



TLC Nursing
Caregivers Health Plans
2016

PLAN 16

Plan 19

Deductible/OOP Max	BCBSVT - CDHP Bronze Standard Plan				BCBSVT Gold Blue Rewards Plan CDHP-Blue For You			
	<u>Individual</u>	<u>2-Person / Parent and Child(ren) / Family</u>			<u>Individual</u>	<u>2-Person / Parent and Child(ren) / Family</u>		
Medical Deductible	\$4,100	\$8,200			\$2,500	\$5,000		
RX Deductible	N/A	N/A			N/A	N/A		
Out-of-Pocket Maximum								
Medical	\$6,500	\$13,000			\$2,500	\$5,000		
RX	\$1,300	\$2,600			\$1,300	\$2,600		
TOTAL	\$6,500	\$13,000			\$2,500	\$5,000		
Net OOP for Employees	\$6,500	\$13,000			\$2,500	\$5,000		
Family Deductible/OOP		Aggregate				Aggregate		
Medical Deductible Waived For:		Preventive				Prev. Care		
Drug Deductible Waived For:		Wellness Scripts				Wellness Scripts		
Service Category	Cost Sharing *				Cost Sharing *			
Inpatient/Outpatient		50%				\$0		
ER		50%				\$0		
Radiology (MRI, CT, PET)		50%				\$0		
Preventive		\$0				\$0		
PCP/MH/SA Office Visit		50%				\$0		
Specialist Office Visit		50%				\$0		
Prescription Drugs						wellness scripts \$5 / 40% / 60%		
Generic		\$12				\$0		
Preferred Brand		40%				\$0		
Non-Preferred Brand		60%				\$0		
Rates	Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Total Monthly Premium	\$406.84	\$813.68	\$785.20	\$1,143.22	\$506.32	\$1,012.64	\$977.20	\$1,422.76
Employer Contribution (per month)	\$165.00	\$165.00	\$165.00	\$165.00	\$165.00	\$165.00	\$165.00	\$165.00
Employee Contribution (per month)	\$241.84	\$648.68	\$620.20	\$978.22	\$341.32	\$847.64	\$812.20	\$1,257.76
Net Exposure Including Premium	Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Employee Net Maximum Exposure	\$9,402.08	\$20,784.16	\$20,442.40	\$24,738.64	\$6,595.84	\$15,171.68	\$14,746.40	\$20,093.12