

BRONZE PLANS



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

Facebook: Vermont Health Connect



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 10 minutes with our Plan Comparison
Tool to see monthly payments, likely
out-of-pocket costs, and financial help to
lower your bills. The Plan Comparison Tool
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.**

OTHER PLAN BROCHURES: PLATINUM & GOLD, SILVER 70, SILVER 73, SILVER 77, SILVER 87, SILVER 94

PLEASE NOTE: BRONZE PLANS HAVE THE POTENTIAL FOR SIGNIFICANT OUT-OF-POCKET COSTS IN ADDITION TO THE PREMIUM.

DVHA does not exclude people from its programs, deny them benefits, or
treat them unfairly because of race, color, national origin, age, disability, or sex.

ATTENTION: Si vous parlez français, des
services d'aide linguistique vous sont
proposés gratuitement. Appelez le
1-855-899-9600 (ATS : 711). (French)

ATENCIÓN: si habla español, tiene
a su disposición servicios gratuitos
de asistencia lingüística. Llame al
1-855-899-9600 (TTY: 711). (Spanish)



Health benefit plans offered by:



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



2017 BRONZE PLANS

On average, these plans only cover 60% of health care costs. You may qualify for much lower out-of-pocket costs with an enhanced silver plan. Check the Subsidy Estimator at www.VermontHealthConnect.gov.

DEDUCTIBLE & MAXIMUM OUT-OF-POCKET

Cost-Sharing Reductions Available for Individuals Who Qualify

Integrated Deductible	No	Yes - \$5,050/\$10,100	Yes - \$5,300/\$10,600	Yes - \$7,150/\$14,300	No
Medical Deductible	\$4,600/\$9,200	See integrated (above)	See integrated (above)	See integrated (above)	\$5,500/\$11,000
Medical Deductible Waived for Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Prescription (Rx) Deductible	\$700 ¹	See integrated (above)	See integrated (above)	See integrated (above)	\$300/\$600
Rx Deductible Waived for	Not waived	Wellness drugs	Wellness drugs	Wellness drugs	VBID

Max. Out-of-Pocket (MOOP)	Integrated Maximum Out-of-Pocket	Yes - \$7,150/\$14,300	Yes - \$6,550/\$13,100	Yes - \$6,550/\$13,100	Yes - \$7,150/\$14,300	Yes - \$7,150/\$14,300
	Rx Maximum Out-of-Pocket	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600

Family Deductible/Maximum Out-of-Pocket (Stacked/Aggregate/Embedded)

SERVICE CATEGORY

Preventive (Prev)

Office Visit (OV)	Primary Care Physician or Mental Health	Deductible, then \$35	Deductible, then 50%	Deductible, then 50%	Deductible, then \$0	Deductible, then \$40
	Specialist Office Visit	Deductible, then \$90	Deductible, then 50%	Deductible, then 50%	Deductible, then \$0	Deductible, then \$100

Urgent Care (UC)

Ambulance (Amb)

Emergency Room (ER)

Hospital Services

PRESCRIPTION DRUG COVERAGE (30-day supply)

Rx Generic

Rx Preferred Brand

Rx Non-Preferred Brand

ADDITIONAL BENEFITS

Pediatric Dental & Vision

Wellness Benefits

MONTHLY PREMIUMS BY TIERS

SINGLE

COUPLE

PARENT AND CHILD(REN)

FAMILY

Standard Plans

Blue Rewards

VT Non-Standard Plus

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 VT Non-Standard 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 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 \$7,150 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). For an exact list of medications in each category, please refer to the carriers' drug lists at <http://info.healthconnect.vermont.gov/healthplans#Rx>.

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

Included in the medical plan for children up to 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 \$97,200 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to \$72,900 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.

¹ BCBSVT Standard Bronze has a \$500 Rx Deductible per person, while the Rx Deductible for MVP Standard Bronze is \$500 for a single plan or \$1,000 for all other tiers. 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.