

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. Standard plans have the same designs across insurance carriers, while Blue Rewards and VT Plus plans were uniquely designed by the carriers, with a focus on wellness.

Vermont Health Connect 2018 Plan Designs & Monthly Premiums (before subsidy)

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.		Standard Plans					Standard High Deductible Health Plans (HDHP)				Blue Rewards					MVP VT Plus Non-Standard				
		BCBSVT & MVP					Can Pair with Health Savings Account (HSA)				BCBSVT only					MVP only				
		Platinum	Gold	Silver	Bronze	Bronze without Rx MOOP (New in 2018)	Silver HDHP		Bronze HDHP		Gold	Silver	Bronze without Rx MOOP (New in 2018)	Gold CDHP (HDHP) Can pair with HSA	Bronze CDHP (HDHP) without Rx MOOP (Can pair with HSA)	Gold	Silver	Bronze	Gold HDHP Can pair with HSA	Bronze without Rx MOOP (New in 2018)
							BCBSVT	MVP	BCBSVT	MVP										
		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	
Deductible (Ded.)	Integrated Ded.?	N	N	N	N	Y - \$7,350/\$14,700	Y - \$1,550/\$3,100 ⁷	Y - \$1,550/\$3,100 ⁷	Y - \$5,250/\$10,500	Y - \$5,250/\$10,500	Y - \$1,500/\$3,000	Y - \$2,750/\$5,500 ⁷	Y - \$7,350/\$14,700	Y - \$2,750/\$5,500	Y - \$6,650/\$13,300	N	N	N	Y - \$2,400/\$4,800	Y - \$7,350/\$14,700
	Medical Ded.	\$300/\$600	\$850/\$1,700	\$2,600/\$5,200 ⁷	\$5,000/\$10,000	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$950/\$1,900	\$2,000/\$4,000 ⁷	\$6,000/\$12,000	See above	See above
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹¹	Prev, OV, UC, Amb, Den1 ¹¹	Prev, OV, UC, Amb, Den1 ¹¹	Prev, Den1	Prev, OV, Den1	Prev	Prev	Prev	Prev	Prev, 3 PCP/MH OV, Den1	Prev, 3 PCP/MH OV, Den1	Prev, 3 PCP/MH OV, Den1	Prev	Prev	Prev, UC, OV, Den1 ¹¹	Prev, 3 PCP/MH, Den1	Prev	Prev	Prev, 3 PCP/MH OV, Den1
	Prescription (Rx) Ded.	\$0	\$100 ⁸	\$300 ^{7B}	\$900 ⁸	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$250/\$500	\$600/\$1,200 ⁷	\$350/\$700	See above	See above
	Waived for:	N/A (\$0 Ded)	Rx Generic	Rx Generic	Not Waived	Rx Generic	Rx Wellness	Not Waived	Rx Wellness	Not Waived	Not Waived	Not Waived	Not Waived	Rx Wellness	Rx Wellness	Rx Generic	Not Waived	Not Waived	Not Waived	Not Waived
Max. Out-of-Pocket (MOOP)	Integrated?	N	N	Y-\$6,800/\$13,600 ⁷	Y-\$7,350/\$14,700	Y - \$7,350/\$14,700	Y-\$6,400/\$12,800	Y-\$6,400/\$12,800	Y-\$6,550/\$13,100	Y - \$6,550/\$13,100	Y-\$4,500/\$9,000	Y-\$7,350/\$14,700 ⁷	Y - \$7,350/\$14,700	Y - \$2,750/\$5,500	Y - \$6,650/\$13,300	N	N	Y-\$7,350/\$14,700	Y - \$2,400/\$4,800	Y - \$7,350/\$14,700
	Medical	\$1,300/\$2,600	\$4,500/\$9,000	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$6,050/\$12,100	\$6,050/\$12,100 ⁷	See above	See above	See above
	Prescription (Rx)	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	See above	\$1,350/\$2,700 ⁷	\$1,350/\$2,700 ⁷	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700 ⁷	See above	\$1,350/\$2,700	See above	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,350/\$2,700	See above
Stacked, Embedded or Aggregate? ⁶		Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Aggregate Embedded ⁶¹⁰	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate 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 (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10	\$15	\$25	Ded., then \$35	\$40	Ded., then 10%	Ded., then 10%	Ded., then 50%	Ded., then 50%	3 visits/person (9/family) with no cost-share; then deductible applies + co-pay: \$20 (Gold), \$30 (Silver), \$0 (Bronze)		Ded., then \$0	Ded., then \$0	\$15	\$30 x 3, then Ded.	Ded., then \$40	Ded., then 0%	\$0 x3 then deductible	
	Specialist ²	\$30	\$30	\$75	Ded., then \$90	\$100	Ded., then 30%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$30	Ded., then \$60	Ded., then \$100	Ded., then 0%	Ded., then \$0
Urgent Care (UC)	\$40	\$40	\$85	Ded., then \$100	Ded., then \$0	Ded., then 30%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$30	Ded., then \$60	Ded., then \$100	Ded., then 0%	Ded., then \$0	
Ambulance (Amb)	\$50	\$50	\$100	Ded., then \$100	Ded., then \$0	Ded., then 30%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$50	Ded., then \$100	Ded., then \$100	Ded., then 0%	Ded., then \$0	
