

**All Vermont Health Connect plans cover the same set of Essential Health Benefits.**  
 The difference lies in the plan designs, which determine how you pay for those benefits. Standardized plans have the same designs across insurance carriers, while the other QHPs (Qualified Health Plans) were uniquely designed by the carriers.

## Vermont Health Connect 2022 Plan Designs & Premiums (before any subsidies)

**Interested in the cost after subsidy?**  
 Most Vermonters who use Vermont Health Connect qualify for financial help to reduce their costs. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

VERMONT HEALTH CONNECT Find the plan that's right for you.	Standardized Plans (same coverage for both insurance carriers)					Standardized Plans (high deductible - can pair with HSA)		BCBSVT Plans Only			BCBSVT Plans Only (CDHP - can pair with HSA)			MVP Plans Only				MVP Plans Only (HDHP - can pair with HSA)		
	BCBSVT Platinum Plan	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Bronze Plan	BCBSVT Bronze Integrated Plan	BCBSVT Silver CDHP Plan	BCBSVT Bronze CDHP Plan	BCBSVT Vermont Preferred Gold Plan	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Preferred Bronze Plan	BCBSVT Vermont Select Gold CDHP Plan	BCBSVT Vermont Select Silver CDHP Plan	BCBSVT Vermont Select Bronze CDHP Plan	MVP VT Plus Gold 2	MVP VT Plus Silver 1	MVP VT Plus Bronze 1	MVP VT Plus Bronze 5	MVP VT Plus Gold 3 HDHP	MVP VT Plus Silver 2 HDHP	
Deductibles & Out-of-Pocket Limits	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	
<b>Deductible (Ded.)</b>	<b>Integrated Ded.?</b>	N	N	N	N	\$8,700/\$17,400	\$1,850/\$3,700	\$5,700/\$11,400	\$1,550/\$3,100	\$3,000/\$6,000	\$8,700/\$17,400	\$2,550/\$5,100	\$4,575/\$9,150	\$7,050/\$14,100	N	N	N	\$7,850/\$15,700	\$3,200/\$6,400	\$5,075/\$10,150
	<b>Medical Ded.</b>	\$400/\$800	\$1,200/\$2,400	\$3,400/\$6,800	\$6,450/\$12,900	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$700/\$1,400	\$1,750/\$3,500	\$7,250/\$14,500	See above	See above	See above
	<b>Waived<sup>1</sup> for:</b> (see Services below)	Prev, OV, UC, Amb, Den1, Vision	Prev, OV, UC, Amb, Den1, Vision	Prev, OV, UC, Amb, Den1, Vision	Prev, Den1	Prev, OV, Den 1	Prev	Prev	Prev, 3 PCP/MH/Qualified Specialist OV, Den1 <sup>11</sup>	Prev, 3 PCP/MH/Qualified Specialist OV, Den1 <sup>11</sup>	Prev, 3 PCP/MH/Qualified Specialist OV, Den1 <sup>11</sup>	Prev	Prev	Prev	Prev, UC, OV, Den1 <sup>10</sup>	Prev, 3 PCP/MH, Den1	Prev, Den 1	Prev, 3 PCP/MH OV, Den1	Prev	Prev
	<b>Prescription (Rx) Ded.</b>	\$0	\$150/\$300	\$400/\$800	\$1,100/\$2,200	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$250/\$500	\$750/\$1,500	\$700/\$1,400	See above	See above	See above
	<b>Waived for:</b>	N/A (\$0 Ded.)	Rx Generic	Rx Generic	Rx Generic	Rx Generic <sup>1</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx VBIID, Rx Generic	Rx VBIID	Rx VBIID, Rx Generic	Rx VBIID, Rx Tier 1	Rx Wellness	Rx Wellness
<b>Max. Out-of-Pocket (MOOP)</b>	<b>Integrated?</b>	N	N	\$8,550/\$17,100	\$8,700/\$17,400	\$8,700/\$17,400	\$6,900/\$13,800	\$7,050/\$14,100	\$5,150/\$10,300	\$8,150/\$16,300	\$8,700/\$17,400	\$2,550/\$5,100	\$4,575/\$9,150	\$7,050/\$14,100	N	N	\$8,400/\$16,800	\$7,850/\$15,700	\$3,200/\$6,400	\$5,075/\$10,150
	<b>Medical</b>	\$1,400/\$2,800	\$5,400/\$10,800	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$6,500/\$13,000	\$6,950/\$13,900	See above	See above	See above	See above
	<b>Prescription (Rx)</b>	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,400/\$2,800	\$1,400/\$2,800	See above	See above	\$1,400/\$2,800	\$1,400/\$2,800
<b>Stacked, Embedded, or Aggregate?</b> <sup>6</sup>		Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Aggregate <sup>6</sup>	Stacked <sup>6</sup>
<b>Service Category (Examples)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>
<b>Preventive (Prev)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Office Visit (OV)</b>	<b>PCP or Mental Health (PCP/MH)</b>	\$15	\$20	\$35	Ded., then \$35	\$40	Ded., then 10%	Ded., then 50%	3/6/9 combined visits with no cost-share; then deductible applies, then co-pay: \$20 (Gold), \$30 (Silver), \$0 (Bronze) <sup>11</sup>			Ded., then \$0	Ded., then \$0	Ded., then \$0	\$20	\$30 x3, then ded., then \$30 <sup>12</sup>	Ded., then \$40	0% x3, then ded., then 0% <sup>12</sup>	Ded., then 0%	Ded., then 0%
	<b>Specialist<sup>2</sup></b>	\$40	\$50	\$80	Ded., then \$90	\$100	Ded., then 30%	Ded., then 50%	Ded., then \$40 <sup>11</sup>	Ded., then \$50 <sup>11</sup>	Ded., then \$0 <sup>11</sup>	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$40	Ded., then \$60	Ded., then \$100	Ded., then 0%	Ded., then 0%	Ded., then 0%
