

State of Vermont

Potential Plan Designs - Updated September 4, 2012 (Revised September 20, 2012)

DRAFT - For Discussion Purposes Only

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				
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	\$15	10%	10%
MH/SA Office Visit	\$10	\$10	\$15	10%	10%
Specialist Office Visit ⁴	\$20	\$20	\$25	10%	10%
Urgent Care	\$40	\$40	\$45	10%	10%
Ambulance	\$50	\$50	\$50	10%	10%
Rx Generic	\$5	\$5	\$5	\$5	\$5
Type of Plan	\$40	\$40	\$40	\$40	\$40
Rx Non-Preferred Brand	50%	50%	50%	50%	50%
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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	Silver		
Deductible/OOP Max	Plan Design 6 Deductible	Plan Design 7 HDHP	Plan Design 8 SG HSA Contribution
Type of Plan	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,900	\$1,750	\$2,500
Rx Ded	\$100	\$1,250	\$1,250
Integrated Ded	No	Yes	Yes
Medical OOPM	\$5,000	\$6,250	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250
Integrated OOPM	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Wellness scripts	Wellness scripts
Minimum E'er HSA Contribution	N/A	N/A	\$500
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	40%	20%	30%
Outpatient ²	40%	20%	30%
ER ³	\$250	20%	30%
Radiology (MRI, CT, PET)	40%	20%	30%
Preventive	\$0	0%	0%
PCP Office Visit	\$20	20%	30%
MH/SA Office Visit	\$20	20%	30%
Specialist Office Visit ⁴	\$30	20%	30%
Urgent Care	\$50	20%	30%
Ambulance	\$100	20%	30%
Rx Generic	\$10	\$10	\$10
Type of Plan	\$50	\$50	\$50
Rx Non-Preferred Brand	50%	50%	50%
ACA Compliance			
Complies with Max OOP Limit	Yes	Yes	Yes
Complies with Group Ded Limit	Yes	Yes	Yes
Market	Both	Both	Small Group

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Bronze				
Deductible/OOP Max	Plan Design 9 Deductible	Plan Design 10 Ded-Ind Market Only	Plan Design 11 HDHP	Plan Design 13 HDHP-Ind Market Only
Type of Plan	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,900	\$3,800	\$2,000	\$3,500
Rx Ded	\$100	\$200	\$1,250	\$1,250
Integrated Ded	No	No	Yes	Yes
Medical OOPM	\$6,250	\$6,250	\$6,250	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Prev, OV, UC, Amb, ER	Preventive	Preventive
Drug Deductible waived for:	Applies to all scripts	Generic scripts	Wellness scripts	Wellness scripts
Minimum E'er HSA Contribution	N/A	N/A	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	50%	50%	50%	20%
Outpatient ²	50%	50%	50%	20%
ER ³	\$350	\$350	50%	20%
Radiology (MRI, CT, PET)	50%	50%	50%	20%
Preventive	\$0	\$0	0%	0%
PCP Office Visit	\$35	\$30	50%	20%
MH/SA Office Visit	\$35	\$30	50%	20%
Specialist Office Visit ⁴	\$80	\$60	50%	20%
Urgent Care	\$100	\$80	50%	20%
Ambulance	\$100	\$80	50%	20%
Rx Generic	\$12	\$12	\$12	\$12
Type of Plan	40%	40%	40%	40%
Rx Non-Preferred Brand	60%	60%	60%	60%
ACA Compliance				
Complies with Max OOP Limit	Yes	Yes	Yes	Yes
Complies with Group Ded Limit	Yes	No	Yes	No
Market	Both	Individual	Both	Individual

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