



# PLATINUM & GOLD PLANS



Check out [VermontHealthConnect.gov](http://VermontHealthConnect.gov) or call 1-855-899-9600 (toll-free) today.

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## 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](http://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](http://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.

OTHER PLAN BROCHURES: SILVER 70, SILVER 73, SILVER 77, SILVER 87, SILVER 94, BRONZE

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

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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 PLATINUM & GOLD PLANS

## Standard Plans

## Blue Rewards

## VT Non-Standard Plus

## IMPORTANT INFORMATION

		Platinum	Gold	Gold	Gold CDHP <sup>3</sup> (HDHP)	Gold	Gold HDHP <sup>3</sup>	<p><b>All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits.</b> 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.</p> <p><i>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.</i></p> <p><i>Deductible – the amount you must pay for non-waived services before health insurance begins to pay.</i></p> <p><i>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.</i></p>
		BCBSVT & MVP	BCBSVT & MVP	BCBSVT <sup>4</sup>		MVP <sup>4</sup>		
		Individual/Family	Individual/Family	Individual/Family	Individual/Family Can be paired with a Health Savings Account	Individual/Family	Individual/Family Can be paired with a Health Savings Account	
<b>DEDUCTIBLE &amp; MAXIMUM OUT-OF-POCKET</b>								
Cost-Sharing Reductions Available for Individuals Who Qualify		No	No	No	No	No	No	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.
<b>Deductible</b>	Integrated Deductible	No	No	Yes - \$1,250/\$2,500 <sup>2</sup>	Yes - \$2,500/\$5,000	No	Yes - \$2,500/\$5,000	If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.
	Medical Deductible	\$250/\$500	\$850/\$1,700	See integrated (above)	See integrated (above)	\$950/\$1,900	See integrated (above)	The deductible for medical services (doctor appointments, hospital stays, etc.).
	Medical Deductible Waived for	Preventive, Office Visits, Urgent Care, Ambulance, Emergency Room	Preventive, Office Visits, Urgent Care, Ambulance, Emergency Room	Preventive, 3 Primary Care or Mental Health Office Visits	Preventive	Preventive, Office Visits, Urgent Care	Preventive	The health plan pays for these services even before you meet your deductible. You just pay the co-pay below.
	Prescription (Rx) Deductible	\$0	\$100 <sup>1</sup>	See integrated (above)	See integrated (above)	\$250/\$500	See integrated (above)	The deductible for prescription drugs.
	Rx Deductible Waived for	N/A (\$0 deductible)	Generic drugs	Not waived	Wellness drugs	Generic drugs, VPID	Wellness drugs	Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VPID) 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.
<b>Max. Out-of-Pocket (MOOP)</b>	Integrated Maximum Out-of-Pocket	No	No	Yes - \$4,250/\$8,500	Yes - \$2,500/\$5,000	No	Yes - \$2,500/\$5,000	If integrated, prescription (Rx) expenses contribute to overall maximum out-of-pocket as well as Rx maximum out-of-pocket.
	Medical Maximum Out-of-Pocket	\$1,300/\$2,600	\$4,500/\$9,000	See integrated (above)	See integrated (above)	\$5,850/\$11,700	See integrated (above)	The most individuals or families will pay for covered services per year.
	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	\$1,300/\$2,600	The most individuals or families will pay for prescription drugs per year.
Family Deductible/Maximum Out-of-Pocket (Stacked/Aggregate/Embedded)		Stacked Deductible/Stacked MOOP	Stacked Deductible/Stacked MOOP	Aggregate Deductible/Embedded MOOP	Aggregate Deductible/Aggregate MOOP	Stacked Deductible/Stacked MOOP	Aggregate Deductible/Aggregate MOOP	Doesn't apply to individual plans. With aggregate, you must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet your individual or 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).
<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>	<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-pay=\$ you pay / Co-insurance=% you pay</i>
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	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 <a href="http://www.VermontHealthConnect.gov">www.VermontHealthConnect.gov</a> and click on 'Health Plans.'
