

Selected Service	JY Plan	Dual Option	
		Comprehensive Plan (\$250 Deductible)	Vermont Health Partnership
Primary Care Physician	You need not select a Primary Care Physician		You select a Primary Care Physician upon enrollment.
Office Visits	We pay all but your \$15 office visit co-payment.	You pay your deductible, then 20% until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay: <ul style="list-style-type: none"> ▪ \$10 co-payment for visits with our Primary Care Physician ▪ \$20 co-payment for visits with network specialty providers We pay the rest. Standard benefits are available for some out-of-network visits.
Prescription Drugs	You pay: <ul style="list-style-type: none"> ▪ \$0 co-payment for each generic prescription ▪ \$15 co-payment for each prescription on our Preferred Brand-name Drug List ▪ \$40 co-payment for each Non-preferred prescription 		
Hospital Inpatient and Outpatient	We pay 100 percent of the Allowed Price	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1000 family out-of-pocket limit.	We pay 100 percent of the Allowed Price. Standard benefits are available for some out-of-network visits.
Emergency Room	You pay a \$15 co-payment for the ER physician. We pay 100 percent of the Allowed Price.		We pay 100 percent of the Allowed Price.
Inpatient Mental Health Services **	Covered in full. You may need to contact your mental health network to initiate mental health care.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1000 family out-of-pocket limit. You must contact our mental health network to initiate mental health care.	We pay 100 percent of the Allowed Price. You must contact our mental health network to initiate mental health care. No Standard benefits are available for mental health care.
Outpatient Mental Health Services **	Same as office visits (above). You may need to contact our mental health network to initiate mental health care.		You pay a \$20 co-payment for each visit. We cover the rest. You must contact our mental health network to initiate mental health care. No Standard benefits are available for mental health care.
Chiropractic Services	You pay a \$15 co-payment. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay a \$20 co-payment for each visit. You must use network providers and get prior approval for any visits after 12 in a calendar year. No Standard benefits are available.
Lifetime Maximum (all services)	None	None	None

*Your Prescription Drug program deductible is a separate deductible. Your out-of-pocket limit does not include your office visit co-payments and deductibles you pay as part of the Prescription Drug program.

**Depending on local, negotiated agreements, your benefits for mental health services may differ. Call your school's business office if you have questions.