

## 2025 EMPLOYEE BENEFITS

## **BCBS MEDICAL INSURANCE PLANS**

		Copay 1	Copay 2	CDHP 1	CDHP 2
Deductible (ded)	Medical Ded.	\$850/\$1,700	\$3,000/\$6,000	\$3,000/\$6,000	\$6,550/\$13,100
	Prescription (Rx) Ded.	\$100/\$200	\$0	Combined w/ Medical	Combined w/ Medical
Max Out of Pocket (MOOP)	Stacked or Aggregate?	Stacked	Stacked	Aggregate	Aggregate
	Combined	N	Y	Υ	Υ
	Medical	\$4,500/\$9,000	\$9,200/\$18,400	\$3,000/\$6,000	\$9,200/\$18,400
	Prescription (Rx)	\$1,650/\$3,300	\$1,650/\$3,300	\$1,650/\$3,300	\$1,650/\$3,300
Office Visit (OV)	Preventive (Prev)	\$0	\$0	\$0	\$0
	PCP or Mental Health (PCP/MH)	\$30	\$30	Ded., then 0%	Ded., then 0%
	Specialist	\$50	\$50	Ded., then 0%	Ded., then 0%
Urgent Care		\$40	\$50	Ded., then 0%	Ded., then 0%
Emergency Room (ER)		Ded then \$500	Ded then \$500	Ded., then 0%	Ded., then 0%
Hospital Services	Inpatient	Ded then 30%	Ded then \$500/ day	Ded., then 0%	Ded., then 0%
	Outpatient	Ded then 30%	Ded then \$2000	Ded., then 0%	Ded., then 0%
Prescription Drugs	Rx Generic	\$5 (no ded)	\$10 (no ded)	Ded., then \$0	Ded., then \$0
	Rx Preferred Brand	Rx Ded then \$50	\$50 (no ded)	Ded., then \$0	Ded., then \$0
	Rx Non-Preferred Brand	Ded then 50%	\$75 (no ded)	Ded., then \$0	Ded., then \$0
Employee Monthly Cost		Copay 1	Copay 2	CDHP 1	CDHP 2
Single Plan		\$233.99	\$186.48	\$210.56	\$120.10

## **DENTAL PLAN –VACEplus Delta Dental**

Employee Monthly Cost-

Single \$10.49

2 Person \$100.39

*Family* \$181.34

What will I have to pay when I go to the dentist?

Deductible \$100/\$300

Max Benefit \$2,000

Ortho Max Benefit \$1,500 per person

Preventative Svcs 100%

Basic Svcs\* 80%

Major Svcs\* 50%

Ortho 50%

\*after deductible

If you have any questions about any

of these offered coverages at any time, the Acrisure team are available to help!

Acrisure LLC, Burlington

802-879-7043 or 802-245-7862

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## VISION PLAN - VACEPlus Delta Vision

(Eyemed Access Network)

Employee Monthly Cost-

Single \$2.10

2 person \$18.08

Family \$32.35

What will I have to pay when I go to the eye doctor?

In network, there is a \$10 copay for annual eye exams. You may pay up to \$55 for contact lens fitting fee.

You have \$180 per person towards the cost of contacts or frames every calendar year.

