

**Note:** Your income as a % of Federal Poverty Level (FPL) takes into account your income and your household size. Please refer to FPL chart below 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)					BCBS Non-Standard Plans-- Blue Rewards					MVP Non-Standard Plans				
	>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)	>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	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	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Deductible	\$1900/\$3800	\$1900/\$3800	\$1500/\$3000	\$750/\$1500	\$100/\$200	\$1550/\$3100	\$1400/\$2800	\$1250/\$2500	\$1000/\$2000	\$450/\$900	\$2000/\$4000	\$1550/\$3100	\$1000/\$2000	\$200/\$400	\$0	\$1700/\$3400	\$1700/\$3400	\$1500/\$3000	\$750/\$1500	\$100/\$200
Rx Deductible	\$100/\$200	\$100/\$200	\$100/\$200	\$100/\$200	\$0	\$1250/\$2500	\$1250/\$2500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$200/\$400	\$200/\$400	\$100/\$200	\$100/\$200	\$100/\$200	\$0
Integrated Deductible	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
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	\$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	\$1000/\$2000	\$400/\$800	\$200/\$400	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	N/A	N/A	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	N/A	\$1250/\$2500	\$1200/\$2400	\$1200/\$2400	\$400/\$800	\$200/\$400
Integrated OOPM	No	No	No	No	No	Rx -No, Medical - Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
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	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	Stacked, 2x Individual
Medical Deductible waived for: <sup>1</sup>	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	Preventive, 3 PCP/MH OV	Preventive, 3 PCP/MH OV	Preventive, 3 PCP/MH OV	Preventive, 3 PCP/MH OV	N/A	Preventive, OVs, Urgent Care, Amb	Preventive, OVs, Urgent Care, Amb	Preventive, OVs, Urgent Care, Amb	Preventive, OVs, Urgent Care, Amb	Preventive, OVs, Urgent Care, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	N/A	N/A	N/A	N/A	N/A	VBID, Generic Drugs	VBID, Generic Drugs	VBID, Generic Drugs	VBID, Generic Drugs	N/A
<b>Service Category</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>	<b>Coinsurance (%) / Copay (\$)</b>
Hospital Services <sup>2</sup>	40%	40%	40%	40%	10%	20%	20%	20%	0%	0%	\$1,750	\$1,750	\$1,750	\$1,750	\$0	50%	50%	50%	40%	10%
Emergency Room <sup>3</sup>	\$250	\$250	\$250	\$250	\$75	20%	20%	20%	0%	0%	\$250	\$250	\$250	\$250	\$250	\$400	\$400	\$400	\$250	\$75
Preventive	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	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%	Combined 3 visits PCP/MH with no cost	Combined 3 visits PCP/MH with no cost	Combined 3 visits PCP/MH with no cost	Combined 3 visits PCP/MH with no cost	\$15	\$10	\$10	\$10	\$10	\$5
Specialist Office Visit <sup>4</sup>	\$40	\$40	\$40	\$30	\$15	20%	20%	20%	0%	0%	\$50	\$50	\$50	\$50	\$35	\$40	\$40	\$40	\$30	\$15
Urgent Care	\$60	\$60	\$60	\$50	\$35	20%	20%	20%	0%	0%	\$50	\$50	\$50	\$50	\$35	\$60	\$60	\$60	\$50	\$35
Ambulance	\$100	\$100	\$100	\$100	\$50	20%	20%	20%	0%	0%	\$50	\$50	\$50	\$50	\$35	\$100	\$100	\$100	\$100	\$50
<b>Rx Drug Coverage</b>																				
Rx Generic	\$12	\$12	\$12	\$10	\$5	\$10	\$10	\$5	\$0	\$0	\$5	\$5	\$5	\$5	\$5	\$10	\$10	\$10	\$8	\$4
Rx Preferred Brand	\$50	\$50	\$50	\$50	\$20	\$40	\$40	\$30	\$0	\$0	40%	40%	40%	40%	40%	\$60	\$60	\$60	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%	50%	50%	50%	0%	0%	60%	60%	60%	60%	60%	50%	50%	50%	50%	30%

**Glossary:**  
AV: Actuarial Value, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance  
<http://info.healthconnect.vermont.gov/glossary>  
<sup>1</sup> Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (medical deductible waived as indicated by plan)  
<sup>2</sup> 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.  
<sup>3</sup> ER copay is waived if admitted.  
<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

updated 10/3/13

Income as a %FPL							
Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$28,725	\$34,470	\$45,960
2	15,510	20,628	\$23,265	\$31,020	\$38,775	46,530	62,040
3	19,530	25,975	\$29,295	\$39,060	\$48,825	58,590	78,120
4	23,550	31,322	\$35,325	\$47,100	\$58,875	70,650	94,200
5	27,570	36,668	\$41,355	\$55,140	\$68,925	82,710	110,280
6	31,590	42,015	\$47,385	\$63,180	\$78,975	94,770	126,360
7	35,610	47,361	\$53,415	\$71,220	\$89,025	106,830	142,440
8	39,630	52,708	\$59,445	\$79,260	\$99,075	118,890	158,520
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040	\$10,050	\$12,060	\$16,080