<b>Office Visit (OV)</b>	Primary Care Physician or Mental Health	\$10	\$15	3 free (up to 9 per family), then deductible, then \$20 <sup>2</sup>	Deductible, then \$0	\$15	Deductible, then \$0	Office visit with a primary care provider or mental health professional.
	Specialist Office Visit	\$30	\$30	Deductible, then \$30	Deductible, then \$0	\$30	Deductible, then \$0	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.
Urgent Care (UC)		\$40	\$45	Deductible, then \$30	Deductible, then \$0	\$45	Deductible, then \$0	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.
Ambulance (Amb)		\$50	\$50	Deductible, then \$30	Deductible, then \$0	Deductible, then \$50	Deductible, then \$0	Cost of an ambulance in case of emergency.
Emergency Room (ER)		\$100	\$150	Deductible, then \$250	Deductible, then \$0	Deductible, then \$250	Deductible, then \$0	Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.
Hospital Services		Deductible, then 10%	Deductible, then 20%	Deductible, then \$500	Deductible, then \$0	Varies by service	Deductible, then \$0	Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).
<b>PRESCRIPTION DRUG COVERAGE (30-day supply)</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>	<b>Co-pay (\$)/Co-insurance (%)</b>	<b>Co-pay (\$)/Co-insurance (%)</b>	<i>Different levels of prescription drug coverage offered by the plan.</i>
Rx Generic		\$5	\$5	Deductible, then \$5	Deductible, then \$0	\$5	Deductible, then \$0	"Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.
Rx Preferred Brand		\$50	Rx Deductible, then \$50	Deductible, then 40%	Deductible, then \$0	Rx Deductible, then \$40	Deductible, then \$0	"Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to <a href="http://www.VermontHealthConnect.gov">www.VermontHealthConnect.gov</a> 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 <a href="http://info.healthconnect.vermont.gov/healthplans#Rx">http://info.healthconnect.vermont.gov/healthplans#Rx</a> .
Rx Non-Preferred Brand		50%	Rx Deductible, then 50%	Deductible, then 60%	Deductible, then \$0	Rx Deductible, then 50%	Deductible, then \$0	
<b>ADDITIONAL BENEFITS</b>								<i>This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.</i>
Pediatric Dental & Vision		Yes	Yes	Yes	Yes, after deductible	Yes	Yes, after deductible	Included in the medical plan for children up to 21. Some services are subject to the medical deductible. See plan materials for details.
Wellness Benefits		N/A	N/A	Up to \$300 per adult	Up to \$300 per adult	Up to \$50 per adult and \$1 co-pay for VPID Drugs	Up to \$50 per adult	<p><b>FINANCIAL HELP: APTC &amp; CSR</b></p> <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 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.</p> <p>To see how your particular premiums and out-of-pocket costs might be reduced, see the Subsidy Estimator at <a href="http://www.VermontHealthConnect.gov">www.VermontHealthConnect.gov</a> or call 1-855-899-9600 (toll-free).</p> <p><b>REMINDER</b></p> <p>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.</p>
<b>MONTHLY PREMIUMS BY TIERS</b>		<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	
<b>SINGLE</b>	BCBSVT	\$686.76	\$603.29	\$582.30	\$553.14	N/A	N/A	
	MVP	\$673.21	\$602.52	N/A	N/A	\$586.08	\$530.99	
<b>COUPLE</b>	BCBSVT	\$1,373.52	\$1,206.58	\$1,164.60	\$1,106.28	N/A	N/A	
	MVP	\$1,346.42	\$1,205.04	N/A	N/A	\$1,172.16	\$1,061.98	
<b>PARENT AND CHILD(REN)</b>	BCBSVT	\$1,325.45	\$1,164.35	\$1,123.84	\$1,067.56	N/A	N/A	
	MVP	\$1,299.30	\$1,162.86	N/A	N/A	\$1,131.13	\$1,024.81	
<b>FAMILY</b>	BCBSVT	\$1,929.80	\$1,695.24	\$1,636.26	\$1,554.32	N/A	N/A	
	MVP	\$1,891.72	\$1,693.08	N/A	N/A	\$1,646.88	\$1,492.08	

<sup>1</sup> BCBSVT Standard Gold has a \$50 Rx Deductible per person, while the Rx Deductible for MVP Standard Gold is \$50 for a single plan or \$100 for all other tiers.

<sup>2</sup> Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies with \$20 co-pay.

<sup>3</sup> High-deductible health plans (HDHP) 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.

<sup>4</sup> Costs may vary by service. Please consult your issuer's documents for complete details.