

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 VT Plus plans were uniquely designed by the carriers, with a focus on wellness.

Vermont Health Connect 2017 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 Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

		Standard Plans				Standard High Deductible Health Plans (HDHP)				Blue Rewards				MVP VT Plus Non-Standard				
		BCBSVT & MVP				Can Pair with Health Savings Account (HSA)				BCBSVT only				MVP only				
		Platinum	Gold	Silver	Bronze	Silver HDHP		Bronze HDHP		Gold	Silver	Gold CDHP Can pair with HSA	Bronze CDHP	Gold	Silver	Bronze	Gold HDHP Can pair with HSA	
						BCBSVT	MVP	BCBSVT	MVP									
		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	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 ⁷	Y - \$1,600/\$3,200 ⁷	Y - \$5,050/\$10,100	Y - \$5,300/\$10,600	Y - \$1,250/\$2,500	Y - \$2,300/\$4,600 ⁷	Y - \$2,500/\$5,000	Y - \$7,150/\$14,300	N	N	N	Y - \$2,500/\$5,000	
	Medical Ded.	\$250/\$500	\$850/\$1,700	\$2,150/\$4,300 ⁷	\$4,600/\$9,200	See above	See above	See above	See above	See above	See above	See above	See above	\$950/\$1,900	\$1,800/\$3,600 ⁷	\$5,500/\$11,000	See above	
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, ER, Den1	Prev, OV, UC, Amb, ER, Den1	Prev, OV, UC, Amb, Den1	Prev, Den1	Prev	Prev	Prev	Prev	Prev, 3 PCP/MH OV, Den1	Prev, 3 PCP/MH OV, Den1	Prev	Prev	Prev, OV, UC, Den1	Prev, PCP/MH, Den1	Prev, Den1	Prev	
	Prescription (Rx) Ded.	\$0	\$100 ⁸	\$150 ^{7a}	\$700 ⁸	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$250/\$500	\$500/\$1,000 ⁷	\$300/\$600	See above
	Waived for:	N/A (\$0 Ded)	Rx Generic	Rx Generic	Not Waived	Rx Wellness	Rx Wellness	Rx Wellness	Rx Wellness	Not Waived	Not Waived	Rx Wellness	Rx Wellness	VBID, Rx Generic	VBID	VBID	Rx Wellness	
Max. Out-of-Pocket (MOOP)	Integrated?	N	N	Y-\$6,000/\$12,000 ⁷	Y-\$7,150/\$14,300	Y-\$6,400/\$12,800	Y-\$6,400/\$12,800	Y-\$6,550/\$13,100	Y-\$6,550/\$13,100	Y-\$4,250/\$8,500	Y-\$7,150/\$14,300 ⁷	Y - \$2,500/\$5,000	Y - \$7,150/\$14,300	N	N	Y-\$7,150/\$14,300	Y-\$2,500/\$5,000	
	Medical	\$1,300/\$2,600	\$4,500/\$9,000	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$5,850/\$11,700	\$5,850/\$11,700 ⁷	See above	See above	
	Prescription (Rx)	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,300/\$2,600	
Stacked or Aggregate? ⁶		Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate Embedded ^{6,10}	Agg Ded/ Stack MOOP ⁶	Aggregate Embedded ^{6,10}	Agg Ded/ Stack MOOP ⁶	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate ⁶	Aggregate Embedded ^{6,10}	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate ⁶	
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 (\$)	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	\$0	\$0	\$0	\$0	
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10	\$15	\$25	Ded., then \$35	Ded., then 10%	Ded., then 10%	Ded., then 50%	Ded., then 50%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$20 (Gold) or \$30 (Silver)		Ded., then \$0	Ded., then \$0	\$15	\$25	Ded., then \$40	Ded., then \$0	
	Specialist ²	\$30	\$30	\$65	Ded., then \$90	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	\$30	Ded., then \$60	Ded., then \$100	Ded., then \$0	
Urgent Care (UC)		\$40	\$45	\$60	Ded., then \$100	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	\$45	Ded., then \$60	Ded., then \$100	Ded., then \$0	
Ambulance (Amb)		\$50	\$50	\$100	Ded., then \$100	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$50	Ded., then \$100	Ded., then \$100	Ded., then \$0	
Emergency Room (ER) ³		\$100	\$150	Ded., then \$250	Ded., then 50%	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$250	Ded., then \$400	Ded., then \$0	Ded., then \$0	Ded., then \$250	Ded., then \$250	Ded., then 50%	Ded., then \$0	
Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$500	Ded., then \$1,500	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then 50%	Ded., then 50%	Ded., then \$0	
	Outpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$500	Ded., then \$1,500	Ded., then \$0	Ded., then \$0	Varies by service	Varies by service	Ded., then 50%	Ded., then \$0	
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	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 ⁵		\$5	\$5	\$15	Ded., then \$20	Ded., then \$10	Ded., then \$10	Ded., then \$12	Ded., then \$12	Ded., then \$5	Ded., then \$5	Ded., then \$0	Ded., then \$25	\$5	Ded., then \$15	Ded., then \$20	Ded., then \$0	
Rx Preferred Brand ⁵		\$50	Ded., then \$50	Ded., then \$60	Ded., then \$85	Ded., then \$40	Ded., then \$40	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then \$0	Ded., then 40%	Ded., then \$40	Ded., then 50%	Ded., then \$90	Ded., then \$0	
Rx Non-Preferred Brand ⁵		50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then \$0	Ded., then 60%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then \$0	
Additional Benefits																		
Wellness Benefits		N/A	N/A	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				Up to \$50/adult
Premiums by Tier⁶		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	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	\$686.76	\$603.29	\$520.92	\$440.84	\$515.81	\$442.96	\$582.30	\$507.01	\$553.14	\$438.18							
	MVP	\$673.21	\$602.52	\$521.73	\$408.10		\$491.74		\$412.52				\$586.08	\$470.40	\$406.28	\$530.99		
Couple	BCBSVT	\$1,373.52	\$1,206.58	\$1,041.84	\$881.68	\$1,031.62	\$885.92	\$1,164.60	\$1,014.02	\$1,106.28	\$876.36							
	MVP	\$1,346.42	\$1,205.04	\$1,043.46	\$816.20		\$983.48		\$825.04				\$1,172.16	\$940.80	\$812.56	\$1,061.98		
Parent and Child(ren)	BCBSVT	\$1,325.45	\$1,164.35	\$1,005.38	\$850.82	\$995.51	\$854.91	\$1,123.84	\$978.53	\$1,067.56	\$845.69							
	MVP	\$1,299.30	\$1,162.86	\$1,006.94	\$787.63		\$949.06		\$796.16				\$1,131.13	\$907.87	\$784.12	\$1,024.81		
Family	BCBSVT	\$1,929.80	\$1,695.24	\$1,463.79	\$1,238.76	\$1,449.43	\$1,244.72	\$1,636.26	\$1,424.70	\$1,554.32	\$1,231.29							
	MVP	\$1,891.72	\$1,693.08	\$1,466.06	\$1,146.76		\$1,381.79		\$1,159.18				\$1,646.88	\$1,321.82	\$1,141.65	\$1,492.08		

