

CDHP Blue: Consumer-Directed Health Plan

- \$2,000/\$4,000 individual/family deductible per year, 50% coinsurance, aggregate*, \$5,950/\$11,900 out-of-pocket limit
- \$2,450/\$4,900 individual/family deductible per year, 90% coinsurance, stacked**, \$5,950/\$11,900 out-of-pocket limit
- \$5,950/\$11,900 individual/family deductible per year, 100% coinsurance, stacked**, \$5,950/\$11,900 out-of-pocket limit

	ALL PROVIDERS			
OUTPATIENT CARE	YOU PAY	PLAN PAYS		
Preventive Office Visits <i>Includes well baby, adult preventive, gynecological preventive office visits; includes preventive services such as laboratory, x-ray, screening mammograms, PAP tests and colonoscopies. Excludes diagnostic services.</i>	No member cost	100% of our allowed price		
Maternity Office Visits Other Physician Office Visits Mental Health and Substance Abuse Office Visits <i>Prior approval is required</i> Chiropractic Care† <i>Prior approval required after 12 visits per year</i>	Deductible, then 50%, 10% or 0% of our Allowed Price.	50%, 90% or 100% of our Allowed Price after deductible.		
Emergency Care <i>Condition must meet criteria for emergency care</i>				
Outpatient Surgery <i>Prior approved may be required</i>				
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>				
Outpatient Diagnostic Services <i>Includes laboratory and x-ray</i>				
INPATIENT CARE				
Inpatient Care, General Hospital <i>Pre-certification required, includes maternity/newborn care</i>			Deductible, then 50%, 10% or 0% of our Allowed Price.	50%, 90% or 100% of our Allowed Price after deductible.
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>				
HOME CARE AND REHABILITATION SERVICES				
Inpatient Skilled Nursing or Rehabilitation† <i>Prior approval required for rehabilitation</i>	Deductible, then 50%, 10% or 0% of our Allowed Price.	50%, 90% or 100% of our Allowed Price after deductible.		
Home Health and Hospice Care Services <i>Pre-certification or prior approval required</i>				
Private Duty Nursing <i>Up to \$2,000 per member per calendar year. Prior approval may be required</i>				
OTHER SERVICES				
Ambulance <i>Prior approval required for non-emergency transport</i>	Deductible, then 50%, 10% or 0% of our Allowed Price.	50%, 90% or 100% of our Allowed Price after deductible.		
Medical Equipment and Supplies <i>Prior approval may be required</i>				
Vision Exam (Materials Rider optional) <i>One exam per year</i>	\$20 co-payment	100% of our allowed price after co-payment.		
PRESCRIPTION DRUGS				
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	Wellness prescriptions 50% or 0% before the deductible; all others 50%, 10% or 0% after deductible.	50% or 100% of wellness prescriptions after before deductible; all others 50%, 90% or 100% after deductible.		

This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.

* *Aggregate deductible: Full individual or entire family deductible must be satisfied.*

** *Stacked deductible: Plan pays for an individual once the individual deductible is met.*

† *Network providers must be used.*



BlueCross BlueShield of Vermont

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