

Vermont Health Connect 2017 Catastrophic Plan Designs & Monthly Premiums



		BCBSVT	MVP
		Blue Rewards Catastrophic	Secure VT
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	\$7,150 / \$14,300	\$7,150 / \$14,300
	Medical Ded.	See Integrated (above)	See Integrated (above)
	Waived ¹ for: (see services below)	Prev, 3/6/9 PCP/MH OV	Prev, 3 PCP/MH OV per person
	Prescription (Rx) Ded.	See Integrated (above)	See Integrated (above)
Max. Out-of-Pocket (MOOP)	Waived for:	Not Waived	Not Waived
	Integrated?	\$7,150 / \$14,300	\$7,150 / \$14,300
	Medical	'See Integrated (above)	'See Integrated (above)
	Rx	\$1,300 / \$2,600	\$1,300 / \$2,600
Family Deductible/MOOP		Aggregate ⁵	Stacked ⁵
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0
Office Visit (OV)	Primary Care Physician or Mental Health (PCP/MH)	3 visits per person (up to 9 per family) with no cost-share; then deductible applies	3 visits per person with no cost-share; then deductible applies
	Specialist ²	Deductible, then \$0	Deductible, then \$0
Urgent Care (UC)		Deductible, then \$0	Deductible, then \$0
Ambulance (Amb)		Deductible, then \$0	Deductible, then \$0
Emergency Room (ER) ³		Deductible, then \$0	Deductible, then \$0
Hospital Services ⁴	Inpatient	Deductible, then \$0	Deductible, then \$0
	Outpatient	Deductible, then \$0	Deductible, then \$0
Rx Drug Coverage		30-day supply	30-day supply
VBID		N/A	N/A
Rx Generic		Deductible, then \$0	Deductible, then \$0
Rx Preferred Brand		Deductible, then \$0	Deductible, then \$0
Rx Non-Preferred Brand		Deductible, then \$0	Deductible, then \$0
Premiums by Tier ⁵		BCBSVT	MVP
Single	BCBSVT	\$239.80	
	MVP		\$275.52
Couple	BCBSVT	\$458.82	
	MVP		\$528.16
Parent and Child(ren)	BCBSVT	\$442.76	
	MVP		\$509.67
Family	BCBSVT	\$673.84	
	MVP		\$774.21

Important

Catastrophic plans have the potential for significant out-of-pocket costs in addition to the premium. Catastrophic plans can only be purchased by people who are buying plans on their own (not through an employer) and either 1) will be under 30 years old when their plan year begins, OR 2) meet unaffordability or hardship criteria. The latter group must start by applying online at VermontHealthConnect.gov, calling toll-free 1-855-899-9600, or filling out the "Application for Health Coverage and Help Paying Costs."

Are you eligible for financial help?

Most Vermonters who use Vermont Health Connect qualify for financial help in the form of either free or low-cost public plans or premium tax credits to reduce the cost of metal level plans. **Please note that tax credits may not be used to purchase catastrophic plans.**

Changing Plans

Once confirmed, plans selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a wedding, birth, or 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.

Footnotes

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan, see shading above). Prenatal/Postnatal waived under MVP plan only.

2 Specialist also includes PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

3 N/A

4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET).

5 See definitions of rate tiers, stacked, aggregate, and other terms at <http://info.healthconnect.vermont.gov/glossary>.

VT Rate Tier Definitions - Medical Coverage Only

VT Rate Tier Level	VT Tier Title	Definition – Individual
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 Children	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 children, up to the age of 26.

* As defined in Tier II

NOTES:

- Children age 26 and older 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 QHPs (e.g., dad enrolls in BCBS VT Gold and mom enrolls in MVP Bronze)

Updated 2/16/17