$50	10%	10%
Ambulance	\$100	\$100	\$150	10%	10%
Rx Generic	\$5	\$5	\$5	10%	10%
Rx Preferred Brand	\$40	\$40	\$40	10%	10%
Rx Non-Preferred Brand	\$1	\$1	\$1	10%	10%
ACA Compliance					
Complies with Max OOP Limit	Yes	Yes	Yes	Yes	Yes
Complies with Group Ded Limit	Yes	Yes	Yes	Yes	Yes
Market	Both	Both	Both	Both	Small Group

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

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Deductible/OOP Max	Silver				
	Plan Design 6 Lower Copays	Plan Design 7 Lower Coinsurance	Plan Design 8 Lower Ded	Plan Design 9 HDHP	Plan Design 10 SG HSA Contribution
Type of Plan	Deductible	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,900	\$1,900	\$1,400	\$1,750	\$2,500
Rx Ded	\$100	\$100	\$100	\$1,250	\$1,250
Integrated Ded	No	No	No	Yes	Yes
Medical OOPM	\$5,000	\$5,000	\$5,000	\$6,250	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Integrated OOPM	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Wellness scripts	Wellness scripts
Minimum E'er HSA Contribution	N/A	N/A	N/A	N/A	\$500
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	30%	40%	20%	30%
Outpatient ²	40%	30%	40%	20%	30%
ER ³	\$250	\$250	\$300	20%	30%
Radiology (MRI, CT, PET)	40%	30%	40%	20%	30%
Preventive	\$0	\$0	\$0	0%	0%
PCP Office Visit	\$20	\$30	\$30	20%	30%
Specialist Office Visit	\$30	\$50	\$50	20%	30%
Urgent Care	\$50	\$70	\$70	20%	30%
Ambulance	\$250	\$250	\$250	20%	30%
Rx Generic	\$10	\$10	\$10	20%	30%
Rx Preferred Brand	\$50	\$50	\$50	20%	30%
Rx Non-Preferred Brand	\$1	\$1	\$1	20%	30%
ACA Compliance					
Complies with Max OOP Limit	Yes	Yes	Yes	Yes	Yes
Complies with Group Ded Limit	Yes	Yes	Yes	Yes	Yes
Market	Both	Both	Both	Both	Small Group

1 Inpatient includes surgery, ICU/NICU, mater
2 Outpatient includes ASCs. This cost sharing
3 ER copay is waived if admitted.
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Deductible/OOP Max	Bronze		
	Plan Design 11 Deductible	Plan Design 12 HDHP	Plan Design 13 Ind Market Only
Type of Plan	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,900	\$2,000	\$3,500
Rx Ded	\$100	\$1,250	\$1,250
Integrated Ded	No	Yes	Yes
Medical OOPM	\$6,250	\$6,250	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts	Applies to all scripts
Minimum E'er HSA Contribution	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	20%
Outpatient ²	50%	50%	20%
ER ³	\$300	50%	20%
Radiology (MRI, CT, PET)	50%	50%	20%
Preventive	\$0	\$0	0%
PCP Office Visit	\$40	50%	20%
Specialist Office Visit	\$80	50%	20%
Urgent Care	\$100	50%	20%
Ambulance	\$250	50%	20%
Rx Generic	\$10	50%	20%
Rx Preferred Brand	\$1	50%	20%
Rx Non-Preferred Brand	50%	50%	20%
ACA Compliance			
Complies with Max OOP Limit	Yes	Yes	Yes
Complies with Group Ded Limit	Yes	Yes	No
Market	Both	Both	Individual

1 Inpatient includes surgery, ICU/NICU, mater

2 Outpatient includes ASCs. This cost sharing

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, \