

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 2019 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	Silver HDHP	Bronze HDHP	Gold	Silver	Bronze without Rx MOOP	Gold CDHP (HDHP) Can pair with HSA	Silver CDHP (HDHP) Can pair with HSA (NEW in 2019)	Bronze CDHP (HDHP) without Rx MOOP (Can pair with HSA)	Gold	Silver	Bronze	Gold HDHP Can pair with HSA	Silver HDHP Can pair with HSA (NEW in 2019)	Bronze without Rx MOOP	
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	Individual / Family		
Deductible (Ded.)	Integrated Ded.?	N	N	N	N	Y - \$7,600/\$15,200	Y - \$1,550/\$3,100	Y - \$5,250/\$10,500	Y - \$1,550/\$3,100	Y - \$2,850/\$5,700	Y - \$7,900/\$15,800	Y - \$3,000/\$6,000	Y - \$4,100/\$8,200	Y - \$6,650/\$13,300	N	N	N	Y - \$2,700/\$5,400	Y - \$4,100/\$8,200	Y - \$7,600/\$15,200	
	Medical Ded.	\$350/\$700	\$850/\$1,700	\$2,800/\$5,600	\$5,500/\$11,000	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$850/\$1,700	\$1,400/\$2,800	\$6,750/\$13,500	See above	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, Den 1	Prev	Prev	Prev, 3 PCP/MH OV, Den1	Prev, 3 PCP/MH OV, Den1	Prev, 3 PCP/MH OV, Den1	Prev	Prev	Prev	Prev, UC, OV, Den1 ¹¹	Prev, 3 PCP/MH, Den1	Prev	Prev	Prev	Prev, 3 PCP/MH OV, Den1	
	Prescription (Rx) Ded.	\$0	\$100/\$200	\$300/\$600	\$900/\$1,800	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$225/\$450	\$400/\$800	\$550/\$1,100	See above	See above	See above	
	Waived for:	N/A (\$0 Ded.)	Rx Generic	Rx Generic	Not waived	Rx Generic	Rx Wellness	Rx Wellness	Not waived	Not waived	Not waived	Rx Wellness	Rx Wellness	Rx Wellness	Rx VBID, Rx Generic to age 10	Rx VBID, Rx Generic to age 10	Rx VBID, Rx Generic to age 10	Rx Wellness	Rx Wellness	Rx VBID, Rx Generic	
Max. Out-of-Pocket (MOOP)	Integrated?	N	N	Y-\$7,500/\$15,000 ⁷	Y - \$7,900/\$15,800	Y - \$7,600/\$15,200	Y-\$6,650/\$13,300	Y-\$6,650/\$13,300	Y-\$5,150/\$10,300	Y-\$7,900/\$15,800 ⁷	Y - \$7,900/\$15,800	Y - \$3,000/\$6,000	Y - \$4,100/\$8,200	Y - \$6,650/\$13,300	N	N	Y - \$7,900/\$15,800	Y - \$2,700/\$5,400	Y - \$4,100/\$8,200	Y - \$7,600/\$15,200	
	Medical	\$1,350/\$2,700	\$4,700/\$9,400	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	See above	See above	See above		
	Prescription (Rx)	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	See above	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	See above	\$1,350/\$2,700	\$1,350/\$2,700	See above	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	See above	
Stacked, Embedded or Aggregate?	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Embedded ⁶	Embedded ⁶	Embedded ⁶	Aggregate ⁶	Embedded ⁶	Embedded 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	\$30	Ded., then \$35	\$40	Ded., then 10%	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	Ded., then \$0	\$15	\$30 x3, then ded., then \$30	Ded., then \$40	Ded., then \$0	Ded., then \$0	0% x3, then ded., then 0%
	Specialist ²	\$30	\$30	\$75	Ded., then \$90	\$100	Ded., then 30%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	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%	
Urgent Care (UC)	\$40	\$40	\$85	Ded., then \$100	Ded., then \$0	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$30	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%	
Ambulance (Amb)	\$50	\$50	\$100	Ded., then \$100	Ded., then \$0	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$30	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%	
Emergency Room (ER) ³	Ded, then \$100	Ded, then \$150	Ded., then \$250	Ded., then 50%	Ded., then \$0	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 \$0	Ded., then \$250	Ded., then \$400	Ded., then 50%	Ded., then 0%	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 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%	
	Outpatient	Ded., then 10%	Ded., then 30%	Ded., then 40%	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%	
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	30-day supply	
Rx Generic ⁵	\$5	\$10	\$15	Ded., then \$20	\$25	Ded., then \$10	Ded., then \$12	Ded., then \$5	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then \$15	Ded., then \$25	\$5	Ded., then \$5	Ded., then \$20	Ded., then 0%	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 \$0	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then \$40	Ded., then 50%	Ded., then \$90	Ded., then 0%	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 60%	Ded., then 60%	Ded., then 60%	Ded., then \$0	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 0%	Ded., then 0%	Ded., then 0%		
Additional Benefits																					
Wellness Benefits	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, up to \$50 in wellness rewards			Up to \$50 in wellness rewards	Up to \$50 in wellness rewards	VBID Rx co-pay of \$3, up to \$50 in wellness rewards		
Premiums by Tier⁶	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	\$786.86	\$674.23	\$645.34	\$496.39	\$512.57	\$650.23	\$507.44	\$657.64	\$651.71	\$499.40	\$625.62	\$639.80	\$504.10							
	MVP	\$716.54	\$608.39	\$638.82	\$426.12	\$485.37	\$621.74	\$436.34							\$623.64	\$597.79	\$428.16	\$583.79	\$623.72	\$441.18	
Couple	BCBSVT	\$1,573.72	\$1,348.46	\$1,290.68	\$992.78	\$1,025.14	\$1,300.46	\$1,014.88	\$1,315.28	\$1,303.42	\$998.80	\$1,251.24	\$1,279.60	\$1,008.20							
	MVP	\$1,433.08	\$1,216.78	\$1,277.64	\$852.24	\$970.74	\$1,243.48	\$872.68							\$1,247.28	\$1,195.58	\$856.32	\$1,167.58	\$1,247.44	\$882.36	
Parent and Child(ren)	BCBSVT	\$1,518.64	\$1,301.26	\$1,245.51	\$958.03	\$989.26	\$1,254.94	\$979.36	\$1,269.25	\$1,257.80	\$963.84	\$1,207.45	\$1,234.81	\$972.91							
	MVP	\$1,382.92	\$1,174.19	\$1,232.92	\$822.41	\$936.76	\$1,199.96	\$842.14							\$1,203.63	\$1,153.73	\$826.35	\$1,126.71	\$1,203.78	\$851.48	
Family	BCBSVT	\$2,211.08	\$1,894.59	\$1,813.41	\$1,394.86	\$1,440.32	\$1,827.15	\$1,425.91	\$1,847.97	\$1,831.31	\$1,403.31	\$1,757.99	\$1,797.84	\$1,416.52							
	MVP	\$2,013.48	\$1,709.58	\$1,795.08	\$1,197.40	\$1,363.89	\$1,747.09	\$1,226.12							\$1,752.43	\$1,679.79	\$1,203.13	\$1,640.45	\$1,752.65	\$1,239.72	

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 a maximum of \$200/\$600/\$1,800 for all other tiers.
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 \$7,900 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$7,900 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 10/08/18