Footnotes

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Pediatric Dental Class 1 Series (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 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <http://info.healthconnect.vermont.gov/healthplans> or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP). <http://info.healthconnect.vermont.gov/glossary>.

6 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.

7 If you purchase a silver plan and your income qualifies for cost-sharing reductions (for example, up to \$72,900 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 and click on "Health Plans."

8 BCBSVT Standard Gold/Silver/Bronze plans have a \$100/\$150/\$700 Rx Deductible per person, while MVP Standard Gold/Silver/Bronze plans have an Rx Deductible of \$100/\$150/\$700 for a Single plan or \$200/\$300/\$1,400 for all other tiers.

9 With High Deductible Health Plans (HDHP), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.

10 Some aggregate family deductibles have an embedded individual maximum out-of-pocket of \$7,150 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$7,150 for an individual.

Abbreviations-- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Design, Den1: Pediatric Dental Class 1 Series, ER: Emergency Room

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).

2017 Silver Plan Designs with Cost-Sharing Reductions



2017 Silver 73 Plans

Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2017 Silver 77 Plans

Note: Silver 77 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2017 Silver 87 Plans

Note: Silver 87 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2017 Silver 94 Plans

Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

Deductible/Max. Out-of-Pocket	Standard Silver 73		Silver 73 HDHP (can pair with HSA)		Blue Rewards Silver 73	MVP VT Plus Non-Standard Silver 73	Standard Silver 77		Silver 77 HDHP (can pair with HSA)		Blue Rewards Silver 77	MVP VT Plus Non-Standard Silver 77	Standard Silver 87		Silver 87 HDHP (cannot pair with HSA)		Blue Rewards Silver 87	MVP VT Plus Non-Standard Silver 87	Standard Silver 94		Silver 94 HDHP (cannot pair with HSA)		Blue Rewards Silver 94	MVP VT Plus Non-Standard Silver 94
	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	N	Y - \$1,600/\$3,200	Y - \$1,550/\$3,100	Y - \$2,100/\$4,200	N	N	Y - \$1,400/\$2,800	Y - \$1,300/\$2,600	Y - \$1,300/\$2,600	N	N	Y - \$1,300/\$2,600	Y - \$1,250/\$2,500	Y - \$200/\$400	N	N	Y - \$550/\$1,100	Y - \$550/\$1,100	Y - \$0/\$0	No	No	No	
	Medical Ded.	\$2,150/\$4,300	See above	See above	See above	\$900/\$1,800	\$1,600/\$3,200	See above	See above	See above	\$300/\$600	\$600/\$1,200	See above	See above	See above	\$60/\$120	\$100/\$200	See above	See above	See above	\$0/\$0	\$0/\$0	\$0/\$0	
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1	Prev	Prev	Prev, Den1 3 PCP/MH OV	Prev, Den1 PCP/MH	Prev, OV, UC, Amb, Den1	Prev	Prev	Prev, Den1 3 PCP/MH OV	Prev, Den1 PCP/MH	Prev, OV, UC, Amb, Den1	Prev	Prev	Prev, Den1 3 PCP/MH OV	Prev, Den1 PCP/MH	Prev, OV, UC, Amb, Den1	Prev	Prev	\$0 Deductible (see above)	N/A	N/A	N/A	
	Prescription (Rx) Ded.	\$150 ⁷	N/A	N/A	N/A	\$300/\$600	\$150/300 ⁷	N/A	N/A	N/A	\$100/\$200	\$100 ⁷	N/A	N/A	N/A	\$50/\$100	\$0	See above	See above	\$0	\$0	\$0	\$0	
Waived for:	Rx Generic	Rx Wellness ⁸	Rx Wellness ⁸	Not Waived	VBID ¹	Rx Generic	Rx Wellness ⁸	Rx Wellness ⁸	Not Waived	VBID ¹	Rx Generic	Rx Wellness ⁸	Rx Wellness ⁸	Not Waived	VBID ¹	N/A	Rx Wellness ⁸	Rx Wellness ⁸	N/A	N/A	N/A	N/A		
Max. Out-of-Pocket (MOOP)	Integrated?	Y - \$4,900/\$9,800	Y - \$4,700/\$9,400	Y - \$4,100/\$8,200	Y - \$5,700/\$11,400	N	Y - \$3,700/\$7,100	\$3,400/\$6,800	Y - \$3,000/\$6,000	Y - \$5,200/\$10,400	N	Y - \$1,300/\$2,600	Y - \$1,300/\$2,600	Y - \$1,250/\$2,500	Y - \$2,250/\$4,500	N	Y - \$700/\$1,400	Y - \$550/\$1,100	Y - \$550/\$1,100	Y - \$1,100/\$2,200	Y - \$1,900/\$3,800			
