



Vermont Vehicle and Automotive Distributors Association Health Plan

Effective January 1 - December 31, 2024



	PLAN A EPO PCP \$1,500 Deductible	PLAN B EPO PCP \$2,000 Deductible	PLAN C EPO PCP \$3,500 Deductible	PLAN D CDHP EPO PCP \$3,250 Ind / \$6,500 Family	PLAN E CDHP EPO PCP \$4,250 Ind / \$8,500 Family	PLAN F CDHP EPO PCP \$6,700 Ind / \$13,400 Family
Deductible in Network	\$1,500 Individual	\$2,000 Individual	\$3,500 Individual	\$3,250 Individual	\$4,250 Individual	\$6,700 Individual
	\$3,000 Family	\$4,000 Family	\$7,000 Family	\$6,500 Family	\$8,500 Family	\$13,400 Family
Individual Co-Insurance in Network	20%	20%	20%	20%	20%	N/A
Total Annual in Network	\$3,750 Individual	\$5,750 Individual	\$5,800 Individual	\$4,250 Individual	\$5,250 Individual	\$6,700 Individual
Out-of-Pocket (OOP) Maximums	\$7,500 Family	\$11,500 Family	\$11,600 Family	\$8,500 Family	\$10,500 Family	\$13,400 Family
Out of Network	N/A			N/A		
TYPES OF BENEFIT						
PREVENTIVE OFFICE VISITS	No Charge			No Charge		
PRIMARY CARE PHYSICIAN'S OFFICE VISITS	\$25 Co-pay, No Deductible or Coinsurance			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
SPECIALIST OFFICE VISITS	\$50 Co-pay, No Deductible or Coinsurance			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
DIAGNOSTIC TESTING <i>Includes Laboratory and X-Rays</i>	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
INPATIENT CARE <i>Pre-Certification required for all Plans</i>	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
HOSPITAL OUTPATIENT CARE	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
OUTPATIENT OCCUPATIONAL, PHYSICAL & SPEECH THERAPY <i>Up to 30 visits combined per calendar year</i>	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
AMBULATORY SURGERY <i>Prior approval maybe required</i>	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
EMERGENCY ROOM PHYSICIAN	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
HOSPITAL EMERGENCY ROOM	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
AMBULANCE IN OR OUT-OF-SERVICE AREA	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
HOME & HOSPICE CARE SERVICES	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
OUTPATIENT MENTAL HEALTH & SUBSTANCE ABUSE OFFICE VISITS	\$50 Co-pay			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
INPATIENT CARE, MENTAL HEALTH AND SUBSTANCE ABUSE <i>Prior Approval Required</i>	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
CHIROPRACTIC VISITS <i>Prior Approval Required after 12 Visits</i>	\$50 Co-pay			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
DURABLE MEDICAL EQUIPMENT <i>Prior approval may be required</i>	20% after Deductible 0% after the OOP Maximum has been met			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
VISION EXAM <i>One exam per person, per year</i>	\$50 Child Co-pay/\$20 Adult Co-pay			\$50 Child Co-pay/\$20 Adult Co-pay		
PRESCRIPTION DRUG DEDUCTIBLE	\$100 Deductible Per Person, Per Year					
PRESCRIPTION DRUGS CO-PAYS <i>Some prescription drugs require prior approval. Benefits provided for up to a 90-day supply for most prescription drugs. Rx Maximum OOP is \$1,500/\$3,000</i>	\$15 Generic Name Co-pay per 30 day supply \$40 Preferred Brand Name Co-pay per 30 day supply \$60 Non-Preferred Brand Name Co-pay per 30 day supply			20% after Deductible for Generic, Preferred and Non-Preferred Brand Names 0% after the OOP Maximum has been met		0% after Deductible for Generic, Preferred and Non-Preferred Brand Names
WELLNESS DRUGS <i>Excluded from calendar year deductible. Eligible Wellness Drugs can change. Find the most up-to-date info at www.bcbsvt.com or 888-882-3600</i>	Not applicable			\$0 Deductible Per Person Per Year \$15 Generic Name Co-pay per 30 day supply \$40 Preferred Brand Name Co-pay per 30 day supply \$60 Non-Preferred Brand Name Co-pay per 30 day supply		
PRESCRIPTION MAIL ORDER	3 month supply for 3 co-pays			3 month supply for 3 co-pays		
DEPENDENTS	Covered to age 26			Coverage to age 26		
Rates for January 1 - December 2024	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
One Person:	\$863.29	\$822.00	\$792.43	\$760.97	\$723.92	\$677.71
Two Person:	\$1,726.58	\$1,644.00	\$1,584.87	\$1,339.85	\$1,287.64	\$1,205.47
Family:	\$2,404.18	\$2,289.30	\$2,207.05	\$2,005.71	\$1,903.15	\$1,781.84

See the VADA Summary Plan Description and/or the Benefit Plan for further details on eligibility. Life Insurance is mandatory for all employees working the minimum number of hours set by the Participating Company. The plan year and the deductible year is January 1 through December 31, 2024.