2022 Enhanced Silver Plan Designs with Cost-Sharing Reductions

VERMONT HEALTH CONNECT 2022

Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://wt.checkbookhealth.org or call 1-85-5899-960.

2022 Silver 77 Plans Note: Silver 77 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://vt.checkbookhealth.org or call 1-855-899-9600.



Silver 87 Plans

qualify, visit the Plan Comparison Tool at https://vt.checkbookhealth.org or call 1-855-899-9600.



Silver 94 Plans

Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://vt.checkbookhealth.org or call 1-855-899-9600.

202	2 Silver 7		BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP VT Plus Silver 1	MVP VT Plus Silver 2 HDHP (can pair with HSA)	2022 Silve	er 77 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)		MVP VT Plus Silver 2 HDHP (can pair with HSA)	2022 Silve	er 87 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP VT Plus Silver 1	MVP VT Plus Silver 2 HDHP (can pair with HSA)	2022 Silve	er 94 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (not HSA Compatible) MVP VT Silver 4	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (not HSA compatible)	MVP VT Plus Silver 1	MVP VT Plus Silver 2 (not HSA compatible)
Deduct	ible/Max. C	Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max	k. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max	x. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	x. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (De	li	ntegrated Ded.?	N	Y-\$1,750/\$3,500	Y-\$2,100/\$4,200	Y-\$3,850/\$7,700	N	Y-\$4,250/\$8,500	Deductible (Ded.)	Integrated Ded.?		Y-\$1,600/\$3,200	Y-\$1,000/\$2,000	Y-\$2,900/\$5,800	N	Y-\$3,250/\$6,500		Integrated Ded.?	N	Y-\$1,400/\$2,800	Y-\$200/\$400	Y-\$1,450/\$2,900	N	Y-\$1,500/\$3,000		Integrated Ded.?	N	Y-\$550/\$1,100	Y-\$0/\$0	Y-\$550/\$1,100	N	Y-\$550/\$1,100
		Medical Ded.	\$3,100/\$6,200	See above	See above	See above	\$1,300/\$2,600	See above		Medical Ded.		See above	See above	See above	\$500/\$1,000	See above		Medical Ded.	\$1,100/\$2,200	See above	See above	See above	\$100/\$200	See above	See above	Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above
		Waived ¹ for: ee Services below)	Prev, OV, UC, Amb, Den1 ⁸ , Vision	Prev	Prev, Den1 3 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1 3 PCP/MH OV ⁸	Prev		Waived ¹ for: (see Services below	Prev, OV, UC, Amb, Den1 ⁸ , Vision	Prev	Prev, Den1 3 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1 3 PCP/MH OV ⁸		Deductible (Ded.)	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸ , Vision	Prev	Prev, Den1 3 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1, 3 PCP/MH OV ⁸ Prev Deductib	Deductible (Ded.)	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁷ , Vision	Prev	N/A	Prev	N/A	Prev	
	F	Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$450/\$900	See above		Prescription (Rx) Ded.	\$300/\$600	See above		See above	\$200/\$400 See above	See above		Prescription (Rx) Ded.	\$200/\$400	See above	See above	See above	\$100/\$200	See above	Prescription (Rx) Ded.	\$0	See above	See above	See above	\$0	See above	
		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generic to age 10	Rx Wellness ⁷		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generic to age 10	Rx Wellness ⁷		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generics to age 10	Rx Wellness ⁷		Waived for:	N/A	Rx Wellness ⁷	N/A	Rx Wellness ⁷	N/A	Rx Wellness ⁷
Max. Out-o		Integrated?	Y-\$6,750/\$13,500	Y-\$5,200/\$10,400	Y-\$6,200/\$12,400	Y-\$3,850/\$7,700	N	Y-\$4,250/\$8,500	Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$6,000/\$12,000	Y-\$4,400/\$8,800	Y-5,2000/\$10,400 Y-\$2,90	Y-\$2,900/\$5,800	N	\$3,250/\$6,500	Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$2,200/\$4,400	Y-\$1,400/\$2,800	Y-\$2,400/\$4,800	Y-\$1,450/\$2,900	N	Y-\$1,500/\$3,000	above Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$900/\$1,800	Y-\$550/\$1,100	Y-\$950/\$1,900	Y-\$550/\$1,100	N/A	Y-\$550/\$1,100
	it-of- MOOP)	Medical	See above	See above	See above	See above	\$5,500/\$11,000	See above		Medical	See above	See above	See above	See above	\$5,500/\$11,000	See above		Medical	See above	See above	See above	See above	\$2,500/\$5,000	See above		Medical	See above	See above	See above	See above	\$1,450/\$2,900	See above
	F	Prescription (Rx)	\$1,250/\$2,500	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800		Prescription (Rx)	\$1,100/\$2,200	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800		Prescription (Rx)	\$450/\$900	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$650/\$1,300	\$1,400/\$2,800		Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$950/\$1,900	\$550/\$1,100	\$350/\$700	\$550/\$1,100
Stacked,	Embedded	or Aggregate? ⁶	Stacked ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Aggregate	Stacked ⁶	Stacked ⁶	Stacked, Embedded or Aggregate? ⁶ Stacked		Stacked ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Aggregate	Stacked ⁶	Stacked ⁶	Stacked, Embedd	ed or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶	Stacked ⁶	Stacked, Embedded	ed or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate	Aggregate	Stacked ⁶	Stacked ⁶
Servi	ce Category	(Examples)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co- pay (\$)	Co-insurance (%) / Co-pay (\$)	Service Catego	Service Category (Examples) Co-insurance Co-pay (Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Service Categor	ory (Examples)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Service Categor	ory (Examples)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
