VERMONT HEALTH CONNECT
Find the plan that's right for you.

2016

SILVER 94 PLANS

THREE STEPS TO CHOOSING A HEALTH PLAN

STEP 1
BRUSH UP ON HEALTH INSURANCE BASICS.
Think about the kinds of medical care and prescriptions you need now and in the future. Some good resources to get started are at www.VermontHealthConnect.gov.

STEP 2
SEE IF YOU QUALIFY FOR FINANCIAL HELP.
Take a minute with our Subsidy Estimator and find out if you qualify for low or no-cost health insurance. The Subsidy Estimator is at www.VermontHealthConnect.gov.

STEP 3
MAKE YOUR CHOICE.
Use the information from steps 1 and 2 to help you decide which plan is right for you. These plan brochures have detailed information and can help guide you.

IF YOU MISSED STEPS 1 OR 2, CLICK ON 'GET STARTED' AT WWW.VERMONTHEALTHCONNECT.GOV, CALL US AT 1-855-899-9600 (TOLL-FREE), OR SIT DOWN WITH AN ASSISTER NEAR YOU.

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Check out www.VermontHealthConnect.gov
or call 1-855-899-9600 (toll-free) today.

Facebook: Vermont Health Connect
Twitter: @VTHealthConnect
YouTube: VTHealthConnect

OTHER PLAN BROCHURES: PLATINUM & GOLD, SILVER 70, SILVER 73, SILVER 77, SILVER 87, BRONZE

VERMONT
Vermont Health Connect is
Vermont's Health Insurance Marketplace.

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

MVP HEALTH CARE

2016 SILVER 94 PLANS

On average, these plans cover 94% of health care costs. You may qualify for lower out-of-pocket costs. Check the Subsidy Estimator at www.VermontHealthConnect.gov.

		Standard Plans			Blue Rewards	Vitality Plus
		Silver 94%	Silver HDHP/CDHP[2] 94%		Silver 94%	Silver 94%
		BCBSVT & MVP	BCBSVT	MVP	BCBSVT	MVP
DEDUCTIBLE & MAXIMUM OUT-OF-POCKET		**Individual/Family** Cannot be paired with a Health Savings Account	**Individual/Family** Cannot be paired with a Health Savings Account	**Individual/Family** Cannot be paired with a Health Savings Account	**Individual/Family** Cannot be paired with a Health Savings Account	**Individual/Family** Cannot be paired with a Health Savings Account
Cost-Sharing Reductions Available for Individuals Who Qualify		Yes	Yes	Yes	Yes	Yes
Deductible	Integrated Deductible	No	Yes - $500/$1,000	Yes - $500/$1,000	Yes - $0/$0	Yes - $0/$0
	Medical Deductible	$100/$200	See integrated (above)	See integrated (above)	See integrated (above)	See integrated (above)
	Medical Deductible Waived for	Preventive, Office Visits, Urgent Care, Ambulance	Preventive	Preventive	$0 Deductible (see above)	$0 Deductible (see above)
	Prescription (Rx) Deductible	$0	See integrated (above)	See integrated (above)	$0	$0
	Rx Deductible Waived for	N/A	Wellness drugs	Wellness drugs	N/A	N/A
Max. Out-of-Pocket (MOOP)	Integrated Maximum Out-of-Pocket	No	Yes - $500/$1,000	Yes - $500/$1,000	Yes - $850/$1,700	No
	Medical Maximum Out-of-Pocket	$500/$1,000	See integrated (above)	See integrated (above)	See integrated (above)	$1,800/$3,600
	Rx Maximum Out-of-Pocket	$200/$400	See integrated (above)	See integrated (above)	$850/$1,700	$450/$900
Family Deductible/Maximum Out-of-Pocket (Stacked/Aggregate/Embedded)		Stacked Deductible/ Stacked MOOP	Aggregate Deductible/ Aggregate MOOP	Aggregate Deductible/ Aggregate MOOP	Aggregate Deductible/ Aggregate MOOP	Stacked Deductible/ Stacked MOOP
SERVICE CATEGORY		**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**
Preventive (Prev)		$0	$0	$0	$0	$0
Office Visit (OV)	Primary Care Physician or Mental Health	$5	$0	$0	3 free, then deductible, then $15[1]	$5
	Specialist Office Visit	$15	$0	$0	$35	$10
Urgent Care (UC)		$35	$0	$0	$35	$20
Ambulance (Amb)		$50	$0	$0	$35	$50
Emergency Room (ER)		Deductible, then $75	$0	$0	$250	$50
Hospital Services		Deductible, then 10%	$0	$0	$0	Varies by service
PRESCRIPTION DRUG COVERAGE (30-day supply)		**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**
Rx Generic		$5	$0	$0	$5	$5
Rx Preferred Brand		$20	$0	$0	40%	$10
Rx Non-Preferred Brand		30%	$0	$0	60%	10%
ADDITIONAL BENEFITS						
Pediatric Dental & Vision		Yes	Yes	Yes	Yes	Yes
Wellness Benefits		N/A	N/A	N/A	Up to $300 per adult	Up to $50 per adult and $3 co-pay for VBID drugs
MONTHLY PREMIUMS BY TIERS		**Cost before subsidy**	**Cost before subsidy**	**Cost before subsidy**	**Cost before subsidy**	**Cost before subsidy**
SINGLE	BCBSVT	$484.49	$468.90	N/A	$465.16	N/A
	MVP	$493.38	N/A	$468.05	N/A	$476.39
COUPLE	BCBSVT	$968.98	$937.80	N/A	$930.32	N/A
	MVP	$986.76	N/A	$936.10	N/A	$952.78
PARENT AND CHILD(REN)	BCBSVT	$935.07	$904.98	N/A	$897.76	N/A
	MVP	$952.22	N/A	$903.34	N/A	$919.43
FAMILY	BCBSVT	$1,361.42	$1,317.61	N/A	$1,307.10	N/A
	MVP	$1,386.40	N/A	$1,315.22	N/A	$1,338.66

