



**VERMONT
HEALTH
CONNECT**

Find the plan that's right for you.

Cost-Sharing Reduction (CSR) Tier III (77% AV) Silver Plans

For household income of 200-250% Federal Poverty Level (FPL)
(1 person household \$22,980-\$28,725; 4 person \$47,100-\$58,875)*

Standard Plans

Non-Standard Plans

SILVER PLANS

	Silver BCBSVT & MVP	Standard Silver High Deductible BCBSVT & MVP	Blue Rewards BCBSVT	VT Vitality Plus MVP
DEDUCTIBLE/OUT-OF-POCKET MAX.		Can pair with HSA		
Medical Deductible (Individual/Family)	\$1,500/\$3,000	\$1,250/\$2,500	\$1,000/\$2,000	\$1,500/\$3,000
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)	\$3,000/\$6,000	\$2,500/\$5,000	\$5,200/\$10,400	\$3,000/\$6,000
Rx Out-Of-Pocket Max. (Individual/Family)	\$1,000/\$2,000	\$1,250/\$2,500	\$1,250/\$2,500	\$1,200/\$2,400
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	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%	20%	\$1,750	50%
Emergency Room	\$250	20%	\$250	\$400
Preventive	\$0	\$0	\$0	\$0
Office Visit w/ Primary Care Physician/Mental Health	\$20	10%	\$30*	\$10
Specialist Office Visit	\$40	20%	\$50	\$40
Urgent Care	\$60	20%	\$50	\$60
Ambulance	\$100	20%	\$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	\$12	\$5	\$5	\$10
Rx Preferred Brand	\$50	\$30	40%	\$60
Rx Non-Preferred Brand	50%	50%	60%	50%

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