

**2015
PLATINUM &
GOLD PLANS**

ON AVERAGE, THESE PLANS COVER 80-90% OF HEALTH CARE COSTS. YOU MAY QUALIFY FOR LOWER OUT-OF-POCKET COSTS WITH AN ENHANCED SILVER PLAN. CHECK THE SUBSIDY ESTIMATOR AT WWW.VERMONTHEALTHCONNECT.GOV.

Standard Plans

Blue Rewards

Vitality Plus

IMPORTANT INFORMATION

| | | Platinum (BCBSVT & MVP) | Gold (BCBSVT & MVP) | Blue Rewards Gold (BCBSVT) | VT Vitality Plus Gold (MVP) | <p>All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by their carriers, with an emphasis on wellness. Before selecting a health plan, be sure to check the out-of-pocket costs for prescription drugs and medical services.</p> |
|---|---|---|---|---|--|--|
| DEDUCTIBLE & MAXIMUM OUT-OF-POCKET | | Individual/Family | Individual/Family | Individual/Family | Individual/Family | |
| Cost-Sharing Reductions Available for Individuals Who Qualify | | No | No | No | No | If your income qualifies and you buy a silver-level plan, you will benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan. Only available with silver plans. |
| Deductible | Integrated Deductible | No | No | Yes - \$1,250/\$2,500 | No | If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible. |
| | Medical Deductible | \$150/\$300 | \$750/\$1,500 | See integrated (above) | \$350/\$700 | The deductible for medical services (doctor appointments, hospital stays, etc.). |
| | Medical Deductible Waived for | Preventive, Office Visits, Urgent Care, Ambulance, Emergency Room | Preventive, Office Visits, Urgent Care, Ambulance, Emergency Room | Preventive, 3 Primary Care or Mental Health Office Visits | Preventive, Office Visits, Urgent Care | The health plan pays for these services even before you meet your deductible. You just pay the co-pay below. |
| | Prescription (Rx) Deductible | \$0 | \$50/\$100 ¹ | See integrated (above) | \$100/\$200 | The deductible for prescription drugs. |
| | Rx Deductible Waived for | N/A (\$0 deductible) | Generic drugs | Not waived | Generic drugs, VBID | Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VBID) covers maintenance medication for members with some chronic conditions. Items that are covered prior to the prescription deductible being met. You just pay the co-pay below. |
| Max. Out-of-Pocket (MOOP) | Integrated Maximum Out-of-Pocket | No | No | Yes - \$4,250/\$8,500 | No | If integrated, prescription (Rx) expenses contribute to the overall maximum out-of-pocket as well as the Rx maximum out-of-pocket. |
| | Medical Maximum Out-of-Pocket | \$1,250/\$2,500 | \$4,250/\$8,500 | See integrated (above) | \$5,300/\$10,600 | The most individuals or families will pay for covered services per year. |
| | Rx Maximum Out-of-Pocket | \$1,250/\$2,500 | \$1,250/\$2,500 | \$1,250/\$2,500 | \$1,300/\$2,600 | The most individuals or families will pay for prescription drugs per year. |
| Family Deductible/Maximum Out-of-Pocket: (Stacked/Aggregate) | | Stacked | Stacked | Aggregate | Stacked | With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible. |
| SERVICE CATEGORY | | Co-pay (\$)/Co-insurance (%) | Co-pay (\$)/Co-insurance (%) | Co-pay (\$)/Co-insurance (%) | Co-pay (\$)/Co-insurance (%) | <i>Categories for the different types of care provided by the plans. Co-pay=\$ you pay / Co-insurance=% you pay</i> |
| Preventive (Prev) | | \$0 | \$0 | \$0 | \$0 | Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early. For lists of preventive services, go to www.VermontHealthConnect.gov and click on 'Health Plans.' |
| Office Visit (OV) | Primary Care Physician or Mental Health | \$10 | \$15 | 3 free, then deductible, then \$20 ² | \$5 | Office visit with a primary care provider or mental health professional. |
| | Specialist Office Visit | \$20 | \$25 | Deductible, then \$30 | \$30 | Office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist), as well as physical therapy, occupational therapy, and covered alternative treatment benefits. |