	Preventive (Prev)		\$0	\$0	\$0	\$0 \$0 \$0 Preventive (Prev) \$0 \$0 \$0 \$0 \$0 \$0		\$0	\$0 Preventive (Prev)		ve (Prev)	\$0	\$0	\$0	\$0	\$0	\$0 \$0 Preventive (Prev		ve (Prev)	\$0	\$0	\$0	\$0	\$0	\$0							
Office Visit (O										., .,														,,,	(100)							
	Н	PCP or Mental Health (PCP/MH)	\$35	Ded., then 10%	3 visits per person at \$0, then deductible, then \$30 co-pay	Ded., then \$0	3 visits per person at \$30, then deductible, then \$30 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH) 52		Ded., then 10%	3 visits per person at \$0, then deductible, then \$30 co-pay	Ded., then \$0	3 visits per person at \$10; then deductible, then \$10 co-pay	Ded., then 0%		PCP or Mental Health (PCP/MH)	\$10	Ded., then 0%	3 visits per person combined PCP/ MH at no cost share before deductible, then \$30 co-pay		3 Visits at \$5; then deductible then \$5 co-pay	Ded., then 0%		PCP or Mental Health (PCP/MH)	\$5	Ded., then 0%	3 visits per person at \$0, then \$15 co-pay	Ded., then \$0	\$5	Ded., then 0%
		Specialist ²	\$70		3 specialist visits for heart disease & diabetes at \$0, ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%		Specialist ²	\$50	Ded., then 25%	3 specialist visits for heart disease & diabetes at \$0, ded., then \$50	Ded., then \$0	Ded., then \$40	Ded., then 0%		Specialist ²	\$30	Ded., then 0%	3 specialist visits for heart disease & diabetes a \$0, ded., then \$50	Ded., then \$0	Ded., then \$30	Ded., then 0%		Specialist ²	\$15	Ded., then 0%	3 specialist visits for heart disease & diabetes at \$0, then \$35	Ded., then \$0	\$10	Ded., then 0%
Urgent Ca		e (UC)	\$80	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%	Urgent C	are (UC)	\$60	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$40	n \$40 Ded., then 0%		Urgent Care (UC)		Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$30	Ded., then 0%	Urgent (Care (UC)	\$25	Ded., then 0%	\$35	Ded., then \$0	\$10	Ded., then 0%
	Ambulance	(Amb)	\$100	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$100	Ded., then 0%	Ambulan	Ambulance (Amb) \$100		Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$100	.00 Ded., then 0%	Ambulan	Ambulance (Amb)		Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$50	Ded., then 0% Ambul		ce (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%
En	nergency Roc	om (ER) ³	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency	Room (ER) ³ Ded., then \$250 Ded., then 25		Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$100 Ded., then 0%	Emergency Room (ER) ³		Ded., then \$250	Ded., then 0%	Ded., then \$250	Ded., then \$250 Ded., then \$0		Ded., then 0%	Emergency	Room (ER) 3	Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$25	Ded., then 0%	
Hospital Servi	ervices ⁴	Inpatient	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then 50%	Ded., then 0%	Hospital Services ⁴	Inpatient	Ded., then 50% Ded., t	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then 30%	Ded., then 0%	Hospital Services ⁴	Inpatient	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then 10%	Ded., then 0% Hospital Service	Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	5%	Ded., then 0%
		Outpatient	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then \$1,400	Ded., then 0%		Outpatient	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then \$800	Ded., then 0%		Outpatient	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then \$200	Ded., then 0%		Outpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$40	Ded., then 0%
Prescri	Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx	t) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
	Rx Generic ⁵		\$12	Ded., then \$10 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Ge			Ded., then \$10 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Ge		\$10	Ded., then 0% ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷		neric ⁵	\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% ⁷
	x Preferred		Rx ded., then \$60		Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Prefer				Ded., then \$0					Rx ded., then \$50	Ded., then 0% ⁷	Ded., then 40%	Ded., then \$0	Ded., then 20% Ded., then 0% ⁷		Rx Preferred Brand ⁵		\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0% ⁷	
	Non-Preferre		Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Non-Pref		Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁷	Rx Non-Pref	circa brana	Rx ded., then 50%	Ded., then 0% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁷	Rx Non-Pref		30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0% ⁷
	Additional Benefits Wellness Benefits		N/A	N/A	Online wellness resources and special programs	Online wellness resources and special programs	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹	Additiona Wellness		N/A	N/A	resources and	Online wellness resources and special programs	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹	Additiona Wellness	al Benefits s Benefits	N/A	N/A	Online wellness resources and special programs	Online wellness resources and special programs	CEOO All	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹	Additional Wellness	al Benefits Benefits	N/A	N/A	Online wellness resources and special programs	Online wellness resources and special programs	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹	Up to \$600 in WellBeing Rewards, \$500 Allowance on Acupuncture ⁹

