



# Medical Plan Selection Form

(To be submitted with Application Form 205INFA)

### Want help with costs?

**STOP!** This is the wrong application for you. This application is only for Vermonters who do not get coverage through their jobs and do not want to find out if they qualify for financial help. An individual earning up to \$46,000 or a family of four earning up to \$94,200 may qualify for financial help. To see if you qualify for help, visit [VermontHealthConnect.gov](http://VermontHealthConnect.gov) or call 1-855-899-9600.

**Note:** Please consult Vermont Health Connect's plan comparison brochures, the insurance companies' Summaries of Benefits and Coverage (SBC), and [VermontHealthConnect.gov](http://VermontHealthConnect.gov) to be sure you are clear on the plan details before making your selection. For a free copy of an SBC for one or more of the Qualified Health Plans (QHPs), please call BlueCross BlueShield of Vermont (1-800-247-2583) or MVP (1-800-348-8515).

### CONTACT PERSON

Please print the name of the adult from Step 1 of your "Application for Health Coverage."

FIRST AND LAST NAME (PLEASE PRINT): \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

Marital status: M-Married, NM-Never Married, W-Widowed, LS-Legally Separated, SEP-Separated, D-Divorced, DP-Domestic Partner, CU-Civil Union

**Step 1:** Please choose your tier by checking the circle to the left.

VT Rate Tier	VT Tier Title	Definition – Individual Medical
<input type="radio"/> Tier I	Single	One person – the subscriber (may be an adult or a child)
<input type="radio"/> Tier II	Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont
<input type="radio"/> 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
<input type="radio"/> Tier IV	Family	Couple* with one or more dependent children, up to the age of 26

\* As defined in Tier II

### NOTES FROM VERMONT DEPARTMENT OF FINANCIAL REGULATION (DFR):

- 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 BCBSVT Gold and mom enrolls in MVP Bronze) but, if using paper application, must fill out separate applications.

**Step 2:** Please choose one plan by checking the circle to the left. If choosing multiple plans, use another set(s) of forms.

Medical Plan		Tier	Premium
<input type="radio"/>	BCBSVT Platinum Standard	Single	\$ 582.79
		Couple	\$ 1,165.58
		HoH	\$ 1,124.78
		Family	\$ 1,637.64
<input type="radio"/>	BCBSVT Gold Standard	Single	\$ 497.06
		Couple	\$ 994.12
		HoH	\$ 959.33
		Family	\$ 1,396.74
<input type="radio"/>	BCBSVT Silver Standard	Single	\$ 425.19
		Couple	\$ 850.38
		HoH	\$ 820.62
		Family	\$ 1,194.78
<input type="radio"/>	BCBSVT Bronze Standard *	Single	\$ 359.47
		Couple	\$ 718.94
		HoH	\$ 693.78
		Family	\$ 1,010.11
<input type="radio"/>	BCBSVT Silver HDHP <i>Can pair with Health Savings Account (HSA)</i>	Single	\$ 412.83
		Couple	\$ 825.66
		HoH	\$ 796.76
		Family	\$ 1,160.05
<input type="radio"/>	BCBSVT Bronze HDHP * <i>Can pair with HSA</i>	Single	\$ 362.34
		Couple	\$ 724.68
		HoH	\$ 699.32
		Family	\$ 1,018.18
<input type="radio"/>	BCBSVT Gold Blue Rewards Non-Standard	Single	\$ 460.37
		Couple	\$ 920.74
		HoH	\$ 888.51
		Family	\$ 1,293.64
<input type="radio"/>	BCBSVT Silver Blue Rewards Non-Standard	Single	\$ 395.26
		Couple	\$ 790.52
		HoH	\$ 762.85
		Family	\$ 1,110.68
<input type="radio"/>	BCBSVT Bronze Blue Rewards CDHP Non-Standard * <i>Can pair with HSA</i>	Single	\$ 341.15
		Couple	\$ 682.30
		HoH	\$ 658.42
		Family	\$ 958.63
<input type="radio"/>	BCBSVT Catastrophic EPO 6350 *	Single	\$ 213.68
		Couple	\$ 427.36
		HoH	\$ 412.40
		Family	\$ 600.44
<input type="radio"/>	I decline medical coverage.		