| Urgent Care (UC) | | \$40 | \$45 | Deductible, then \$30 | \$45 | A type of walk-in clinic open seven days a week that primarily treats injuries or illness requiring immediate care, but not serious enough to require an ER visit. |
| Ambulance (Amb) | | \$50 | \$50 | Deductible, then \$30 | Deductible, then \$50 | Cost of an ambulance in case of emergency. |
| Emergency Room (ER) | | \$100 | \$150 | Deductible, then \$250 | Deductible, then \$200 | Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital. |
| Hospital Services | | Deductible, then 10% | 20% | Deductible, then \$500 | Varies by service | Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET). |
| PRESCRIPTION DRUG COVERAGE | | Co-pay (\$)/Co-insurance (%) | Co-pay (\$)/Co-insurance (%) | Co-pay (\$)/Co-insurance (%) | Co-pay (\$)/Co-insurance (%) | <i>Different levels of prescription drug coverage offered by the plan.</i> |
| Rx Generic | | \$5 | \$5 | Rx Deductible, then \$5 | \$5 | "Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs. |
| Rx Preferred Brand | | \$40 | Rx Deductible, then \$40 | Rx Deductible, then 40% | Rx Deductible, then \$40 | "Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to www.VermontHealthConnect.gov and click on 'Health Plans' or call BCBSVT (800-247-2583) or MVP (800-TALK-MVP). |
| Rx Non-Preferred Brand | | 50% | Rx Deductible, then 50% | Rx Deductible, then 60% | Rx Deductible, then 50% | |
| ADDITIONAL BENEFITS | | | | | | <i>This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.</i> |
| Pediatric Dental & Vision | | Yes | Yes | Yes | Yes | Included in the medical plan for children under 21. Some services are subject to the medical deductible. See plan materials for details. |
| Wellness Benefits | | N/A | N/A | Up to \$300 per adult | Up to \$50 per adult and \$1 co-pay for VBID Drugs | <p>FINANCIAL HELP: APTC & CSR</p> <p>What is the cost <i>after</i> subsidy?</p> <p>If you buy health insurance on your own (not through your employer), you may qualify for financial help. For example, a family of four with an income of up to \$95,400 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to \$71,550 may also qualify for lower out-of-pocket costs through cost-sharing reductions (CSR). This means that instead of covering 70% of health care costs on average, the enhanced silver plan will cover between 73% and 94% of costs. Please note that you can use APTC to purchase a plan in any metal level, but CSR is only available with silver plans.</p> <p>To see how your particular premiums and out-of-pocket costs might be reduced, see the Subsidy Estimator at www.VermontHealthConnect.gov or call 1-855-899-9600 (toll-free).</p> |
| BCBSVT & MVP MONTHLY PREMIUMS | | Cost before subsidy | Cost before subsidy | Cost before subsidy | Cost before subsidy | |
| SINGLE | BCBSVT | \$624.18 | \$541.75 | \$493.87 | N/A | |
| | MVP | \$646.77 | \$572.84 | N/A | \$576.02 | |
| COUPLE | BCBSVT | \$1,248.36 | \$1,083.50 | \$987.74 | N/A | |
| | MVP | \$1,293.54 | \$1,145.68 | N/A | \$1,152.04 | |
| PARENT AND CHILD(REN) | BCBSVT | \$1,204.67 | \$1,045.58 | \$953.17 | N/A | |
| | MVP | \$1,248.27 | \$1,105.58 | N/A | \$1,111.72 | |
| FAMILY | BCBSVT | \$1,753.95 | \$1,522.32 | \$1,387.77 | N/A | |
| | MVP | \$1,817.42 | \$1,609.68 | N/A | \$1,618.62 | |

¹ BCBSVT Standard Gold has a \$50 Rx Deductible per person, while the Rx Deductible for MVP Standard Gold is \$50 for a single plan or \$100 per family.

² Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies with \$20 co-pay.

REMINDER

Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a wedding, a birth, or a new job. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.