VERMONT HEALTH CONNECT
Find the plan that's right for you.

2016

BRONZE PLANS

THREE STEPS TO CHOOSING A HEALTH PLAN

☑ **STEP 1**
BRUSH UP ON HEALTH INSURANCE BASICS.
Think about the kinds of medical care and prescriptions you need now and in the future. Some good resources to get started are at www.VermontHealthConnect.gov.

☑ **STEP 2**
SEE IF YOU QUALIFY FOR FINANCIAL HELP.
Take a minute with our Subsidy Estimator and find out if you qualify for low or no-cost health insurance. The Subsidy Estimator is at www.VermontHealthConnect.gov.

☐ **STEP 3**
MAKE YOUR CHOICE.
Use the information from steps 1 and 2 to help you decide which plan is right for you. These plan brochures have detailed information and can help guide you.

IF YOU MISSED STEPS 1 OR 2, CLICK ON 'GET STARTED' AT WWW.VERMONTHEALTHCONNECT.GOV, CALL US AT 1-855-899-9600 (TOLL-FREE), OR SIT DOWN WITH AN ASSISTER NEAR YOU.

PLEASE NOTE: BRONZE PLANS HAVE THE POTENTIAL FOR SIGNIFICANT OUT-OF-POCKET COSTS IN ADDITION TO THE PREMIUM.

OTHER PLAN BROCHURES: PLATINUM & GOLD, SILVER 70, SILVER 73, SILVER 87, SILVER 94

VERMONT HEALTH CONNECT
Find the plan that's right for you.

Check out VermontHealthConnect.gov or call 1-855-899-9600 (toll-free) today.

Facebook: Vermont Health Connect
Twitter: @VTHealthConnect
YouTube: VTHealthConnect

VERMONT
Vermont Health Connect is Vermont's Health Insurance Marketplace.

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

MVP HEALTH CARE

2016 BRONZE PLANS

On average, these plans only cover 60% of health care costs. You may qualify for much lower out-of-pocket costs with an enhanced silver plan. Check the Subsidy Estimator at www.VermontHealthConnect.gov.

