



Find the plan that's right for you.

Cost-Sharing Reduction (CSR) Tier II (87% AV) Silver Plans

For household income of 150-200% Federal Poverty Level (FPL)
(1 person household \$17,235-\$22,980; 4 person \$35,325-\$47,100)*

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.	<u>Not eligible</u> to pair with Health Savings Accounts (HSA)			
Medical Deductible (Individual/Family)	\$750/\$1,500	\$1,000/\$2,000	\$200/\$400	\$750/\$1,500
Prescription (Rx) Deductible (Individual/Family)	\$100/\$200	N/A	N/A	\$100/\$200
Integrated Deductible (Individual/Family)	No	Yes	Yes	No
Medical Out-Of-Pocket Max. (Individual/Family)	\$1,250/\$2,500	\$1,000/\$2,000	\$2,250/\$4,500	\$1,250/\$2,500
Rx Out-Of-Pocket Max. (Individual/Family)	\$400/\$800	N/A	\$1,250/\$2,500	\$400/\$800
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	Prev. 3 PCP/MH OV	Prev. OV, UC, Amb
Rx Deductible Waived for	Generic scripts	Wellness scripts	N/A	VBID, Generic scripts
SERVICE CATEGORY	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance
Hospital Services	40%	0%	\$1,750	40%
Emergency Room	\$250	0%	\$250	\$250
Preventive	\$0	\$0	\$0	\$0
Office Visit w/ Primary Care Physician/Mental Health	\$10	0%	\$30*	\$10
Specialist Office Visit	\$30	0%	\$50	\$30
Urgent Care	\$50	0%	\$50	\$50
Ambulance	\$100	0%	\$50	\$100
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	\$10	\$0	\$5	\$8
Rx Preferred Brand	\$50	\$0	40%	\$50
Rx Non-Preferred Brand	50%	0%	60%	50%

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