	<b>Urgent Care (UC)</b>	\$50	\$60	\$90	Ded., then \$100	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$40	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$30	Ded., then \$60	Ded., then \$100	Ded., then 0%	Ded., then 0%	Ded., then 0%
	<b>Ambulance (Amb)</b>	\$60	\$70	\$100	Ded., then \$100	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$40	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$50	Ded., then \$100	Ded., then \$100	Ded., then 0%	Ded., then 0%	Ded., then 0%
	<b>Emergency Room (ER)<sup>3</sup></b>	Ded, then \$100	Ded, then \$150	Ded., then \$250	Ded., then \$500	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$250	Ded., then \$450	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$250	Ded., then \$400	Ded., then \$500	Ded., then \$500	Ded., then 0%	Ded., then 0%	Ded., then 0%
<b>Hospital Services<sup>4</sup></b>	<b>Inpatient</b>	Ded., then 10%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$750	Ded., then \$1,750	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then 50%	Ded., then 50%	Ded., then 0%	Ded., then 0%	Ded., then 0%
	<b>Outpatient</b>	Ded., then 10%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$750	Ded., then \$1,750	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then \$1,400	Ded., then 50%	Ded., then 0%	Ded., then 0%	Ded., then 0%
<b>Prescription (Rx) Drug Coverage</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
	<b>Rx Generic<sup>5</sup></b>	\$10	\$12	\$15	\$15	\$30	Ded. <sup>8</sup> , then \$10	Ded. <sup>8</sup> , then \$12	Ded., then \$5	Ded., then \$5	Ded. <sup>8</sup> , then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$15	Ded., then \$5	\$25	\$35	Ded. <sup>8</sup> , then 0%	Ded. <sup>8</sup> , then 0%
	<b>Rx Preferred Brand<sup>5</sup></b>	\$50	Ded., then \$55	Ded., then \$60	Ded., then \$85	Ded., then \$0	Ded. <sup>8</sup> , then \$40	Ded. <sup>8</sup> , then 40%	Ded., then 40%	Ded., then 40%	Ded. <sup>8</sup> , then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$40	Ded., then 50%	Ded., then \$100	Ded., then 0%	Ded. <sup>8</sup> , then 0%	Ded. <sup>8</sup> , then 0%
	<b>Rx Non-Preferred Brand<sup>5</sup></b>	50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then \$0	Ded. <sup>8</sup> , then 50%	Ded. <sup>8</sup> , then 60%	Ded., then 60%	Ded., then 60%	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 0%	Ded. <sup>8</sup> , then 0%	Ded. <sup>8</sup> , then 0%
<b>Additional Benefits</b>																				
<b>Wellness/Other Benefits</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Individualized online wellness portal					Up to \$600 in WellBeing Rewards; Gold and Silver VBIID RX Co-pay \$1; Bronze VBIID RX Co-pay \$3; \$0 Generics to age 10. Gia <sup>®</sup> Virtual Care Services; \$500 Acupuncture Allowance <sup>14</sup>				Up to \$600 in WellBeing Rewards; Gia <sup>®</sup> Virtual Care Services; \$500 Acupuncture Allowance <sup>14</sup>		
<b>Premiums by Tier (monthly cost)</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>
<b>Single</b>	<b>BCBSVT</b>	\$1,007.86	\$840.45	\$772.90	\$573.09	\$581.47	\$789.15	\$590.11	\$775.41	\$757.46	\$580.80	\$819.61	\$760.89	\$574.06	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$914.29	\$751.81	\$767.84	\$575.45	\$598.74	\$749.21	\$580.53	N/A	N/A	N/A	N/A	N/A	N/A	\$790.75	\$731.91	\$571.17	\$587.48	\$770.27	\$753.86
<b>Couple</b>	<b>BCBSVT</b>	\$2,015.72	\$1,680.90	\$1,545.80	\$1,146.18	\$1,162.94	\$1,578.30	\$1,180.22	\$1,550.82	\$1,514.92	\$1,161.60	\$1,639.22	\$1,521.78	\$1,148.12	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$1,828.58	\$1,503.62	\$1,535.68	\$1,150.90	\$1,197.48	\$1,498.42	\$1,161.06	N/A	N/A	N/A	N/A	N/A	N/A	\$1,581.50	\$1,463.82	\$1,142.34	\$1,174.96	\$1,540.54	\$1,507.72
<b>Parent and Child(ren)</b>	<b>BCBSVT</b>	\$1,945.17	\$1,622.07	\$1,491.70	\$1,106.06	\$1,122.24	\$1,523.06	\$1,138.91	\$1,496.54	\$1,461.90	\$1,120.94	\$1,581.85	\$1,468.52	\$1,107.94	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$1,764.58	\$1,450.99	\$1,481.93	\$1,110.62	\$1,155.57	\$1,445.98	\$1,120.42	N/A	N/A	N/A	N/A	N/A	N/A	\$1,526.15	\$1,412.59	\$1,102.36	\$1,133.84	\$1,486.62	\$1,454.95
<b>Family</b>	<b>BCBSVT</b>	\$2,832.09	\$2,361.66	\$2,171.85	\$1,610.38	\$1,633.93	\$2,217.51	\$1,658.21	\$2,178.90	\$2,128.46	\$1,632.05	\$2,303.10	\$2,138.10	\$1,613.11	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$2,569.15	\$2,112.59	\$2,157.63	\$1,617.01	\$1,682.46	\$2,105.28	\$1,631.29	N/A	N/A	N/A	N/A	N/A	N/A	\$2,222.01	\$2,056.67	\$1,604.99	\$1,650.82	\$2,164.46	\$2,118.35