[1]Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies, then $15 co-pay.

[2] High-deductible health plans (HDHP) and consumer-directed health plans (CDHP) can be combined with a health savings account (HSA) to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

IMPORTANT INFORMATION

All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by their carriers, with an emphasis on wellness. Before selecting a health plan, be sure to check the out-of-pocket costs for prescription drugs and medical services.

Out-of-Pocket costs – health care costs, such as deductible, co-pay, and co-insurance that are not covered by insurance. The premium is not considered an out-of-pocket cost.

Deductible – the amount you must pay for non-waived services before health insurance begins to pay.

Maximum Out-of-Pocket – the most you could pay in out-of-pocket costs in a year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.

If your income qualifies and you buy a silver-level plan, you will benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan. Only available with silver plans.

If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.

The deductible for medical services (doctor appointments, hospital stays, etc.).

The health plan pays for these services even before you meet your deductible. You just pay the co-pay below.

The deductible for prescription drugs.

Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VBID) covers maintenance medication for members with some chronic conditions. Items that are covered prior to the prescription deductible being met. You just pay the co-pay below.

If integrated, prescription (Rx) expenses contribute to the overall maximum out-of-pocket as well as the Rx maximum out-of-pocket.

The most individuals or families will pay for covered services per year.

The most individuals or families will pay for prescription drugs per year.

Doesn't apply to individual plans. With aggregate, your family must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet either your individual amount or your family amount. An embedded MOOP ensures that no individual pays more than $6,850 in out-of-pocket costs (a requirement for all qualified health plans).

Categories for the different types of care provided by the plans. Co-pay=$ you pay / Co-insurance=% you pay

Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early. For lists of preventive services, go to www.VermontHealthConnect.gov and click on 'Health Plans.'

Office visit with a primary care provider or mental health professional.

Office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist), as well as physical therapy, occupational therapy, and covered alternative treatment benefits.

A type of walk-in clinic open seven days a week that primarily treats injuries or illness requiring immediate care, but not serious enough to require an ER visit.

Cost of an ambulance in case of emergency.

Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.

Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).

Different levels of prescription drug coverage offered by the plan.

"Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.

"Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to www.VermontHealthConnect.gov and click on 'Health Plans' or call BCBSVT (800-247-2583) or MVP (800-TALK-MVP).

This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.

Included in the medical plan for children under 21. Some services are subject to the medical deductible. See plan materials for details.

FINANCIAL HELP: APTC & CSR

What is the cost ***after*** subsidy?

If you buy health insurance on your own (not through your employer), you may qualify for financial help. For example, a family of four with an income of up to $97,000 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to $72,750 may also qualify for lower out-of-pocket costs through cost-sharing reductions (CSR). This means that instead of covering 70% of health care costs on average, the enhanced silver plan will cover between 73% and 94% of costs. Please note that you can use APTC to purchase a plan in any metal level, but CSR is only available with silver plans.

To see how your particular premiums and out-of-pocket costs might be reduced, see the Subsidy Estimator at www.VermontHealthConnect.gov or call 1-855-899-9600 (toll-free).

REMINDER

Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a wedding, a birth, or a new job. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.