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 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)
		MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)				
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
	Medical Ded.	$3,100/$6,200	See above	See above	See above	$1,300/$2,600	See above
	Waived[1] for: (see Services below)	Prev, OV, UC, Amb, Den1[8]	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV[8]	Prev
	Prescription (Rx) Ded.	$350/$700	See above	See above	See above	$450/$900	See above
	Waived for:	Rx Generic	Rx Wellness[7]	Rx Wellness[7]	Rx Wellness[7]	Rx VBID, Generic to age 10	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
	Medical	See above	See above	See above	See above	$5,500/$11,000	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/$2,800
Stacked, Embedded or Aggregate?[6]		Stacked[6]	Aggregate Embedded[6]	Aggregate Embedded[6]	Aggregate	Stacked[6]	Stacked[6]
Service Category (Examples)		Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)
Preventive (Prev)		$0	$0	$0	$0	$0	$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	$35	Ded., then 10%	Combined 3/6/9 visits at $0, then deductible, then $30	Ded., then $0	3 visits per person at $30; then deductible, then $30 co-pay	Ded., then 0%
	Specialist[2]	$70	Ded., then 25%	Ded., then $50 (plus 3 added specialist visits for heart disease & diabetes at $0)	Ded., then $0	Ded., then $60	Ded., then 0%
Urgent Care (UC)		$80	Ded., then 25%	Ded., then $50	Ded., then $0	Ded., then $60	Ded., then 0%
Ambulance (Amb)		$100	Ded., then 25%	Ded., then $50	Ded., then $0	Ded., then $100	Ded., then 0%
Emergency Room (ER)[3]		Ded., then $250	Ded., then 25%	Ded., then $400	Ded., then $0	Ded., then $350	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%
	Outpatient	Ded., then 50%	Ded., then 25%	Ded., then $1,500	Ded., then $0	Ded., then $1,400	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
Rx Generic[5]		$12	Ded., then $10[7]	Ded., then $5	Ded., then $0	Ded., then $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 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]
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 Acupuncture Allowance, & Virtual Care	Up to $600 in WellBeing Rewards, $500 Acupuncture Allowance, & Virtual Care

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, 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 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

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

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.

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)
		MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)				
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	N	Y-$1,600/$3,200	Y-$1,000/$2,000	Y-$2,900/$5,800	N	$3,250/$6,500
	Medical Ded.	$2,600/$5,200	See above	See above	See above	$500/$1,000	See above
	Waived[1] for: (see Services below)	Prev, OV, UC, Amb, Den1[8]	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV[8]	Prev
	Prescription (Rx) Ded.	$300/$600	See above	See above	See above	$200/$400	See above
	Waived for:	Rx Generic	Rx Wellness[7]	Rx Wellness[7]	Rx Wellness[7]	Rx VBID, Generic to age 10	Rx Wellness[7]
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
	Medical	See above	See above	See above	See above	$5,500/$11,000	See above
	Prescription (Rx)	$1,100/$2,200	$1,400/$2,800	$1,400/$2,800	$1,400/$2,800	$1,400/$2,800	$1,400/$2,800
Stacked, Embedded or Aggregate?[6]		Stacked[6]	Aggregate Embedded[6]	Aggregate Embedded[6]	Aggregate	Stacked[6]	Stacked[6]
Service Category (Examples)		Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)
Preventive (Prev)		$0	$0	$0	$0	$0	$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	$25	Ded., then 10%	Combined 3/6/9 visits at $0, then deductible, then $30	Ded., then $0	3 visits per person at $10; then deductible, then $10 co-pay	Ded., then 0%
	Specialist[2]	$50	Ded., then 25%	Ded., then $50 (plus 3 added specialist visits for heart disease & diabetes at $0)	Ded., then $0	Ded., then $40	Ded., then 0%
Urgent Care (UC)		$60	Ded., then 25%	Ded., then $50	Ded., then $0	Ded., then $40	Ded., then 0%
Ambulance (Amb)		$100	Ded., then 25%	Ded., then $50	Ded., then $0	Ded., then $100	Ded., then 0%
Emergency Room (ER)[3]		Ded., then $250	Ded., then 25%	Ded., then $400	Ded., then $0	Ded., then $100	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%
	Outpatient	Ded., then 50%	Ded., then 25%	Ded., then $1,500	Ded., then $0	Ded., then $800	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
Rx Generic[5]		$12	Ded., then $10[7]	Ded., then $5	Ded., then $0	Ded., then $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 40%	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]
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 Acupuncture Allowance, & Virtual Care	Up to $600 in WellBeing Rewards, $500 Acupuncture Allowance, & Virtual Care

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, 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 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