	Medical	See above	See above	See above	See above	\$4,500/\$9,000	See above	See above	See above	\$4,500/\$9,000	See above	See above	See above	See above	\$1,900/\$3,800	See above	See above	See above	See above	See above	See above			
	Prescription (Rx)	\$1,200/\$2,400	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,200/\$2,400	\$1,000/\$2,000	Y - \$1,300/\$2,600	Y - \$1,300/\$2,600	\$1,300/\$2,600	\$1,200/\$2,400	\$400/\$800	See above	See above	\$1,300/\$2,600	\$450/\$900	\$200/\$400	See above	See above	\$1100/\$2,200	\$450/\$900			
Stacked or Aggregate ⁶	Stacked ⁶	Agg Ded/ Stack MOOP ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Stacked ⁶	Stacked ⁶	Agg Ded/ Stack MOOP ⁶	Aggregate Embedded ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶			
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 (\$)	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 (\$)	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$25	Ded., then 10%	Ded., then 10%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	\$20	\$20	Ded., then 10%	Ded., then 10%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	\$10	\$10	\$0	\$0	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$30	\$5	\$5	\$0	\$0	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$15	\$5			
	Specialist ²	\$65	Ded., then 25%	Ded., then 25%	Ded., then \$50	Ded., then \$60	\$40	Ded., then 25%	Ded., then 25%	Ded., then \$50	Ded., then \$40	\$30	\$0	\$0	Ded., then \$50	Ded., then \$30	\$15	\$0	\$0	\$35	\$10			
Urgent Care (UC)	\$60	'Ded., then 25%	'Ded., then 25%	'Ded., then \$50	'Ded., then \$60	\$60	'Ded., then 25%	'Ded., then 25%	'Ded., then \$50	'Ded., then \$50	\$50	\$0	\$0	'Ded., then \$50	'Ded., then \$40	\$35	\$0	\$0	\$35	\$20				
Ambulance (Amb)	\$100	'Ded., then 25%	'Ded., then 25%	'Ded., then \$50	'Ded., then \$100	\$100	'Ded., then 25%	'Ded., then 25%	'Ded., then \$50	'Ded., then \$100	\$100	\$0	\$0	'Ded., then \$50	'Ded., then \$100	\$50	\$0	\$0	\$35	\$50				
Emergency Room (ER) ³	Ded., then \$250	'Ded., then 25%	'Ded., then 25%	'Ded., then \$400	'Ded., then \$250	Ded., then \$250	'Ded., then 25%	'Ded., then 25%	'Ded., then \$400	'Ded., then \$100	Ded., then \$100	Ded., then \$250	\$0	\$0	'Ded., then \$250	'Ded., then \$100	'Ded., then \$75	\$0	\$0	\$250	\$50			
Hospital Services ⁴	Inpatient	Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$1,500	Ded., then 50%	Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$1,500	Ded., then 30%	Ded., then 40%	\$0	\$0	Ded., then \$500	Ded., then 10%	\$0	\$0	\$0	5%				
	Outpatient	Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$1,500	varies by service	Ded., then 40%	'Ded., then 25%	'Ded., then 25%	Ded., then \$1,500	varies by service	Ded., then 40%	\$0	\$0	Ded., then \$500	varies by service	Ded., then 10%	\$0	\$0	\$0	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	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	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 ⁵	\$12	Ded., then \$10 ⁸	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$15	\$12	Ded., then \$10 ⁸	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$12	\$10	\$0	\$0	Ded., then \$5	Ded., then \$10	\$5	\$0	\$0	\$5	\$5				
Rx Preferred Brand ⁵	Ded., then \$60	Ded., then \$40 ⁸	Ded., then \$40 ⁸	Ded., then 40%	Ded., then 50%	Ded., then \$60	Ded., then \$40 ⁸	Ded., then \$40 ⁸	Ded., then 40%	Ded., then \$60	Ded., then 40%	Ded., then 50%	\$0	\$0	Ded., then 20%	\$20	\$0	\$0	40%	10%				
Rx Non-Preferred Brand ⁵	Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 40%	Ded., then 50%	\$0	\$0	Ded., then 60%	Ded., then 40%	30%	\$0	\$0	60%	10%			
Additional Benefits																								
Wellness Benefits	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	\$1 or \$3 co-pay for VBID Rx, up to \$50 in Wellness Rewards	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	\$1 or \$3 co-pay for VBID Rx, up to \$50 in Wellness Rewards	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	\$1 or \$3 co-pay for VBID Rx, up to \$50 in Wellness Rewards	N/A	N/A	N/A	Up to \$300 in health & wellness rewards	\$1 co-pay for VBID Rx				