Standard Plans | Blue Rewards | Vitality Plus

		Bronze	Bronze HDHP/CDHP[2]		Bronze CDHP[2]	Bronze	IMPORTANT INFORMATION
		BCBSVT & MVP	BCBSVT	MVP	BCBSVT	MVP	**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.
DEDUCTIBLE & MAXIMUM OUT-OF-POCKET		**Individual/Family**	**Individual/Family** Can be paired with a Health Savings Account	**Individual/Family** Can be paired with a Health Savings Account	**Individual/Family** Can be paired with a Health Savings Account	**Individual/Family**	*Out-of-Pocket costs – health care costs, such as deductible, co-pay, and co-insurance that are not covered by insurance. The premium is not considered an out-of-pocket cost.* *Deductible – the amount you must pay for non-waived services before health insurance begins to pay.* *Maximum Out-of-Pocket – the most you could pay in out-of-pocket costs in a year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.*
Cost-Sharing Reductions Available for Individuals Who Qualify		No	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	Yes - $4,100/$8,200	Yes - $4,400/$8,800	Yes - $6,550/$13,100	No	If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.
	Medical Deductible	$4,000/$8,000	See integrated (above)	See integrated (above)	See integrated (above)	$5,000/$10,000	The deductible for medical services (doctor appointments, hospital stays, etc.).
	Medical Deductible Waived for	Preventive	Preventive	Preventive	Preventive	Preventive	The health plan pays for these services even before you meet your deductible. You just pay the co-pay below.
	Prescription (Rx) Deductible	$500[1]	See integrated (above)	See integrated (above)	See integrated (above)	$300/$600	The deductible for prescription drugs.
	Rx Deductible Waived for	Not waived	Wellness drugs	Wellness drugs	Wellness 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	Yes - $6,850/$13,700	Yes - $6,500/$13,000	Yes - $6,500/$13,000	Yes - $6,550/$13,100	Yes - $6,850/$13,700	If integrated, prescription (Rx) expenses contribute to the overall maximum out-of-pocket as well as the Rx maximum out-of-pocket.
	Rx Maximum Out-of-Pocket	$1,250/$2,500	$1,300/$2,600	$1,300/$2,600	$1,300/$2,600	$1,300/$2,600	The most individuals or families will pay for prescription drugs per year.
Family Deductible/Maximum Out-of-Pocket: (Stacked/Aggregate/Embedded)		Stacked Deductible/ Stacked MOOP	Aggregate Deductible/ Embedded MOOP	Aggregate Deductible/ Stacked MOOP	Aggregate Deductible/ Embedded MOOP	Stacked Deductible/ Stacked MOOP	Doesn't apply to individual plans. With aggregate, your family must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet either your individual amount or your family amount. An embedded MOOP ensures that no individual pays more than $6,850 in out-of-pocket costs (a requirement for all qualified health plans).
SERVICE CATEGORY		**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	*Categories for the different types of care provided by the plans. Co-pay=$ you pay / Co-insurance=% you pay*
Preventive (Prev)		$0	$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	Deductible, then $35	Deductible, then 50%	Deductible, then 50%	Deductible, then $0	Deductible, then $40	Office visit with a primary care provider or mental health professional.
	Specialist Office Visit	Deductible, then $85	Deductible, then 50%	Deductible, then 50%	Deductible, then $0	Deductible, then $100	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)		Deductible, then $100	Deductible, then 50%	Deductible, then 50%	Deductible, then $0	Deductible, then $100	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)		Deductible, then $100	Deductible, then 50%	Deductible, then 50%	Deductible, then $0	Deductible, then $100	Cost of an ambulance in case of emergency.
Emergency Room (ER)		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then $0	Deductible, then 50%	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 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then $0	Deductible, then 50%	Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).
PRESCRIPTION DRUG COVERAGE (30-day supply)		**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	**Co-pay ($)/Co-insurance (%)**	*Different levels of prescription drug coverage offered by the plan.*
Rx Generic		Rx Deductible, then $20	Rx Deductible, then $12	Rx Deductible, then $12	Rx Deductible, then $25	Rx Deductible, then $20	"Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.
Rx Preferred Brand		Rx Deductible, then $80	Rx Deductible, then 40%	Rx Deductible, then 40%	Rx Deductible, then 40%	Rx Deductible, then $90	"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		Rx Deductible, then 60%	Rx Deductible, then 60%	Rx Deductible, then 60%	Rx Deductible, then 60%	Rx Deductible, then 60%	
ADDITIONAL BENEFITS							*This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.*
Pediatric Dental & Vision		Yes	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	N/A	Up to $300 per adult	Up to $50 per adult and $3 co-pay for VBID drugs	
MONTHLY PREMIUMS BY TIERS		**Cost before subsidy**	**Cost before subsidy**	**Cost before subsidy**	**Cost before subsidy**	**Cost before subsidy**	
SINGLE	BCBSVT	$409.17	$406.84	N/A	$401.92	N/A	
	MVP	$392.45	N/A	$380.71	N/A	$391.36	
COUPLE	BCBSVT	$818.34	$813.68	N/A	$803.84	N/A	
	MVP	$784.90	N/A	$761.42	N/A	$782.72	
PARENT AND CHILD(REN)	BCBSVT	$789.70	$785.20	N/A	$775.71	N/A	
	MVP	$757.43	N/A	$734.77	N/A	$755.32	
FAMILY	BCBSVT	$1,149.77	$1,143.22	N/A	$1,129.40	N/A	
	MVP	$1,102.78	N/A	$1,069.80	N/A	$1,099.72	

FINANCIAL HELP: APTC & CSR

What is the cost ***after*** subsidy?

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 $97,000 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to $72,750 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.

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).

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.

[1] BCBSVT Standard Bronze has a $500 Rx Deductible per person, while the Rx Deductible for MVP Standard Bronze is $500 for a single plan or $1,000 for all other tiers. [2] High-deductible health plans (HDHP) and consumer-directed health plans (CDHP) can be combined with a health savings account (HSA) to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.