The TotalChoice Plan

Summary of Benefits for the Employees and Retirees of the State of Vermont

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What is the TotalChoice Plan?

- This plan option is similar to the former "Choice Plus" Plan but covers much more. You can choose to see any provider nationwide for medical services. Just like the former Choice Plus Plan, this plan has a deductible and once that deductible is met, benefits are then paid at 80%.

Important Medical Plan Features

- **Preventive care services** for your children and preventive care benefits for you are described in the Benefits Highlights are paid at 100%
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**

Drug Plan

- The program is administered by Express Scripts, Inc. The annual deductible is $50 per covered person per year. The plan covers 90% of the cost of generic drugs, 80% of the cost of preferred brand drugs and 60% of the cost for non-preferred brand drugs. The maximum out-of-pocket cost per individual per year is $800 (which includes the deductible). **40% copay drugs do not contribute to the maximum out of pocket limit**. At the local pharmacy, you show you drug plan card and pay your copay; the State is automatically billed for the balance of the cost. The drug plan also features a mail order option, with the convenience of direct home delivery for long-term maintenance drugs.

BENEFIT HIGHLIGHTS	
	THIS TABLE SHOWS HOW MEDICALLY NECESSARY SERVICES ARE COVERED AFTER YOU HAVE MET YOUR ANNUAL MEDICAL DEDUCTIBLE.
Doctor Office Visits such as:	
Preventive Care/Well Care:	
Periodic Physical Exams (Children and Adults)	100%
Routine Immunizations and Injections	100%
Adult/Child Medical Care for Illness or Injury	80%
Procedures performed in a Physician's Office	80%
Routine Mammograms	100%
Specialist Office Visits such as:	
Office Visits-Consultations and Physician Services	80%
Well Care (Includes Pap Test and PSAs)	100%
Procedures performed in Physician's office	80%
Inpatient Hospital Services including:	
Semi-Private Room and Board	90%
Physician Services	
Diagnostic/Therapeutic Lab and X-ray	***All inpatient hospital admissions require PreCertification. Call the toll free number on your ID Card.***
Drugs and Medication	
Operating and Recovery Room	
Radiation Therapy and Chemotherapy	
Anesthesia and Inhalation Therapy	
Inpatient Surgeon's Charges	90%
Second Surgical Opinion	80%
Outpatient Facility Services including:	
Operating Room, Recovery Room, Procedure Room and Treatment Room including:	80%
Physician Services	
Diagnostic/Therapeutic Lab and X-rays	
Anesthesia and Inhalation Therapy	
Outpatient Preadmission Testing	
Office Visit	80%
Outpatient Facility	80%
Laboratory and Radiology Services such as:	
MRIs, MRAs, CAT Scans and PET Scans	80%
Other Laboratory and Radiology Services	80%
Short-Term Rehabilitative Therapy including Physical, Speech, Occupational and Chiropractic Therapies	80%
Prescription	
For both Retail and Mail Order Drugs Combined:	
Annual Deductible (Separate from your medical deductible)	$50 per individual/$150 per family
Plan Pays	90% for generic drugs, 80% for preferred brand drugs and 60% for non-preferred brand drugs.
Annual Maximum Copay, excluding deductible	$750 per person
Maximum Out-Of-Pocket expense per year	$800 per person ($750 maximum copays plus $50 annual deductible), then the plan pays 100% for the rest of the year.
Emergency and Urgent Care Services at:	
Physician's Office	80%
Hospital Emergency Room	80%
Urgent Care or Outpatient Facility	80%
Ambulance	80%
Maternity Care Services	
Initial Office Visit to Confirm Pregnancy	80%
All other office visits	80%
Delivery	
Hospital Charges	90%
Physician Charges	90%
Inpatient Services at Other Health Care Facilities including Skilled Nursing, Rehabilitation and Sub-Acute Facilities	90% - 60 days maximum per calendar year. ***All inpatient hospital admissions require PreCertification. Call the toll free number on your ID Card.***

BENEFIT HIGHLIGHTS		
Home Health Services	80%	
Family Planning Services:		
Office Visits (tests, counseling)	80%	
X-ray/lab if billed by separate facility	80%	
Vasectomy/Tubal Ligation (excludes reversals)		
Inpatient Facility	90%	
Outpatient Facility	80%	
Surgery in Physician's Office	80%	
Infertility Treatment (Up to$50,000 Lifetime Maximum)		
Office Visit (tests, counseling)	80%	
X-ray/lab if billed by separate facility	80%	
Treatment/Surgery (includes in-vitro fertilization, artificial insemination, GIFT and ZIFT.)		
Inpatient Facility/Physician's Charges	90%	
Outpatient Surgical Facility/Physician's Charges	80%	
In Physician's Office	80%	
Mental Health and Substance Abuse Precertification Required	**IN-NETWORK PARTICIPATING PROVIDER**	**OUT-OF-NETWORK NON-PARTICIPATING PROVIDER**
Inpatient Mental Health	100%	90%
Inpatient Substance Abuse	100%	90%
Inpatient Substance Abuse Detoxification	100%	90%
Inpatient Substance Abuse Rehab Facility	100%	90%
Outpatient Mental Health	100%	80%
Marital/Family Counseling	100%	Not Covered
Outpatient Substance Abuse	100%	80%
Durable Medical Equipment	80%	
External Prosthetic Equipment	80%	
Vision Care	$100 every two calendar years, no deductible or coinsurance, routine exams and lenses	

OTHER BENEFIT INFORMATION	
Annual Deductible	
Individual	$300
Family	$600
Annual Out-of-Pocket Maximum	
Individual	$750 plus deductible
Family	$2,250 plus deductible
Coinsurance	The plan pays 80% of eligible charges after the annual deductible is met. You pay 20% of the charges after the annual deductible is met.
Precertification (Inpatient) for Hospital, Skilled Nursing, Rehabilitation and Sub-Acute Facilities.	Member must obtain approval prior to admission to a facility.
Lifetime Maximum	Unlimited

Services provided by Participating Providers will qualify for a discount.
Services performed by a Non-Participating Provider will be paid in accordance with the usual, reasonable and customary charge limitations. This provision is identical to the prior Choice Plus Plan.