



BlueCross BlueShield of Vermont

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

VACE Insurance Plans Monthly Rates: Final and Approved January 1, 2013 - December 31, 2013

Vermont Freedom Plans (PPO)	Single	2-Person	Family	Carve-out
\$1,500/\$3,000 deductible PPO - \$30/\$50 PCP/SPC office visit - 80% coinsurance \$6,000/\$12,000 out-of-pocket limit - 100% Preventive Coverage	\$604	\$1,180	\$1,581	\$557
\$2,500/\$5,000 deductible PPO - \$30/\$50 PCP/SPC office visit - 80% coinsurance \$6,000/\$12,000 out-of-pocket limit - 100% Preventive Coverage	\$443	\$871	\$1,241	\$358
\$3,000/\$6,000 deductible PPO - \$30/\$50 PCP/SPC office visit - 100% coinsurance \$3,000/\$6,000 out-of-pocket limit - 100% Preventive Coverage	\$449	\$878	\$1,252	\$362
\$4,000/\$8,000 deductible PPO - \$30/\$50 PCP/SPC office visit - 80% coinsurance \$8,000/\$16,000 out-of-pocket limit - 100% Preventive Coverage	\$382	\$748	\$1,069	\$310
Prescription Coverage for all PPO plans: \$3 generic, 50% brand, to an out-of-pocket maximum of \$1,250/\$2,500				
Comprehensive Consumer Directed Health Plan (HSA Compatible)	Single	2-Person	Family	Carve-out
\$2,000/\$4,000 deductible CDHP (aggregate*) - 50% coinsurance - \$5,950/\$11,900 out-of-pocket limit - 100% Preventive Coverage - Wellness Prescriptions no cost for generic, 50% for brand name drugs before deductible - all other Prescription Coverage 50% after deductible	\$336	\$657	\$935	\$260
\$2,450/\$4,900 deductible CDHP (stacked^) - 90% coinsurance - \$5,950/\$11,900 out-of-pocket limit - 100% Preventive Coverage - Wellness Prescriptions no cost for generic, 50% for brand name drugs before deductible - all other Prescription Coverage 50% after deductible	\$431	\$844	\$1,217	\$333
\$5,950/\$11,900 deductible CDHP (stacked^) - 100% coverage after deductible - 100% Preventive Coverage - Wellness Prescriptions no cost for generic or brand name drugs before deductible	\$321	\$629	\$888	\$248
Beginning in 2013 all CDHP plans will have an embedded prescription out-of-pocket maximum. Single policies will have a \$1,250 maximum, and two-person and family plans will have a \$2,500 maximum.				

* Aggregate Deductible: Full individual or entire family deductible must be satisfied before benefits are paid.
^ Stacked Deductible: Plans pay benefits for an individual after they've met the individual deductible.

Delta Dental Plans	Single	2-Person	Family
	\$49	\$89	\$149