Footnotes

1 Abbreviations – Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist co-pay also applies to ST and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.

3 Ex co-pay is waveled admitted.

4 Hospital Services are inpatient (including surgery, KCU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anaesthesia costs, as appropriate.

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://info.hashthconnect.vermoni.gov/compare-plans/qualifiesh-ealth-plans/covered-prescriptions or contact SEDST (800-247-27-583) or MVP (844-865-0250).

5 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductible is have an embedded individual maximum out-of-pocket. With a stacked deductible with one child/valid armound provided by the plan pays benefits once you meet either your individual deductible for Ywellness prescriptions. See the BCBSVI and MVP lists of Preventive drugs at https://info.healthconnect.vermoni.gov/compare-plans/qualifiesh-health-plans/covered-prescriptions.

qualified-health-plant/cowered-prescriptions.

8 This plan includes deductible-waved vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/summaries-benefits-and-coverage.

9 See plan documents for more information about these benefits.

Plan details -- Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footnotes

1. Abbrevistions – Ded: Deductible, Ric Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2. Specialist Co-pay also applies to ST, vision, and any atternative medicine benefits, as appropriate. PT and chirn have separate cost share.

2 Specialist co-pay also applies to ST, vision, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.

3 ER co-pay is waived if admitted.

4 Hospital Services are inpastient (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.

5 Each insurance carrier classifies drugs according to its own fourimary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://info.healthconnect.vermon.pg/compare-plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plans/plan

Plan details - Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footbroids

1 Abbreviations — Ded: Deductible, Rr. Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID:
Value-Based insurance Design.
2 Specialist co-pay also applies to \$7, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.
3 Rr. O-pay is waived if admitted.
4 Hospital Services are inspatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and fladiology (MRIL, CT, PET). This cost-sharing will also include physician and anesthesiae costs, as appropriate.
5 £ sch insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://linfo.hambularometer.vermorg/gov/compare-plant/qualifiesh-entity-insurance-perscriptions or contract BCESVT (800-247-2583) or MVP (844-865-0250).
6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some tiOTP aggregate family deductible in the properties of the properties of the plant pays benefits. Some tiOTP aggregate family deductible in the properties of the pr

Plan details -- Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footnotes

1 Abbreviations — Ded: Deductible, Rr: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist co-pay also applies to ST, vision, and any alternative medicine benefits, as appropriate, PT and chiro have separate cost share.

3 Ret co-pay is waived if admitted.

4 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 materitate is costs, as appropriate

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://info.healthconnect.vermont.gov/compare-plans/qualifiefs-chalth-plans/covered-prescriptionsor cortact ESENT (800-247-253) or NVP (844-856-250).

6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDIP aggregate family deductible in defaultible or your family deductible.

7 You do not have to pay the deductible for Your family deductible.

7 You do not have to pay the deductible for Your family deductible.

8 This plan includes deductible world vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.

quamen-neith-pens/coveriese-prescriptories

A This plan includes deductible—wave vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.g
plans/qualified-health-plans/summaries-benefits-accoverage.

3 See plan documents for more information about these benefits.

Plan details -- Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250)