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

2022 Silver 87 Plans

Note: Silver 87 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 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 (can pair with HSA)
		MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)				
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	N	Y-$1,400/$2,800	Y-$200/$400	Y-$1,450/$2,900	N	Y-$1,500/$3,000
	Medical Ded.	$1,100/$2,200	See above	See above	See above	$100/$200	See above
	Waived[1] for: (see Services below)	Prev, OV, UC, Amb, Den1[8]	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1, 3 PCP/MH OV[8]	Prev
	Prescription (Rx) Ded.	$200/$400	See above	See above	See above	$100/$200	See above
	Waived for:	Rx Generic	Rx Wellness[7]	Rx Wellness[7]	Rx Wellness[7]	Rx VBID, Generics to age 10	Rx Wellness[7]
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
	Medical	See above	See above	See above	See above	$2,500/$5,000	See above
	Prescription (Rx)	$450/$900	See above	$1,400/$2,800	$1,400/$2,800	$650/$1,300	$1,400/$2,800
Stacked, Embedded or Aggregate?[6]		Stacked[6]	Aggregate[6]	Aggregate[6]	Aggregate[6]	Stacked[6]	Stacked[6]
Service Category (Examples)		Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)
Preventive (Prev)		$0	$0	$0	$0	$0	$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	$10	Ded., then 0%	Combined 3/6/9 visits at $0, then deductible, then $30	Ded., then $0	3 Visits at $5; then deductible then $5 co-pay	Ded., then 0%
	Specialist[2]	$30	Ded., then 0%	Ded., then $50 (plus 3 added specialist visits for heart disease & diabetes at $0)	Ded., then $0	Ded., then $30	Ded., then 0%
Urgent Care (UC)		$40	Ded., then 0%	Ded., then $50	Ded., then $0	Ded., then $30	Ded., then 0%
Ambulance (Amb)		$100	Ded., then 0%	Ded., then $50	Ded., then $0	Ded., then $50	Ded., then 0%
Emergency Room (ER)[3]		Ded., then $250	Ded., then 0%	Ded., then $250	Ded., then $0	Ded., then $50	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%
	Outpatient	Ded., then 40%	Ded., then 0%	Ded., then $500	Ded., then $0	Ded., then $200	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
Rx Generic[5]		$10	Ded., then 0%[7]	Ded., then $5	Ded., then $0	Ded., then $5	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 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]
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 Acupuncture Allowance, & Virtual Care	Up to $600 in WellBeing Rewards, $500 Acupuncture Allowance, & Virtual Care

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 might have to pay the deductible for Wellness prescriptions before cost-shares apply. 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

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

2022 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.

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 Plan Silver 2 (not HSA compatible)
		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 (Ded.)	Integrated Ded.?	N	Y-$550/$1,100	Y-$0/$0	Y-$550/$1,100	N	Y-$550/$1,100
	Medical Ded.	$200/$400	See above	See above	See above	$0	See above
	Waived[1] for: (see Services below)	Prev, OV, UC, Amb, Den1[7]	Prev	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev
	Prescription (Rx) Ded.	N/A	See above	See above	See above	$0	See above
	Waived for:	N/A	Rx Wellness[7]	N/A	Rx Wellness[7]	Rx VBID, Generics to age 10	Rx Wellness[7]
Max. Out-of-Pocket (MOOP)	Integrated?	Y-$900/$1,800	Y-$550/$1,100	Y-$950/$1,900	Y-$550/$1,100	N	Y-$550/$1,100
	Medical	See above	See above	See above	See above	$1,450/$2,900	See above
	Prescription (Rx)	$200/$400	$550/$1,100	$950/$1,900	$550/$1,100	$350/$700	$550/$1,100
Stacked, Embedded or Aggregate?[6]		Stacked[6]	Aggregate[6]	Aggregate Embedded[6]	Aggregate Embedded[6]	Stacked[6]	Stacked[6]
Service Category (Examples)		Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)	Co-insurance (%) / Co-pay ($)
Preventive (Prev)		$0	$0	$0	$0	$0	$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	$5	Ded., then 0%	Combined 3/6/9 visits at $0, then $15	Ded., then $0	$5	Ded., then 0%
	Specialist[2]	$15	Ded., then 0%	$35 (plus 3 added specialist visits for heart disease & diabetes at $0)	Ded., then $0	$10	Ded., then 0%
Urgent Care (UC)		$25	Ded., then 0%	$35	Ded., then $0	$10	Ded., then 0%
Ambulance (Amb)		$50	Ded., then 0%	$35	Ded., then $0	$25	Ded., then 0%
Emergency Room (ER)[3]		Ded., then $75	Ded., then 0%	$250	Ded., then $0	$25	Ded., then 0%
Hospital Services[4]	Inpatient	Ded., then 10%	Ded., then 0%	$0	Ded., then $0	5%	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
Rx Generic[5]		$5	Ded., then 0%	$5	Ded., then $0	$5	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]		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 Acupuncture Allowance, & Virtual Care	Up to $600 in WellBeing Rewards, $500 Acupuncture Allowance, & Virtual Care

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, 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 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-prescriptionsor 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

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