

2022 Enhanced Silver Plan Designs with Cost-Sharing Reductions



2022 Silver 73 Plans

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://vt.checkbookhealth.org> or call 1-855-899-9600.



2022 Silver 77 Plans

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2022 Silver 87 Plans

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2022 Silver 94 Plans

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2022 Silver 73 Plans		BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (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 Silver 77 Plans		BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (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 Silver 87 Plans		BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (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 Silver 94 Plans		BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (not HSA Compatible)	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)	
		MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)							MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)							MVP VT Silver 3	MVP VT Silver 4													
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	
Deductible (Ded.)	Integrated 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.?	N	Y-\$1,600/\$3,200	Y-\$1,000/\$2,000	Y-\$2,900/\$5,800	N	Y-\$3,250/\$6,500	Deductible (Ded.)	Integrated Ded.?	N	Y-\$1,400/\$2,800	Y-\$200/\$400	Y-\$1,450/\$2,900	N	Y-\$1,500/\$3,000	Deductible (Ded.)	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.	\$2,600/\$5,200	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		Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above	
	Waived ⁴ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹ , Vision	Prev	Prev, Den1 3 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1 3 PCP/MH OV ³	Prev		Waived ⁴ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹ , Vision	Prev	Prev, Den1 3 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1 3 PCP/MH OV ³	Prev		Waived ⁴ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹ , Vision	Prev	Prev, Den1 3 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1, 3 PCP/MH OV ³	Prev		Waived ⁴ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹ , Vision	Prev	N/A	Prev	N/A	Prev	
	Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$450/\$900	See above		Prescription (Rx) Ded.	\$300/\$600	See above	See above	See above	\$200/\$400	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 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-of-Pocket (MOOP)	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-\$2,900/\$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	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	
	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	
	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 ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Aggregate	Stacked ⁶	Stacked ⁶	Stacked, Embedded or Aggregate ⁶		Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked, Embedded or Aggregate ⁶		Stacked ⁶	Aggregate ⁶	Aggregate	Aggregate	Stacked ⁶	Stacked ⁶		
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 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 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 Category (Examples)		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	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	
Office Visit (OV)	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)	\$25	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%	Office Visit (OV)	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	Ded., then \$0	3 Visits at \$5; then deductible then \$5 co-pay	Ded., then 0%	Office Visit (OV)	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	Ded., then 25%	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 at \$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 Care (UC)		\$80	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%	Urgent Care (UC)		\$60	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$40	Ded., then 0%	Urgent Care (UC)		\$40	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%	Ambulance (Amb)		\$100	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$100	Ded., then 0%	Ambulance (Amb)		\$100	Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$50	Ded., then 0%	Ambulance (Amb)		\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%	
Emergency Room (ER) ¹		Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency Room (ER) ¹		Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$100	Ded., then 0%	Emergency Room (ER) ¹		Ded., then \$250	Ded., then 0%	Ded., then \$250	Ded., then \$0	Ded., then \$50	Ded., then 0%	Emergency Room (ER) ¹		Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$25	Ded., then 0%	
Hospital Services 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., 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 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%	
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) 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 Generic ⁵		\$12	Ded., then \$10 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Generic ⁵		\$10	Ded., then 0% ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Generic ⁵		\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% ⁷	
Rx Preferred Brand ⁵		Rx ded., then \$60	Ded., then \$40 ⁷	Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Preferred Brand ⁵		Rx ded., then \$60	Ded., then \$40 ⁷	Ded., then 40%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁷	Rx Preferred Brand ⁵		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	
Rx Non-Preferred Brand ⁵		Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Non-Preferred Brand ⁵		Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁷	Rx Non-Preferred Brand ⁵		Rx ded., then 50%	Ded., then 0% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁷	Rx Non-Preferred Brand ⁵		30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0% ⁷	
Additional Benefits								Additional Benefits								Additional Benefits								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	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	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	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	

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 ER 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 anesthesia 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/qualified-health-plans/covered-prescriptions> or contact BCBSVT (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 HDHP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$8,700 to prevent one individual from paying the full family maximum out-of-pocket. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
7 You do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Preventive drugs at <https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions>.
8 This plan includes deductible-waived 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.

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

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