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

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

Facebook: Vermont Health Connect

For an exact list of medications in each category, please refer to the carriers' drug lists at http://info.healthconnect.vermont.gov/healthplans#Rx.

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

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

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2017

SILVER 73 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.
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.

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.

Health benefit plans offered by:

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

MVP HEALTH CARE

2017 SILVER 73 PLANS

On average, these plans cover 73% 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	VT Plus
		Silver 73%	Silver HDHP/CDHP[3] 73%		Silver 73%	Silver 73%
		BCBSVT & MVP	BCBSVT	MVP	BCBSVT	MVP
		Individual/Family	**Individual/Family** Can be paired with a Health Savings Account	**Individual/Family** Can be paired with a Health Savings Account	**Individual/Family**	**Individual/Family**
DEDUCTIBLE & MAXIMUM OUT-OF-POCKET						
Cost-Sharing Reductions Available for Individuals Who Qualify		Yes	Yes	Yes	Yes	Yes
Deductible	Integrated Deductible	No	Yes - $1,550/$3,100	Yes - $1,600/$3,200	Yes - $2,100/$4,200	No
	Medical Deductible	$2,150/$4,300	See integrated (above)	See integrated (above)	See integrated (above)	$900/$1,800
	Medical Deductible Waived for	Preventive, Office Visits, Urgent Care, Ambulance	Preventive	Preventive	Preventive, 3 Primary Care or Mental Health Office Visits	Preventive, Primary Care or Mental Health Office Visits
	Prescription (Rx) Deductible	$150[1]	N/A	N/A	N/A	$300/$600
	Rx Deductible Waived for	Generic drugs	Wellness drugs	Wellness drugs	Not waived	VBID
Max. Out-of-Pocket (MOOP)	Integrated Maximum Out-of-Pocket	Yes - $4,900/$9,800	Yes - $4,100/$8,200	Yes - $4,700/$9,400	Yes - $5,700/$11,400	No
	Medical Maximum Out-of-Pocket	$4,900/$9,800	See integrated (above)	See integrated (above)	See integrated (above)	$4,500/$9,000
	Rx Maximum Out-of-Pocket	$1,200/$2,400	$1,300/$2,600	$1,300/$2,600	$1,250/$2,500	$1,200/$2,400
Family Deductible/Maximum Out-of-Pocket (Stacked/Aggregate/Embedded)		Stacked Deductible/ Stacked MOOP	Aggregate Deductible/ Embedded MOOP	Aggregate Deductible/ Stacked MOOP	Aggregate Deductible/ Embedded MOOP	Stacked Deductible/ Stacked MOOP
SERVICE CATEGORY		**Co-pay ($)/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	$25	Deductible, then 10%	Deductible, then 10%	3 free (up to 9 per family), then deductible, then $30[2]	$20
	Specialist Office Visit	$65	Deductible, then 25%	Deductible, then 25%	Deductible, then $50	Deductible, then $60
Urgent Care (UC)		$60	Deductible, then 25%	Deductible, then 25%	Deductible, then $50	Deductible, then $60
Ambulance (Amb)		$100	Deductible, then 25%	Deductible, then 25%	Deductible, then $50	Deductible, then $100
Emergency Room (ER)		Deductible, then $250	Deductible, then 25%	Deductible, then 25%	Deductible, then $400	Deductible, then $250
Hospital Services		Deductible, then 40%	Deductible, then 25%	Deductible, then 25%	Deductible, then $1,500	Varies by service
PRESCRIPTION DRUG COVERAGE (30-day supply)		**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**
Rx Generic		$12	Deductible, then $10	Deductible, then $10	Deductible, then $5	Rx Deductible, then $15
Rx Preferred Brand		Rx Deductible, then $60	Deductible, then $40	Deductible, then $40	Deductible, then 40%	Rx Deductible, then 50%
Rx Non-Preferred Brand		Rx Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%	Rx Deductible, then 50%
ADDITIONAL BENEFITS						
Pediatric Dental & Vision		Yes	Yes, after deductible	Yes, after deductible	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	$520.92	$515.81	N/A	$507.01	N/A
	MVP	$521.73	N/A	$491.74	N/A	$470.40
COUPLE	BCBSVT	$1,041.84	$1,031.62	N/A	$1,014.02	N/A
	MVP	$1,043.46	N/A	$983.48	N/A	$940.80
PARENT AND CHILD(REN)	BCBSVT	$1,005.38	$995.51	N/A	$978.53	N/A
	MVP	$1,006.94	N/A	$949.06	N/A	$907.87
FAMILY	BCBSVT	$1,463.79	$1,449.43	N/A	$1,424.70	N/A
	MVP	$1,466.06	N/A	$1,381.79	N/A	$1,321.82

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 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 $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 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 $97,200 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 Silver has a $150 Rx Deductible per person, while the Rx Deductible for MVP Standard Silver is $150 for a single plan or $300 for all other tiers.

[2] Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies, then $30 co-pay.

[3] 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.