

**Vermont Health Connect  
Standard & Non-Standard Plan Designs & Monthly Premiums**

**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.

Deductible/Out of Pocket Maximum	Standard Plans						Non-Standard Plans (Choice Plans)					
	Deductible Plans				High Deductible Health Plans <small>Can be paired with a Health Savings Account</small>		BCBS-- Blue Rewards			MVP-- Vitality Plus		
	Platinum BCBS - MVP	Gold BCBS - MVP	Silver BCBS - MVP	Bronze BCBS - MVP	Silver BCBS - MVP	Bronze BCBS - MVP	Gold	Silver	Bronze <small>Can be paired with a Health Savings Account</small>	Gold	Silver	Bronze
							Blue Rewards BCBS	Blue Rewards BCBS	Blue Rewards CDHP - BCBS	HMO 500 MVP	HMO 1700 MVP	HMO 3000 MVP
Medical Deductible (Individual/Family)	\$150/\$300	\$750/\$1500	\$1900/\$3800	\$3500/\$7000	\$1550/\$3100	\$2000/\$4000	\$1250/\$2500	\$2000/\$4000	\$5000/\$10000	\$500/\$1000	\$1700/\$3400	\$3000/\$6000
Rx Deductible	\$0	\$50/\$100	\$100/\$200	\$200/\$400	\$1250/\$2500	\$1250/\$2500	N/A	N/A	N/A	\$75/\$150	\$200/\$400	\$200/\$400
Integrated Deductible	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Medical Out of Pocket Maximum (Individual/Family)	\$1250/\$2500	\$4250/\$8500	\$5100/\$10,200	\$6350/\$12,700	\$5750/\$11,500	\$6250/12,500	\$4250/\$8500	\$6250/\$12500	\$6250/\$12500	\$5100/\$10200	\$5100/\$10200	\$6350/\$12700
Rx Out of Pocket Maximum (Individual/Family)	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500
Integrated Out of Pocket Maximum	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Family Deductible/Out of Pocket Maximum	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	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible <sup>1</sup> waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive	Preventive	Preventive	Preventive, 3 PCP/MH OV	Preventive, 3 PCP/MH OV	Preventive	Preventive, OVs, Urgent Care, Amb	Preventive, OVs, Urgent Care, Amb	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Wellness scripts	Wellness scripts	N/A	N/A	Wellness Drugs	VBID, Generic Drugs	VBID, Generic Drugs	N/A
<b>Service Category (Examples)</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>	10%	20%	40%	50%	20%	50%	\$500	\$1,750	50%	20%	50%	50%
Emergency Room <sup>3</sup>	\$100	\$150	\$250	50%	20%	50%	\$250	\$250	50%	20%	\$400	50%
Preventive	\$0	\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0
Office visit w/PCP or Mental Health	\$10	\$15	\$20	\$35	10%	50%	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$20 copay	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	50%	\$5	\$10	\$30
Specialist Office Visit <sup>4</sup>	\$20	\$25	\$40	\$80	20%	50%	\$30	\$50	50%	\$30	\$40	\$100
Urgent Care	\$40	\$45	\$60	\$100	20%	50%	\$30	\$50	50%	\$45	\$60	\$100
Ambulance	\$50	\$50	\$100	\$100	20%	50%	\$30	\$50	50%	\$50	\$100	\$100
<b>Rx Drug Coverage</b>												
VBID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1	\$3	\$3
Rx Generic	\$5	\$5	\$12	\$20	\$10	\$12	\$5	\$5	\$25	\$5	\$10	\$20
Rx Preferred Brand	\$40	\$40	\$50	\$80	\$40	\$40	40%	40%	40%	\$50	\$60	\$90
Rx Non-Preferred Brand	50%	50%	50%	60%	50%	60%	60%	60%	60%	50%	50%	60%
<b>BCBSVT Premiums</b>							<b>Blue Rewards</b>	<b>Blue Rewards</b>	<b>Blue Rewards CDHP</b>			
Single	\$582.79	\$497.06	\$425.19	\$359.47	\$412.83	\$362.34	\$460.37	\$395.26	\$341.15			
Couple	\$1,165.58	\$994.12	\$850.38	\$718.94	\$825.66	\$724.68	\$920.74	\$790.52	\$682.30			
Parent and Child(ren)	\$1,124.78	\$959.33	\$820.62	\$693.78	\$796.76	\$699.32	\$888.51	\$762.85	\$658.42			
Family	\$1,637.64	\$1,396.74	\$1,194.78	\$1,010.11	\$1,160.05	\$1,018.18	\$1,293.64	\$1,110.68	\$958.63			
<b>MVP Premiums</b>										<b>HMO 500</b>	<b>HMO 1700</b>	<b>HMO 3000</b>
Single	\$594.30	\$513.83	\$427.51	\$336.13	\$428.58	\$366.22				\$521.59	\$419.17	\$341.95
Couple	\$1,188.60	\$1,027.66	\$855.02	\$672.26	\$857.16	\$732.44				\$1,043.18	\$838.34	\$683.90
Parent and Child(ren)	\$1,147.00	\$991.69	\$825.09	\$648.73	\$827.16	\$706.80				\$1,006.67	\$809.00	\$659.96
Family	\$1,669.98	\$1,443.86	\$1,201.30	\$944.53	\$1,204.31	\$1,029.08				\$1,465.67	\$1,177.87	\$960.88

**Abbreviations--** Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: 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://healthconnect.vermont.gov/about\\_us/glossary](http://healthconnect.vermont.gov/about_us/glossary)

<sup>1</sup> Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan)

<sup>2</sup> Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and 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.

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