



**VERMONT
HEALTH
CONNECT**

Find the plan that's right for you.

Cost-Sharing Reduction (CSR) Tier I (94% AV) Silver Plans

For household income <150% Federal Poverty Level (FPL)
(1 person household <\$17,235; 4 person <\$35,325)*

SILVER PLANS

Standard Plans		Non-Standard Plans	
Silver BCBSVT & MVP	Standard Silver High Deductible BCBSVT & MVP	Blue Rewards BCBSVT	VT Vitality Plus MVP

DEDUCTIBLE/OUT-OF-POCKET MAX.	Not eligible to pair with Health Savings Accounts (HSA)			
Medical Deductible (Individual/Family)	\$100/\$200	\$450/\$900	\$0	\$100/\$200
Prescription (Rx) Deductible (Individual/Family)	\$0	N/A	N/A	\$0
Integrated Deductible (Individual/Family)	No	Yes	Yes	No
Medical Out-Of-Pocket Max. (Individual/Family)	\$500/\$1,000	\$450/\$900	\$1,000/\$2,000	\$500/\$1,000
Rx Out-Of-Pocket Max. (Individual/Family)	\$200/\$400	N/A	N/A	\$200/\$400
Integrated Out-Of-Pocket Max. (Individual/Family)	No	Yes	Yes	No
Family Deductible/Out-Of-Pocket Max.	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Stacked, 2x Individual
Medical Deductible Waived for	Prev, OV, UC, Amb	Preventive	\$0 Deductible (see above)	Prev, OV, UC, Amb
Rx Deductible Waived for	N/A	Wellness scripts	N/A	N/A

SERVICE CATEGORY	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance
Hospital Services	10%	0%	\$0	10%
Emergency Room	\$75	0%	\$250	\$75
Preventive	\$0	\$0	\$0	\$0
Office Visit w/ Primary Care Physician/Mental Health	\$5	0%	\$15*	\$5
Specialist Office Visit	\$15	0%	\$35	\$15
Urgent Care	\$35	0%	\$35	\$35
Ambulance	\$50	0%	\$35	\$50

PRESCRIPTION DRUG COVERAGE	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance
VBID	N/A	N/A	N/A	\$3
Rx Generic	\$5	\$0	\$5	\$4
Rx Preferred Brand	\$20	\$0	40%	\$20
Rx Non-Preferred Brand	30%	0%	60%	30%

*Find income thresholds for all household sizes at <http://info.healthconnect.vermont.gov/Thresholds>