

**All Vermont Health Connect plans cover the same set of Essential Health Benefits.** The difference lies in the plan designs, which determine how you pay for those benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by the carriers, with a focus on wellness.

## Vermont Health Connect 2015 Plan Designs & Monthly Premiums (before subsidy)

**Interested in the cost *after* subsidy?**

Most Vermonters who use Vermont Health Connect qualify for financial help to reduce their costs. To see if you qualify, visit the Subsidy Estimator at [http://info.healthconnect.vermont.gov/subsidy\\_estimator](http://info.healthconnect.vermont.gov/subsidy_estimator) or call 1-855-899-9600 (toll-free).

		Standard Plans						Blue Rewards			VT Vitality Plus		
		BCBSVT & MVP						BCBSVT only			MVP only		
		Platinum	Gold	Silver	Bronze	Silver HDHP <small>Can pair with HSA</small>	Bronze HDHP <small>Can pair with HSA</small>	Gold	Silver	Bronze CDHP <small>Can pair with HSA</small>	Gold	Silver	Bronze
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family					
Deductible (Ded)	Integrated Ded?	N	N	N	N	\$1,550/\$3,100 <sup>6</sup>	Y - \$2,000/\$4,000	Y - \$1,250/\$2,500	\$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 <sup>6</sup>	\$3,000/\$6,000
	Waived for: <small>(see abbreviations below)</small>	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 <sup>6</sup>	\$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
Stacked or Aggregate? <sup>5</sup>	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 <sup>6</sup>	See above
	Prescription (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
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%	3 visits per person (up to 9 per family) with no cost. Then deductible applies with co-pay of \$20 (Gold) or \$30 (Silver)			\$5	\$15	Ded then \$30
	Specialist <sup>1</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>2</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>3</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 \$1,750	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 \$1,750	Ded then 50%	Varies by service	Varies by service	Varies by service
Prescription (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				
Rx Generic <sup>4</sup>		\$5	\$5	\$12	Ded then \$20	Ded <sup>8</sup> then \$10	Ded <sup>8</sup> then \$12	Ded then \$5	Ded then \$5	Ded <sup>8</sup> then \$25	\$5	Ded then \$12	Ded then \$20
Rx Preferred Brand <sup>4</sup>		\$40	Ded then \$40	Ded then \$50	Ded then \$80	Ded <sup>8</sup> then \$40	Ded <sup>8</sup> then 40%	Ded then 40%	Ded then 40%	Ded <sup>8</sup> then 40%	Ded then \$40	Ded then \$40	Ded then \$90
Rx Non-Preferred Brand <sup>4</sup>		50%	Ded then 50%	Ded then 50%	Ded then 60%	Ded then 50%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 50%	Ded then 50%	Ded then 60%
Additional Benefits													
Wellness Benefits		N/A	N/A	N/A	N/A	N/A	N/A	Up to \$300 in wellness rewards per adult			VBID Rx co-pay of \$1/\$3, up to \$50 in wellness rewards		
Premiums by Tier		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy				
Single	BCBSVT	\$624.18	\$541.75	\$465.61	\$395.78	\$436.20	\$384.02	\$493.87	\$428.14	\$360.49			
	MVP	\$646.77	\$572.84	\$484.95	\$382.35	\$456.19	\$390.03				\$576.02	\$460.09	\$387.82
Couple	BCBSVT	\$1,248.36	\$1,083.50	\$931.22	\$791.56	\$872.40	\$768.04	\$987.74	\$856.28	\$720.98			
	MVP	\$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)	BCBSVT	\$1,204.67	\$1,045.58	\$898.63	\$763.86	\$841.87	\$741.16	\$953.17	\$826.31	\$695.75			
	MVP	\$1,248.27	\$1,105.58	\$935.95	\$737.94	\$880.45	\$752.76				\$1,111.72	\$887.97	\$748.49
Family	BCBSVT	\$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	\$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 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, per plan benefits.
- 2 ER co-pay is waived if admitted.
- 3 Hospital Services are inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); outpatient (including ambulatory surgery centers); and radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, per plan benefits.
- 4 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pays, view the formularies at [www.VermontHealthConnect.gov](http://www.VermontHealthConnect.gov) and click on "Health Plans" or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).
- 5 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.
- 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. To learn more, go to [www.VermontHealthConnect.gov](http://www.VermontHealthConnect.gov) and click on "Health Plans."
- 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.
- 8 With High Deductible Health Plans (HDHPs), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at [www.VermontHealthConnect.gov](http://www.VermontHealthConnect.gov) and click on "Health Plans."

**Abbreviations--** Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, ER: Emergency Room, 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).