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Vermont Health Connect is
Vermont's Health Insurance Marketplace.

VERMONT HEALTH CONNECT
PLATINUM & GOLD PLANS

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Standard Plans

Non-Standard Plans

	Platinum BCBSVT & MVP	Gold BCBSVT & MVP	Blue Rewards BCBSVT	VT Vitality Plus	Definitions
DEDUCTIBLE/OUT-OF-POCKET MAX.					<p><i>Deductible (Ded.)</i> – the amount an individual or family must pay for covered care before health insurance begins to pay for covered services.</p> <p><i>Out-of-Pocket Maximum (OOPM)</i> – the annual limit or maximum amount an individual or family will have to pay out-of-pocket for covered services.</p>
Medical Deductible (Individual/Family)	\$150/\$300	\$750/\$1,500	\$1,250/\$2,500	\$500/\$1,000	The deductible for medical services (doctor appointments, hospital stays, etc.).
Prescription (Rx) Deductible (Individual/Family)	\$0	\$50 ¹	Combined	\$75/\$150	The deductible for prescription drugs.
Integrated Deductible (Individual/Family)	No	No	Yes	No	If integrated, prescription expenses contribute to the medical deductible as well as to the Rx deductible.
Medical Out-of-Pocket Max. (Individual/Family)	\$1,250/\$2,500	\$4,250/\$8,500	\$4,250/\$8,500	\$5,100/\$10,200	The most individuals or families will pay for covered services per year.
Rx Out-of-Pocket Max. (Individual/Family)	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500	The most individuals or families will pay for prescription drugs per year.
Integrated Out-of-Pocket Max. (Individual/Family)	No	No	Yes	No	If integrated, prescription expenses contribute to the medical OOPM as well as to the Rx OOPM.
Family Deductible/Out-of-Pocket Max.	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Stacked, 2x Individual	With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
Medical Deductible ² Waived for	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, 3 PCP or MH OV	Prev, OV, UC, Amb	Items that are covered prior to the medical deductible being met.
Rx Deductible Waived for	N/A	Generic drugs	N/A	VBID, Generic Drugs	Items that are covered prior to the prescription deductible being met.
Cost-Sharing Reductions Available for Eligible Individuals	No	No	No	No	Discount for eligible individuals for out-of-pocket costs, only available with silver plans.
SERVICE CATEGORY	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	<i>Categories for the different types of care provided by the plans. Co-pays=\$ Co-insurance=% you pay</i>
Hospital Services ³	10%	20%	\$500	20%	See footnote for examples of covered hospital services.
Emergency Room ⁴	\$100	\$150	\$250	20%	Emergency services you get in an emergency room.
Preventive	\$0	\$0	\$0	\$0	Services identified by the United States Preventive Services Task Force as having an A or B rating.
Office Visit w/ Primary Care Physician or Mental Health	\$10	\$15	\$20*	\$5	Office visit with a primary care provider or mental health professional.
Specialist Office Visit ⁵	\$20	\$25	\$30	\$30	Office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist).
Urgent Care	\$40	\$45	\$30	\$45	Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.
Ambulance	\$50	\$50	\$30	\$50	Cost of an ambulance in case of emergency.
PRESCRIPTION DRUG COVERAGE	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	<i>Different levels of prescription drug coverage offered by the plan.⁶</i>
VBID	N/A	N/A	N/A	\$1	Value-Based Insurance Design, covers maintenance medication for members with some chronic conditions.
Rx Generic	\$5	\$5	\$5	\$5	Prescription drug that has the same active ingredient formula as a brand-name drug.
Rx Preferred Brand	\$40	\$40	40%	\$50	Brand-name drugs deemed “preferred” by the insurance plan.
Rx Non-Preferred Brand	50%	50%	60%	50%	Brand-name drugs not deemed “preferred” by the insurance plan.
PEDIATRIC BENEFITS					Covers children through the benefit year in which they turn 21.
Pediatric Dental	Yes	Yes	Yes	Yes	Embedded (included) with the Medical Plan, Medical Ded. & OOPM.
Pediatric Vision	Yes	Yes	Yes	Yes	Embedded (included) with the Medical Plan, Medical Ded. & OOPM.
BCBSVT MONTHLY PREMIUMS	Cost before subsidy	Cost before subsidy	Cost before subsidy		
Single	\$582.79	\$497.06	\$460.37		<p>What is the cost after subsidy?</p> <p>If you buy health insurance on your own (not through your employer), you may be eligible for financial help. For example, a family of four with an income up to \$94,000 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to \$78,000 may qualify for APTC and reduced out-of-pocket costs through cost-sharing reductions. Please note that to qualify for cost-sharing reductions, you must purchase a silver-level plan on Vermont Health Connect.</p> <p>To see how your particular premiums and out-of-pocket costs might be reduced, visit VermontHealthConnect.gov or call toll-free 1-855-899-9600.</p>
Couple	\$1,165.58	\$994.12	\$920.74		
Parent and Child(ren)	\$1,124.78	\$959.33	\$888.51		
Family	\$1,637.64	\$1,396.74	\$1,293.64		
MVP MONTHLY PREMIUMS	Cost before subsidy	Cost before subsidy		Cost before subsidy	
Single	\$594.30	\$513.83		\$521.59	
Couple	\$1,188.60	\$1,027.66		\$1,043.18	
Parent and Child(ren)	\$1,147.00	\$991.69		\$1,006.67	
Family	\$1,669.98	\$1,443.86		\$1,465.67	

Abbreviations—Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Design, PCP: Primary Care Physician, MH: Mental Health, HDHP: High Deductible Health Plan, Prev: Preventive, ER: Emergency Room

¹ BCBSVT Standard Gold has a \$50 Rx Deductible per person, while the Rx Deductible for MVP Standard Gold is \$50 for a single plan or \$100 per family.

²As indicated by the plan.

³Hospital Services: Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.

⁴ER co-pay is waived if admitted.

⁵Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

⁶Different plans cover specific drugs in different ways. If there are specific drugs that you are concerned about, you should consult each plan’s formulary at info.healthconnect.vermont.gov/healthplans or by calling BCBSVT (1-800-247-2583) or MVP (1-800-348-8515).

*Combined 3 visits PCP/MH with no cost-share; then deductible applies with \$20 co-pay.