

For a glossary of health insurance terms visit:

<http://info.healthconnect.vermont.gov/glossary>

## Vermont Health Connect

### 2015 Plan Designs & Monthly Premiums (before subsidy)

Most Vermonters who use VHC will get financial help to reduce their costs. See:

[http://info.healthconnect.vermont.gov/subsidy\\_estimator](http://info.healthconnect.vermont.gov/subsidy_estimator)



		Standard Plans						Blue Rewards			VT Vitality Plus		
		BCBSVT & MVP						BCBSVT only			MVP only		
		Platinum	Gold	Silver	Bronze	Silver HDHP Can pair with HSA	Bronze HDHP Can pair with HSA	Gold	Silver	Bronze CDHP Can pair with HSA	Gold	Silver	Bronze
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family				
Deductible (Ded.)	Integrated Ded.?	N	N	N	N	Y - \$1,550/\$3,100 <sup>6</sup>	Y - \$2,000/\$4,000	Y - \$1,250/\$2,500	Y - \$2,000/\$4,000 <sup>6</sup>	Y - \$5,000/\$10,000	N	N	N
	Medical Ded.	\$150/\$300	\$750/\$1,500	\$1,900/\$3,800 <sup>6</sup>	\$3,500/\$7,000	See above	See above	See above	See above	See above	\$350/\$700	\$1,800/\$3,600	\$3,000/\$6,000
	Waived <sup>1</sup> for: (see shading below)	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Prev	Prev	Prev	Prev, 3 PCP/MH OV	Prev, 3 PCP/MH OV	Prev	Prev, OV, UC	Prev, PCP/MH	Prev
	Prescription (Rx) Ded.	\$0	\$50 <sup>7</sup>	\$100 <sup>6,7</sup>	\$300 <sup>7</sup>	See above	See above	See above	See above	See above	\$100/\$200	\$250/\$500	\$200/\$400
Max. Out-of-Pocket (MOOP)	Waived for:	N/A (\$0 Ded)	Rx Generic	Rx Generic	Not Waived	Rx Wellness	Rx Wellness	Not Waived	Not Waived	Rx Wellness	VBID, Rx Generic	VBID	VBID
	Integrated?	N	N	N	Y-\$6,350/\$12,700	Y-\$5,750/\$11,500 <sup>6</sup>	Y-\$6,250/12,500	Y-\$4,250/\$8,500	Y-\$6,250/\$12,500 <sup>6</sup>	Y-\$6,250/\$12,500	N	N	Y-\$6,600/\$13,200
	Medical	\$1,250/\$2,500	\$4,250/\$8,500	\$5,100/\$10,200 <sup>6</sup>	See above	See above	See above	See above	See above	See above	\$5,300/\$10,600	\$5,300/\$10,600	See above
Family Deductible/MOOP	Rx	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500 <sup>6</sup>	\$1,250/\$2,500	\$1,300/\$2,600 <sup>6</sup>	\$1,300/\$2,600	\$1,250/\$2,500	\$1,250/\$2,500 <sup>6</sup>	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 <sup>6</sup>	\$1,300/\$2,600
		Stacked <sup>5</sup>	Stacked <sup>5</sup>	Stacked <sup>5</sup>	Stacked <sup>5</sup>	Aggregate <sup>5</sup>	Aggregate <sup>5</sup>	Aggregate <sup>5</sup>	Aggregate <sup>5</sup>	Aggregate <sup>5</sup>	Stacked <sup>5</sup>	Stacked <sup>5</sup>	Stacked <sup>5</sup>
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)				
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10	\$15	\$25	Ded., then \$35	Ded., then 10%	Ded., then 50%	Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies with co-pay of \$20 (Gold) or \$30 (Silver)		Ded., then 50%	\$5	\$15	Ded., then \$30
	Specialist <sup>2</sup>	\$20	\$25	\$45	Ded., then \$80	Ded., then 20%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then 50%	\$30	Ded., then \$50	Ded., then \$100
Urgent Care (UC)		\$40	\$45	\$60	Ded., then \$100	Ded., then 20%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then 50%	\$45	Ded., then \$60	Ded., then \$100
Ambulance (Amb)		\$50	\$50	\$100	Ded., then \$100	Ded., then 20%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then 50%	Ded., then \$50	Ded., then \$100	Ded., then \$100
Emergency Room (ER) <sup>3</sup>		\$100	\$150	Ded., then \$250	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then \$250	Ded., then \$250	Ded., then 50%	Ded., then \$200	Ded., then \$250	Ded., then 50%
