

**State of Vermont
Standardized Plan Designs
Cost Sharing Reduction Plan Designs**

<http://info.healthconnect.vermont.gov/glossary>

Note: Your income as a % of Federal Poverty Level (FPL) takes into account your income and your household size. Please refer to FPL chart in our glossary for general guidance or calculate your own % FPL at:

<http://www.nccp.org/tools/converter/>

Cost Sharing Reduction Plan Designs - available ONLY for Silver plans										
Income Range	Deductible Plans					High-Deductible Health Plans - (HDHPs)				
	>300% FPL (70% Actuarial Value)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)	>300% FPL (70% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	May be paired with a health savings account	May be paired with a health savings account	May be paired with a health savings account	Not qualified for a health savings account	Not qualified for a health savings account
Medical Deductible	\$1900/\$3800	\$1900/\$3800	\$1500/\$3000	\$750/\$1500	\$100/\$200	\$1550/\$3100	\$1400/\$2800	\$1250/\$2500	\$1000/\$2000	\$450/\$900
Rx Deductible	\$100/\$200	\$100/\$200	\$100/\$200	\$100/\$200	\$0	\$1250/\$2500	\$1250/\$2500	N/A	N/A	N/A
Integrated Deductible	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes
Medical Out of Pocket Maximum (OOPM)	\$5100/\$10,200	\$4000/\$8000	\$3000/\$6000	\$1250/\$2500	\$500/\$1000	\$5750/\$11,500	\$3400/\$6800	\$1250/\$2500	\$1000/\$2000	\$450/\$900
Rx OOPM	\$1250/\$2500	\$1250/\$2500	\$1000/\$2000	\$400/\$800	\$200/\$400	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	N/A	N/A
Integrated OOPM	No	No	No	No	No	Rx -No, Medical - Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for: ¹	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)
Hospital Services ²	40%	40%	40%	40%	10%	20%	20%	20%	0%	0%
Emergency Room ³	\$250	\$250	\$250	\$250	\$75	20%	20%	20%	0%	0%
Preventive	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Office Visit w/PCP or Mental Health	\$20	\$20	\$20	\$10	\$5	10%	10%	10%	0%	0%
Specialist Office Visit ⁴	\$40	\$40	\$40	\$30	\$15	20%	20%	20%	0%	0%
Urgent Care	\$60	\$60	\$60	\$50	\$35	20%	20%	20%	0%	0%
Ambulance	\$100	\$100	\$100	\$100	\$50	20%	20%	20%	0%	0%
Rx Drug Coverage										
Rx Generic	\$12	\$12	\$12	\$10	\$5	\$10	\$10	\$5	\$0	\$0
Rx Preferred Brand	\$50	\$50	\$50	\$50	\$20	\$40	\$40	\$30	\$0	\$0
Rx Non-Preferred Brand	50%	50%	50%	50%	30%	50%	50%	50%	0%	0%

Glossary:

AV: Actuarial Value, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance

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¹ Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (medical deductible waived as indicated by plan)

² Hospital Services: Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET). This cost sharing will also include physician and anesthesia costs, as appropriate.

³ ER copay is waived if admitted.

⁴ Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

Income Range	BCBS Non-Standard Plans-- Blue Rewards					MVP Non-Standard Plans				
	>300% FPL (70% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)	>300% FPL (70% AV)	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Deductible	\$2000/\$4000	\$1550/\$3100	\$1000/\$2000	\$200/\$400	\$0	\$1700/\$3400	\$1700/\$3400	\$1500/\$3000	\$750/\$1500	\$100/\$200
Rx Deductible	N/A	N/A	N/A	N/A	N/A	\$200/\$400	\$200/\$400	\$100/\$200	\$100/\$200	\$0
Integrated Deductible	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Medical Out of Pocket Maximum (OOPM)	\$6250/\$12500	\$5200/\$10400	\$5200/\$10400	\$2250/\$4500	\$1000/\$2000	\$5100/\$10200	\$4000/\$8000	\$3000/\$6000	\$1250/\$2500	\$500/\$1000
Rx OOPM	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	N/A	\$1250/\$2500	\$1200/\$2400	\$1200/\$2400	\$400/\$800	\$200/\$400
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for: ¹	Preventive, 3 PCP/MH OV	N/A	Preventive, OVs, Urgent Care, Amb							
Drug Deductible waived for:	N/A	N/A	N/A	N/A	N/A	VBID, Generic Drugs	VBID, Generic Drugs	VBID, Generic Drugs	VBID, Generic Drugs	N/A
Service Category	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) / Copay (\$)			
Hospital Services ²	\$1,750	\$1,750	\$1,750	\$1,750	\$0	50%	50%	50%	40%	10%
Emergency Room ³	\$250	\$250	\$250	\$250	\$250	\$400	\$400	\$400	\$250	\$75
Preventive	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Office Visit w/PCP or Mental Health	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	\$15	\$10	\$10	\$10	\$10	\$5
Specialist Office Visit ⁴	\$50	\$50	\$50	\$50	\$35	\$40	\$40	\$40	\$30	\$15
Urgent Care	\$50	\$50	\$50	\$50	\$35	\$60	\$60	\$60	\$50	\$35
Ambulance	\$50	\$50	\$50	\$50	\$35	\$100	\$100	\$100	\$100	\$50
Rx Drug Coverage										
Rx Generic	\$5	\$5	\$5	\$5	\$5	\$10	\$10	\$10	\$8	\$4
Rx Preferred Brand	40%	40%	40%	40%	40%	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	60%	60%	60%	60%	60%	50%	50%	50%	50%	30%