

Vermont Health Connect Embedded Pediatric Dental, Stand Alone Dental, and Catastrophic Plans

Pediatric Dental Benefits Embedded in Health Plans		
	BCBS	MVP
Embedded with the Medical Plan, Integrated Ded & OOPM	Yes, though ded does not apply to all Class 1	Yes
Class 1 Preventive and Diagnostic	0% after ded (no ded for some Class 1) ¹	0% after ded
Class 2 Basic	30% after ded	30% after ded
Class 3 Major	50% after ded	50% after ded
Medically Necessary Ortho	50% after ded	50% after ded
Plan Maximum	N/A	N/A

For a glossary of health insurance terms visit:

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

Note: Most Vermonters who use Vermont Health Connect will get financial help to reduce their costs, either from their employer or a tax credit (but not for catastrophic plans).

Delta Dental				
Stand Alone Dental				
Dental Benefits	High Option - Pediatric	High Option - Adults	Low Option - Pediatric	Low Option - Adults
Embedded with the Medical Plan	No	No	No	No
Deductible	\$50	\$50	\$625	\$50
OOPM	\$1,000	N/A	\$1,000	N/A
Class 1 Preventive and Diagnostic	0%	0%	0%	0%
Class 2 Basic	30% after ded	30% after ded	30% after ded	30% after ded
Class 3 Major	50% after ded	50% after ded	50% after ded	50% after ded
Medically Necessary Ortho	50%	N/A	50%	N/A
Plan Maximum	N/A	\$1,500	N/A	\$1,500
Premiums by Tier*	High Option - Pediatric	High Option - Adults	Low Option - Pediatric	Low Option - Adults
Single	N/A	\$46.93	N/A	\$46.93
Two Person	N/A	\$89.62	N/A	\$89.62
Parent and Child(ren)	N/A	\$122.12	N/A	\$110.74
Family	N/A	\$165.34	N/A	\$160.34
Stand Alone Pediatric Dental (per child)	\$38.64	N/A	\$32.79	N/A

Catastrophic ²		
	BCBS EPO 6350	MVP HMO 6350
Deductible/OOP Max		
Type of Plan	Deductible	Deductible
Medical Only Deductible (Individual/Family)	N/A	N/A
Rx Only Deductible (Individual/Family)	N/A	N/A
Integrated Ded	\$6,350	\$6,350
Medical Only Out-of-Pocket Maximum (OOP Max) (Individual/Family)	N/A	N/A
Rx Only OOP Max (Individual/Family)	\$1,250	\$1,250
Integrated OOP Max	\$6,350	\$6,350
Family Deductible / OOP Max	Aggregate, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for: ³	Preventive, 3 PCP/MH/SA OV	Preventive
Drug Deductible waived for:	N/A	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient	0%	0%
Outpatient	0%	0%
ER	0%	0%
Radiology (MRI, CT, PET)	0%	0%
Preventive	0%	0%
PCP Office Visit	Combined 3 visits PCP/MH/SA at no cost share; then ded applies	3 PCP visits at no cost share; then ded applies
MH/SA Office Visit		
Specialist Office Visit	0%	0%
Urgent Care	0%	0%
Ambulance	0%	0%
Rx VPID	N/A	0%
Rx Generic	0%	0%
Rx Preferred Brand	0%	0%
Rx Non-Preferred Brand	0%	0%
Premiums by Tier*		
Single	\$213.68	\$195.61
Couple	\$427.36	\$391.22
Parent and Child(ren)	\$412.40	\$377.53
Family	\$600.44	\$549.66

Abbreviations-- Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VPID: Value-Based Insurance Directive

Glossary-- Find definitions for Integrated Deductible/Out of Pocket Maximum (OOPM), Stacked Deductible/OOPM, Aggregate Deductible/OOPM, and other terms at <http://info.healthconnect.vermont.gov/glossary>

* See reverse side for Rate Tier Definitions

1 See Summaries of Benefits and Coverage at <http://info.healthconnect.vermont.gov/healthplans> for details on Class 1 services without deductibles

2 Available to individuals who are either under 30 years old or have limited incomes

3 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency

Updated 10/8/13

VT Rate Tier Definitions

Dental Coverage Only

VT Rate Tier Level	VT Tier Title	Proposed Definition – Individual and Small Business
Tier I	Single	One person – the subscriber (must be an adult)
Tier II	Two Person	Two adults (may include an adult child between the ages of 21- 26)
Tier III	Single Head of Household (HoH) with One or More Children	One adult subscriber and one or more dependent child(ren), under the age of 21
Tier IV	Family	Two or more adults age 21+ with child(ren) under age 21 or 3 or more adults age 21+
Tier V	Stand Alone Pediatric Dental (SA-PD)	One person – the subscriber (must be a child under the age of 21)

NOTES:

- Children eligible for SA-PD through the last day of the benefit year they turn 21
- Children over the age of 26 may be covered if deemed incapacitated dependents
- Dependent children include : biological children, adopted children, step-children, and children for whom subscriber is legal guardian

VT Rate Tier Definitions

Medical Coverage Only

VT Rate Tier Level	VT Tier Title	Proposed Definition – Individual
Tier I	Single	One person – the subscriber (may be an adult or a child)
Tier II	Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont
Tier III	Single Head of Household (HoH) with One or More Children	One adult subscriber and one or more dependent child(ren), up to the age of 26
Tier IV	Family	Couple* with one or more dependent children, up to the age of 26

* As defined in Tier II

NOTES:

- Children over the age of 26 may be covered if deemed incapacitated dependents
- Dependent children include : biological children, adopted children, step-children, and children for whom subscriber is legal guardian
- Individual market spouse and/or dependents may enroll in their own unique QHPs (e.g., dad elects BCBS Gold and mom enrolls in MVP Bronze)