  

Medical Plan		Tier	Premium
<input type="radio"/>	MVP Platinum Standard	Single	\$ 594.30
		Couple	\$ 1,188.60
		HoH	\$ 1,147.00
		Family	\$ 1,669.98
<input type="radio"/>	MVP Gold Standard	Single	\$ 513.83
		Couple	\$ 1,027.66
		HoH	\$ 991.69
		Family	\$ 1,443.86
<input type="radio"/>	MVP Silver Standard	Single	\$ 427.51
		Couple	\$ 855.02
		HoH	\$ 825.09
		Family	\$ 1,201.30
<input type="radio"/>	MVP Bronze Standard *	Single	\$ 336.13
		Couple	\$ 672.26
		HoH	\$ 648.73
		Family	\$ 944.53
<input type="radio"/>	MVP Silver HDHP <i>Can pair with HSA</i>	Single	\$ 428.58
		Couple	\$ 857.16
		HoH	\$ 827.16
		Family	\$ 1,204.31
<input type="radio"/>	MVP Bronze HDHP * <i>Can pair with HSA</i>	Single	\$ 366.22
		Couple	\$ 732.44
		HoH	\$ 706.80
		Family	\$ 1,029.08
<input type="radio"/>	MVP Gold VT Vitality Plus Non-Standard	Single	\$ 521.59
		Couple	\$ 1,043.18
		HoH	\$ 1,006.67
		Family	\$ 1,465.67
<input type="radio"/>	MVP Silver VT Vitality Plus Non-Standard	Single	\$ 419.17
		Couple	\$ 838.34
		HoH	\$ 809.00
		Family	\$ 1,177.87
<input type="radio"/>	MVP Bronze VT Vitality Plus Non-Standard *	Single	\$ 341.95
		Couple	\$ 683.90
		HoH	\$ 659.96
		Family	\$ 960.88
<input type="radio"/>	MVP Catastrophic HMO 6350 *	Single	\$ 195.61
		Couple	\$ 391.22
		HoH	\$ 377.53
		Family	\$ 549.66

**\*Please note:** Bronze and catastrophic plans have the potential for significant out-of-pocket costs in addition to the monthly premium. Catastrophic plans can only be purchased by people who either 1) will be under 30 years old when their plan year begins, OR 2) meet unaffordability or hardship criteria. People 30 years old and over cannot use this application to apply for catastrophic plans, but rather must start by determining eligibility. For details, visit [VermontHealthConnect.gov](http://VermontHealthConnect.gov) or call 1-855-899-9600.

**Step 3:** Please list the members of the family who will be insured on the medical plan.

**\*Please note:** All members on this plan should also be included in the "Application for Health Coverage."

Relationship to Contact	Name	Date of Birth (mm/dd/yyyy)
Self		
Spouse/C.U. partner		
Dependent		

**Step 4:** Please write the month in which you would like coverage to begin.

**Month:** \_\_\_\_\_ (should be at least one full month from application date, if using paper application)

**Step 5:** Please tell us how you heard about Vermont Health Connect.

- Employer
- Friends/Family
- Internet
- Mail
- News
- Other: \_\_\_\_\_

**Step 6:** Read and sign this form.

*I understand that I have not provided any financial information to Vermont Health Connect to determine eligibility for financial assistance. I understand that, by signing this document, I am enrolling in a health care plan and have not applied for financial help to pay for this plan. I have reviewed the Summary of Benefits and Coverage for my plan and understand its terms and conditions.*

Signature	Date (mm/dd/yyyy)
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Mail completed and signed form to:  
 Vermont Health Connect, 103 South Main Street, Waterbury, VT 05671-8100