

**STATE OF VERMONT EMPLOYEE MEDICAL PLAN OPTIONS FOR  
RETIREES  
Effective January 1, 2013**

Benefit/Feature	TotalChoice Plan	SelectCare POS Plan		HealthGuard PPO Plan	
		In-Network	Out-of-Network	In-network	Out-of-Network
<b>Annual DEDUCTIBLE</b>	\$300 per person; \$600 per family	none	\$500 per person; \$1,000 per family	\$300 per person; \$600 per family	\$500 per person; \$1,000 per family
<b>MAXIMUM annual COPAYS (after deductible is met)</b>	\$750 per person; \$2,250 per family	none	\$2,000 per person; \$6,000 per family	\$2,000 per person; \$6,000 per family	\$4,000 per person; \$12,000 per family
<b>Maximum Lifetime Benefit Per Member</b>	none	none	none	none	none
<b>PERCENTAGE THAT THE PLAN PAYS</b>					
<b>Inpatient Hospital</b>	90%	100% after \$250 co-pay	70%	80%	60%
<b>Outpatient Hospital</b>	80%	100%	70%	80%	60%
<b>Emergency Room</b>	80%	100% after \$50 co-pay (waived if admitted)	70%	80%	60%
<b>Physician Charges</b>					
• Office visit	80%	100% after \$20 copay	70%	80%	60%
• Surgery	90% inpatient; 80% outpatient	100%	70%	80%	60%
• In-Hospital visit	90%	100%	70%	80%	60%
<b>Diagnostic X-ray and Labs</b>	80%	100%	70%	80%	60%
<b>Home Healthcare</b>	80%	100%	70%	80%	60%
<b>COMMON BENEFITS IN ALL PLAN OPTIONS</b>					
<b>Preventive Exams &amp; Tests-Program Benefits</b>	1. Physicals (includes well child care). 2. Immunizations 3. Prostate & GYN exams. 4. Mammograms. 5. Colonoscopies. Included as regular benefits subject to the plan coinsurance, or copay, if applicable. However, maximum out-of-pocket expense of \$100 applies. Benefits provided to all members, including dependents.				
<b>Wellness Program Benefits</b>	Available to all active employees and retirees in any of the four health plan options, at no charge to the employee or retiree				
<b>COMMON BENEFITS IN ALL PLAN OPTIONS EXCEPT THE SAFETYNET PLAN</b>					
<b>Mental Health &amp; Substance Abuse Program Benefits</b>	In-Network: Paid at 100%. No predetermined visit or day limits. Out-of-Network: Visit & day limits apply. Deductibles & copay required.				
<b>Prescription Drugs</b>	This is a prescription drug card plan, which combines both local retail and mail order drugs. There is an annual \$25 per person/\$75 family deductible. Individual pays 10% copay for generic drugs, 20% copay for preferred brand drugs, and 40% copay for non-preferred brand drugs. 40% copay drugs will <b>not</b> be counted toward the maximum out-of-pocket limit, except for Speciality drugs. Maximum out-of-pocket is \$775 per covered member per year for both retail and mail order <b>including</b> the deductible.				
<b>Routine Vision Care</b>	The plan pays \$100 every two years, with no deductible and coinsurance, or copay. Benefits available for every plan member, <b>including dependents</b> . Covers routine exams and/or lens changes.				