



Vermont Vehicle and Automotive Distributors Association Health Plan
Effective January 1 - December 31, 2026



	PLAN A <i>HMO</i> \$1,750 Deductible	PLAN B <i>HMO</i> \$2,250 Deductible	PLAN C <i>HMO</i> \$3,750 Deductible	PLAN D <i>HMO HDHP</i> \$3,500 Ind / \$7,000 Family	PLAN E <i>HMO HDHP</i> \$4,500 Ind / \$9,000 Family	PLAN F <i>HMO HDHP</i> \$6,950 Ind / \$13,900 Family
Deductible in Network	\$1,750 Individual	\$2,250 Individual	\$3,750 Individual	\$3,500 Individual	\$4,500 Individual	\$6,950 Individual
	\$3,500 Family	\$4,500 Family	\$7,500 Family	\$7,000 Family	\$9,000 Family	\$13,900 Family
Individual Co-Insurance in Network	20%	20%	20%	20%	20%	N/A
Total Annual in Network Out-of-Pocket (OOP) Maximums	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family	\$6,050 Individual \$12,100 Family	\$4,500 Individual \$9,000 Family	\$5,500 Individual \$11,000 Family	\$6,950 Individual \$13,900 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>Prior Authorization 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 authorization 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	\$50 Co-pay			20% after Deductible 0% after the OOP Maximum has been met		0% After Deductible
DURABLE MEDICAL EQUIPMENT <i>Prior authorization 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>	\$20 Child & Adult Co-pay			\$20 Child & Adult Co-pay		
PRESCRIPTION DRUG DEDUCTIBLE	\$100 Deductible Per Person, Per Year					
PRESCRIPTION DRUGS CO-PAYS <i>Some prescription drugs require prior authorization. Benefits provided for up to a 90-day supply for most prescription drugs. Rx Maximum OOP is \$1,700/\$3,400</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.</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 2.5 co-pays			3 month supply for 2.5 co-pays		
WELLNESS BENEFITS	\$600 Allowance			\$600 Allowance		
Rates for January 1 - December 2026	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
One Person:	\$960.16	\$913.56	\$885.54	\$837.99	\$799.39	\$748.97
Two Person:	\$1,920.31	\$1,827.11	\$1,771.10	\$1,478.44	\$1,424.64	\$1,334.97
Family:	\$2,687.53	\$2,557.88	\$2,479.97	\$2,224.22	\$2,117.15	\$1,984.78

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, 2026.