Footnotes

- Abbreviations -- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.
- Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.
- ER co-pay is waived if admitted.
- 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.
- Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <http://info.healthconnect.vermont.gov/healthplans> or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP). <http://info.healthconnect.vermont.gov/glossary>.
- With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$7,150 to prevent one individual from paying the full family maximum out-of-pocket. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
- BCBSVT Standard Silver73 and Silver 77 plans have a \$150 Rx Deductible on brand drugs per person, while MVP Standard Silver73 plans have an Rx Deductible of \$150 on brand drugs for a single plan or \$300 for all other tiers. BCBSVT Standard Silver87 plans have a \$100 Rx Deductible on brand drugs per person, while MVP Standard Silver87 plans have an Rx Deductible of \$100 on brand drugs for a single plan or \$200 for all other tiers.
- With High Deductible Health Plans (HDHP), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.

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

VT Rate Tier	Definition
Tier I - Single	One person - the subscriber (may be an adult or a child)
Tier II - Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont
Tier III - Single Head of Household (HoH) with One or More Child(ren)	One adult subscriber and one or more dependent child(ren), up to the age of 26
Tier IV - Family	Couple* with one or more dependent child(ren), up to the age of 26

NOTES:

- Children age 26 and over may be covered if deemed incapacitated dependents.
- Dependent children include: biological children, adopted children, step-children, and children for whom subscriber is legal guardian.
- Individual market spouse and/or dependents may enroll in their own unique health plans (e.g., dad enrolls in BCBSVT Gold and mom enrolls in MVP Bronze).

VT Household Income Thresholds for Advanced Premium Tax Credits (APTC), Vermont Premium Assistance (VPA) and Cost-Sharing Reductions (CSR)

Eligibility for 2017 Benefits Determined in Relation to 2016 Federal Poverty Level (FPL)

Household Size*	100% (for reference)	150%	200%	250%	300%	400%
1	\$11,880	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$16,020	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$20,160	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$24,300	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
5	\$28,440	\$42,660	\$56,880	\$71,100	\$85,320	\$113,760
6	\$32,580	\$48,870	\$65,160	\$81,450	\$97,740	\$130,320
7	\$36,720	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560
For each additional person, add	\$4,160	\$6,240	\$8,320	\$10,400	\$12,480	\$16,640

* Household size = Tax filer + spouse (even if they live apart) + tax filer's tax dependents. Married couples must file taxes jointly to be eligible for APTC and CSR.

Important

Once confirmed, plan 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.

Updated 11/2/16