

VACE *plus*

2019 health plans available in cooperation with Blue Cross and Blue Shield of Vermont

	Option 1 VACE Advantage 100% H.S.A.	Option 2 VACE Advantage CoPay	Option 3 VACE Advantage CoPay H.S.A.
Deductible/OOPM			
Medical Deductible	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Medical OOPM	\$3,000 / \$6,000	\$7,900 / \$15,800	\$6,750 / \$13,500
Rx OOPM	\$1,350 / \$2,700	\$1,350 / \$2,700	\$1,350 / \$2,700
Medical Deductible Waived For:	Preventive Care, Generic Wellness RX	Preventive Care, Primary Care, Specialist, Urgent Care	Preventive Care, Generic Wellness RX
Medical Cost Sharing			
Preventive	\$0	\$0	\$0
Primary Care Physician, Mental Health/Substance Abuse Office Visit	Ded, then 0%	\$30	Ded, then \$30
Specialist Office Visit	Ded, then 0%	\$50	Ded, then \$50
Urgent Care	Ded, then 0%	\$50	Ded, then \$50
Ambulance	Ded, then 0%	Ded, then \$500	Ded, then \$500
ER	Ded, then 0%	Ded, then \$500	Ded, then \$500
Radiology	Ded, then 0%	Ded, then \$1,750	Ded, then \$1,750
Outpatient	Ded, then 0%	Ded, then \$2,000	Ded, then \$2,000
Inpatient	Ded, then 0%	Ded, then \$500 per day	Ded, then \$500 per day
Prescription Coverage			
Generic	Generic Wellness Rx: \$10 All Other Generic Rx: Ded, then 0%	\$10	Generic Wellness Rx: \$10 All Other Generic Rx: Ded, then \$10
Preferred Brand	Ded, then 0%	\$50	Ded, then \$50
Non-Preferred Brand	Ded, then 0%	\$75	Ded, then \$75
Specialty	Ded, then 0%	50%	Ded, then 50%
Monthly Rates			
Single	\$596	\$535	\$507
Two-Person	\$1,169	\$1,047	\$991
Family	\$1,666	\$1,494	\$1,415

Health and wellness plans administered by:



BlueCross BlueShield
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.