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VERMONT HEALTH CONNECT  
**SILVER PLANS**

# SILVER PLANS

## Standard Plans

## Non-Standard Plans

	Silver BCBSVT & MVP	Standard Silver High Deductible Plans BCBSVT & MVP	Blue Rewards BCBSVT	VT Vitality Plus MVP	Definitions
<b>DEDUCTIBLE/OUT-OF-POCKET MAX.</b>		Can be paired with a Health Savings Account			<i>Deductible (Ded.)</i> – the amount an individual or family must pay for covered care before health insurance begins to pay for covered services. <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.
Medical Deductible (Individual/Family)	\$1,900/\$3,800	\$1,550/\$3,100	\$2,000/\$4,000	\$1,700/\$3,400	The deductible for medical services (doctor appointments, hospital stays, etc.).
Prescription (Rx) Deductible (Individual/Family)	\$100 <sup>1</sup>	\$1,250/\$2,500	Combined	\$200/\$400	The deductible for prescription drugs.
Integrated Deductible (Individual/Family)	No	Yes	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)	\$5,100/\$10,200	\$5,750/\$11,500	\$6,250/\$12,500	\$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	Yes	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	Aggregate, 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 <sup>2</sup> Waived for	Prev, OV, UC, Amb	Preventive	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	Generic scripts	Wellness drugs	N/A	VBID, Generic drugs	Items that are covered prior to the prescription deductible being met.
Cost-Sharing Reductions Available for Eligible Individuals	Yes	Yes	Yes	Yes	Discount for eligible individuals for out-of-pocket costs, only available with silver plans.
<b>SERVICE CATEGORY</b>	<b>Co-pay/Co-insurance</b>	<b>Co-pay/Co-insurance</b>	<b>Co-pay/Co-insurance</b>	<b>Co-pay/Co-insurance</b>	<i>Categories for the different types of care provided by the plans. Co-pays=\$ Co-insurance=% you pay</i>
Hospital Services <sup>3</sup>	40%	20%	\$1,750	50%	See footnote for examples of covered hospital services.
Emergency Room <sup>4</sup>	\$250	20%	\$250	\$400	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	\$20	10%	\$30*	\$10	Office visit with a primary care provider or mental health professional.
Specialist Office Visit <sup>5</sup>	\$40	20%	\$50	\$40	Office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist).
Urgent Care	\$60	20%	\$50	\$60	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	\$100	20%	\$50	\$100	Cost of an ambulance in case of emergency.
<b>PRESCRIPTION DRUG COVERAGE</b>	<b>Co-pay/Co-insurance</b>	<b>Co-pay/Co-insurance</b>	<b>Co-pay/Co-insurance</b>	<b>Co-pay/Co-insurance</b>	<i>Different levels of prescription drug coverage offered by the plan.<sup>6</sup></i>
VBID	N/A	N/A	N/A	\$3	Value-Based Insurance Design, covers maintenance medication for members with some chronic conditions.
Rx Generic	\$12	\$10	\$5	\$10	Prescription drug that has the same active ingredient formula as a brand-name drug.
Rx Preferred Brand	\$50	\$40	40%	\$60	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.
<b>PEDIATRIC BENEFITS</b>					<i>Covers children through the benefit year in which they turn 21.</i>
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.
<b>BCBSVT MONTHLY PREMIUMS</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>		<p>What is the cost <i>after</i> 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 <i>and</i> reduced out-of-pocket costs through cost-sharing reductions. Please note that to qualify for cost-sharing reductions, you <i>must purchase a silver-level plan</i> on Vermont Health Connect.</p> <p>To see how your particular premiums and out-of-pocket costs might be reduced, visit <a href="http://VermontHealthConnect.gov">VermontHealthConnect.gov</a> or call toll-free 1-855-899-9600.</p>
Single	\$425.19	\$412.83	\$395.26		
Couple	\$850.38	\$825.66	\$790.52		
Parent and Child(ren)	\$820.62	\$796.76	\$762.85		
Family	\$1,194.78	\$1,160.05	\$1,110.68		
<b>MVP MONTHLY PREMIUMS</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>		<b>Cost before subsidy</b>	
Single	\$427.51	\$428.58		\$419.17	
Couple	\$855.02	\$857.16		\$838.34	
Parent and Child(ren)	\$825.09	\$827.16		\$809.00	
Family	\$1,201.30	\$1,204.31		\$1,177.87	

**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**

<sup>1</sup> BCBSVT Standard Silver has a \$100 Rx Deductible per person, while the Rx Deductible for MVP Standard Silver is \$100 for a single plan or \$200 per family.

<sup>2</sup> As indicated by the plan.

<sup>3</sup> Hospital 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.

<sup>4</sup> ER co-pay is waived if admitted.

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

<sup>6</sup> Different 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](http://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 \$30 co-pay.