Hospital Services <sup>4</sup>	Inpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then \$500	Ded., then \$1750	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then 50%
	Outpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then \$500	Ded., then \$1750	Ded., then 50%	varies by service	varies by service	Ded., then 50%
Rx Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply				
VBID		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1	\$3	\$3
Rx Generic		\$5	\$5	\$12	\$20	\$10	\$12	\$5	\$5	\$25	\$5	\$12	\$20
Rx Preferred Brand		\$40	\$40	\$50	\$80	\$40	40%	40%	40%	40%	\$40	\$40	\$90
Rx Non-Preferred Brand		50%	50%	50%	60%	50%	60%	60%	60%	60%	50%	50%	60%
BCBSVT Premiums by Tier <sup>5</sup>		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	<b>Important</b> Once confirmed, plans selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.						
Single		\$624.18	\$541.75	\$465.61	\$395.78	\$436.20	\$384.02	\$493.87	\$428.14	\$360.49			
Couple		\$1,248.36	\$1,083.50	\$931.22	\$791.56	\$872.40	\$768.04	\$987.74	\$856.28	\$720.98			
Parent and Child(ren)		\$1,204.67	\$1,045.58	\$898.63	\$763.86	\$841.87	\$741.16	\$953.17	\$826.31	\$695.75			
Family		\$1,753.95	\$1,522.32	\$1,308.36	\$1,112.14	\$1,225.72	\$1,079.10	\$1,387.77	\$1,203.07	\$1,012.98			
MVP Premiums by Tier <sup>5</sup>		Cost before subsidy	Cost before subsidy	<b>What is the cost after subsidy?</b> If you buy health insurance on your own (not through your employer), you may be eligible for financial help to reduce the cost of your monthly premium and/or out-of-pocket costs. To see if you qualify, visit the Subsidy Estimator at <a href="http://VermontHealthConnect.gov">VermontHealthConnect.gov</a> or call 1-855-899-9600.			Cost before subsidy	Cost before subsidy	Cost before subsidy				
Single		\$646.77	\$572.84	\$484.95	\$382.35	\$456.19	\$390.03				\$576.02	\$460.09	\$387.82
Couple		\$1,293.54	\$1,145.68	\$969.90	\$764.70	\$912.38	\$780.06				\$1,152.04	\$920.18	\$775.64
Parent and Child(ren)		\$1,248.27	\$1,105.58	\$935.95	\$737.94	\$880.45	\$752.76				\$1,111.72	\$887.97	\$748.49
Family		\$1,817.42	\$1,609.68	\$1,362.71	\$1,074.40	\$1,281.89	\$1,095.98				\$1,618.62	\$1,292.85	\$1,089.77

**Footnotes**

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan).

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

3 ER co-pay is waived if admitted.

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

5 See definitions of rate tiers, stacked, aggregate, and other terms at <http://info.healthconnect.vermont.gov/glossary>.

6 If you purchase a Silver plan and your income qualifies for cost-sharing reductions (for example, up to \$71,550 for a family of four), your deductible and max. out-of-pocket could be lower than the figures stated above. Learn more at <http://info.healthconnect.vermont.gov/healthplans>.

7 BCBSVT Standard Gold/Silver/Bronze plans have a \$50/\$100/\$300 Rx Deductible per person, while MVP Standard Gold/Silver/Bronze plans have an Rx Deductible of \$50/\$100/\$300 for a single plan or \$100/\$200/\$600 for all other tiers.

**Abbreviations**-- Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Design.

**Glossary**-- Find definitions for VBID, Stacked, Aggregated, Integrated, and other terms at <http://info.healthconnect.vermont.gov/glossary>.

**Plan details** -- Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).

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