**Abbreviations**-- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBIID: Value-Based Insurance Design, Den1: Pediatric Dental Class 1 Series, ER: Emergency Room.  
**Glossary**-- Find definitions for VBIID, Stacked, Aggregated, Integrated, and other terms at <https://info.healthconnect.vermont.gov/learn-more/health-insurance-basics/list-terms>  
**Plan details**-- Different plans cover specific drugs and services in different ways.

**Footnotes**  
 1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Vision, Pediatric Dental Class 1 Series (as indicated by plan).  
 2 Specialist co-pay also applies to ST, OT, and any alternative medicine benefits, as appropriate. PT/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 Preferred 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. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.  
 7 If you purchase a silver plan and your income qualifies for cost-sharing reductions your deductible and max. out-of-pocket could be lower than the figures stated above. To learn more, go to [VermontHealthConnect.gov](https://vermonthealthconnect.gov) and click on "Compare Plans."  
 8 With MVP High Deductible Health Plans (HDHP), BCBSVT Vermont Select CDHP, BCBSVT CDHP and Vermont Preferred plans, might have deductibles for Wellness prescriptions before cost-shares apply. See the BCBSVT and MVP lists of Wellness drugs at <https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions>.  
 9 Some 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 when it exceeds the federal maximum out-of-pocket of \$8,700 for an individual.  
 10 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>.  
 11 BCBSVT VT Preferred provides 3 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling for heart disease & diabetes patients.  
 12 Benefit covers three (3) visits at indicated cost share, for each plan member, before the deductible.  
 13 Preventive drugs on the MVP VT Plus Gold 3 HDHP plan are \$10/\$15/5% before the deductible.  
 14 See plan documents for more information about these benefits.