Emergency Room (ER) ³	Ded, then \$100	Ded, then \$150	Ded., then \$250	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$250	Ded., then \$400	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$250	Ded., then \$400	Ded., then 50%	Ded., then 0%	Ded., then \$0	
Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 30%	Ded., then 40%	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$500	Ded., then \$1,500	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then 50%	Ded., then 50%	Ded., then 0%	Ded., then \$0
	Outpatient	Ded., then 10%	Ded., then 30%	Ded., then 40%	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$500	Ded., then \$1,500	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
Prescription (Rx) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	
Rx Generic ⁵	\$5	\$5	\$15	Ded., then \$20	\$25	Ded., then \$10	Ded., then \$10	Ded., then \$12	Ded., then \$12	Ded., then \$5	Ded., then \$5	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$5	Ded., then \$5	Ded., then \$20	Ded., then 0%	\$30	
Rx Preferred Brand ⁵	\$50	Ded., then \$50	Ded., then \$60	Ded., then \$85	Ded., then \$0	Ded., then \$40	Ded., then \$40	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$40	Ded., then 50%	Ded., then \$90	Ded., then 0%	Ded., then \$0	
Rx Non-Preferred Brand ⁵	50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 0%	Ded., then \$0	
Additional Benefits																				
Wellness Benefits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Up to \$300 in wellness rewards per adult					VBID Rx co-pay of \$1/\$3, up to \$50 in wellness rewards			N/A	VBID Rx co-pay of \$1/\$3, up to \$50 in wellness rewards	
Premiums by Tier	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	
Single	BCBSVT	\$751.92	\$657.15	\$561.02	\$488.26	\$499.22	\$571.48	\$492.22	\$492.22	\$633.59	\$549.55	\$484.78	\$607.36	\$484.56						
	MVP	\$705.42	\$596.79	\$528.79	\$425.27	\$456.68		\$505.48		\$429.17						\$604.43	\$474.08	\$425.35	\$568.54	\$422.10
Couple	BCBSVT	\$1,503.84	\$1,314.30	\$1,122.04	\$976.52	\$998.44	\$1,142.96	\$984.44	\$984.44	\$1,267.18	\$1,099.10	\$969.56	\$1,214.72	\$969.12						
	MVP	\$1,410.84	\$1,193.58	\$1,057.58	\$850.54	\$913.36		\$1,010.96		\$858.34						\$1,208.86	\$948.16	\$850.70	\$1,137.08	\$844.20
Parent and Child(ren)	BCBSVT	\$1,451.21	\$1,268.30	\$1,082.77	\$942.34	\$963.49	\$1,102.96	\$949.98	\$949.98	\$1,222.83	\$1,060.63	\$935.63	\$1,172.20	\$935.20						
	MVP	\$1,361.46	\$1,151.80	\$1,020.56	\$820.77	\$881.39		\$975.58		\$828.30						\$1,166.55	\$914.97	\$820.93	\$1,097.28	\$814.65
Family	BCBSVT	\$2,112.90	\$1,846.59	\$1,576.47	\$1,372.01	\$1,402.81	\$1,605.86	\$1,383.14	\$1,383.14	\$1,780.39	\$1,544.24	\$1,362.23	\$1,706.68	\$1,361.61						
	MVP	\$1,982.23	\$1,676.98	\$1,485.90	\$1,195.01	\$1,283.27		\$1,420.40		\$1,205.97						\$1,698.45	\$1,332.16	\$1,195.23	\$1,597.60	\$1,186.10

Footnotes
1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Pediatric Dental Class 1 Series (as indicated by plan).
2 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.
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 <http://info.healthconnect.vermont.gov/healthplans> 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 (for example, up to \$72,900 for a family of four), your deductible and max. out-of-pocket could be lower than the figures stated above. To learn more, go to www.VermontHealthConnect.gov and click on "Health Plans."
8 BCBSVT Standard Gold/Silver/Bronze plans have a \$100/\$300/\$900 Rx Deductible per person, while MVP Standard Gold/Silver/Bronze plans have an Rx Deductible of \$100/\$300/\$900 for a Single plan or \$200/\$600/\$1,800 for a family plan.
9 With High Deductible Health Plans (HDHP), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.
10 Some aggregate family deductibles have an embedded individual maximum out-of-pocket of \$7,350 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$7,350 for an individual.
11 This plan includes deductible-waived vision care for qualifying children. See Summary of Benefits and Coverage for details: <http://info.healthconnect.vermont.gov/healthplans#5BCs>

Updated 10/12/17