





# 2019 Silver Plan Designs with Cost-Sharing Reductions

|  <b>2019 Silver 73 Plans</b><br><small>Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.</small> |                                               |                                      |                                                        |                                          |                                                |                                                                |  <b>2019 Silver 77 Plans</b><br><small>Note: Silver 77 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.</small> |                                |                                                        |                                          |                                                |                                |                                |  <b>2019 Silver 87 Plans</b><br><small>Note: Silver 87 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.</small> |                                    |                                |                                          |                                          |                                |                                |  <b>2019 Silver 94 Plans</b><br><small>Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.</small> |                                |                                |                                          |                                          |                                |                                |                                |                |     |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------|--------------------------------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|------------------------------------------|------------------------------------------|--------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|------------------------------------------|------------------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------|-----|---------------|
| 2019 Silver 73 Plans                                                                                                                                                                                                                                                                                                                                                               |                                               | 2019 Silver 77 Plans                 |                                                        |                                          |                                                |                                                                | 2019 Silver 87 Plans                                                                                                                                                                                                                                                                                                                                                                |                                |                                                        |                                          |                                                | 2019 Silver 94 Plans           |                                |                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                |                                          |                                          |                                |                                |                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                |                                          |                                          |                                |                                |                                |                |     |               |
| Standard Silver 73                                                                                                                                                                                                                                                                                                                                                                 | Silver 73 HDHP (can pair with HSA)            | Blue Rewards Silver 73               | Blue Rewards CDHP (HDHP) Silver 73 (can pair with HSA) | MVP VT Plus Silver 73                    | MVP VT Plus HDHP (can pair with HSA) Silver 73 | Standard Silver 77                                             | Silver 77 HDHP (can pair with HSA)                                                                                                                                                                                                                                                                                                                                                  | Blue Rewards Silver 77         | Blue Rewards CDHP (HDHP) Silver 77 (can pair with HSA) | MVP VT Plus Silver 77                    | MVP VT Plus HDHP (can pair with HSA) Silver 77 | Standard Silver 87             | Silver 87 HDHP                 | Blue Rewards Silver 87                                                                                                                                                                                                                                                                                                                                                                | Blue Rewards CDHP (HDHP) Silver 87 | MVP VT Plus Silver 87          | MVP VT Plus HDHP Silver 87               | Standard Silver 94                       | Silver 94 HDHP                 | Blue Rewards Silver 94         | Blue Rewards CDHP (HDHP) Silver 94 (can pair with HSA)                                                                                                                                                                                                                                                                                                                                | MVP VT Plus Silver 94          | MVP VT Plus HDHP Silver 94     |                                          |                                          |                                |                                |                                |                |     |               |
| Deductible/Max. Out-of-Pocket                                                                                                                                                                                                                                                                                                                                                      | 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                            | Deductible/Max. Out-of-Pocket  | 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            |                                          |                                          |                                |                                |                                |                |     |               |
| <b>Deductible (Ded.)</b>                                                                                                                                                                                                                                                                                                                                                           | Integrated Ded. <sup>2</sup>                  | N                                    | Y - \$1,550/\$3,100                                    | Y - \$2,100/\$4,200                      | Y - \$3,550/\$7,100                            | N                                                              | Y - \$3,750/\$7,500                                                                                                                                                                                                                                                                                                                                                                 | Integrated Ded. <sup>2</sup>   | N                                                      | Y - \$1,350/\$2,700                      | Y - \$1,000/\$2,000                            | Y - \$2,800/\$5,600            | N                              | Y - \$2,800/\$5,600                                                                                                                                                                                                                                                                                                                                                                   | Integrated Ded. <sup>2</sup>       | N                              | Y - \$1,200/\$2,400                      | Y - \$200/\$400                          | Y - \$1,300/\$2,600            | N                              | Y - \$1,150/\$2,300                                                                                                                                                                                                                                                                                                                                                                   | Integrated Ded. <sup>2</sup>   | N                              | Y - \$550/\$1,100                        | Y - \$0                                  | Y \$550/\$1,100                | N                              | Y - \$425/\$850                |                |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                    | Medical Ded.                                  | \$2,700/\$5,400                      | See above                                              | See above                                | See above                                      | \$1,150/\$2,300                                                | See above                                                                                                                                                                                                                                                                                                                                                                           | Medical Ded.                   | \$2,200/\$4,400                                        | See above                                | See above                                      | See above                      | \$300/\$600                    | See above                                                                                                                                                                                                                                                                                                                                                                             | Medical Ded.                       | \$800/\$1,600                  | See above                                | See above                                | See above                      | \$0                            | See above                                                                                                                                                                                                                                                                                                                                                                             | Medical Ded.                   | \$150/\$300                    | See above                                | See above                                | See above                      | \$0                            | See above                      |                |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                    | Waived <sup>3</sup> for: (see Services below) | Prev. OV, UC, Amb, Den1 <sup>4</sup> | Prev                                                   | Prev, Den1 3 PCP/MH OV                   | Prev                                           | Prev, Den1 3 PCP/MH OV                                         | Prev                                                                                                                                                                                                                                                                                                                                                                                | Prev, Den1 3 PCP/MH OV         | Prev                                                   | Prev, Den1 3 PCP/MH OV                   | Prev                                           | Prev, Den1 3 PCP/MH OV         | Prev                           | Prev, Den1 3 PCP/MH OV                                                                                                                                                                                                                                                                                                                                                                | Prev                               | Prev, Den1 3 PCP/MH OV         | Prev                                     | Prev, Den1 3 PCP/MH OV                   | Prev                           | N/A                            | Prev                                                                                                                                                                                                                                                                                                                                                                                  | Prev, Den1 3 PCP/MH OV         | Prev, Den1 3 PCP/MH OV         | Prev, Den1 3 PCP/MH OV                   | Prev, Den1 3 PCP/MH OV                   | Prev                           | N/A                            | Prev                           |                |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                    | Prescription (Rx) Ded.                        | \$300/\$600 <sup>7</sup>             | N/A                                                    | N/A                                      | See above                                      | \$300/\$600                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                 | Prescription (Rx) Ded.         | \$200/\$400 <sup>7</sup>                               | N/A                                      | N/A                                            | See above                      | \$100/\$200                    | N/A                                                                                                                                                                                                                                                                                                                                                                                   | Prescription (Rx) Ded.             | \$150/\$300                    | N/A                                      | N/A                                      | See above                      | \$0                            | N/A                                                                                                                                                                                                                                                                                                                                                                                   | Prescription (Rx) Ded.         | N/A                            | N/A                                      | N/A                                      | See above                      | \$0                            | N/A                            |                |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                    | Waived for:                                   | Rx Generic                           | Rx Wellness <sup>8</sup>                               | Not Waived                               | Rx Wellness <sup>8</sup>                       | Rx VBID, Generic to age 10                                     | Rx Wellness <sup>8</sup>                                                                                                                                                                                                                                                                                                                                                            | Waived for:                    | Rx Generic                                             | Rx Wellness <sup>8</sup>                 | Not Waived                                     | Rx Wellness <sup>8</sup>       | Rx VBID, Generic to age 10     | Rx Wellness <sup>8</sup>                                                                                                                                                                                                                                                                                                                                                              | Waived for:                        | Rx Generic                     | Rx Wellness <sup>8</sup>                 | Not Waived                               | Rx Wellness <sup>8</sup>       | Rx VBID, Generics to age 10    | Rx Wellness <sup>8</sup>                                                                                                                                                                                                                                                                                                                                                              | Waived for:                    | N/A                            | Rx Wellness <sup>8</sup>                 | Not Waived                               | Rx Wellness <sup>8</sup>       | Rx VBID, Generics to age 10    | Rx Wellness <sup>8</sup>       |                |     |               |
| <b>Max. Out-of-Pocket (MOOP)</b>                                                                                                                                                                                                                                                                                                                                                   | Integrated?                                   | Y - \$6,300/\$12,600                 | Y-\$4,800/\$9,600                                      | Y-\$5,700/\$11,400                       | Y - \$3,550/\$7,100                            | N                                                              | Y - \$3,750/\$7,500                                                                                                                                                                                                                                                                                                                                                                 | Integrated?                    | Y - \$4,900/\$9,800                                    | Y-\$3,300/\$6,600                        | Y-\$5,200/\$10,400                             | Y - \$2,800/\$5,600            | N                              | Y - \$2,800/\$5,600                                                                                                                                                                                                                                                                                                                                                                   | Integrated?                        | Y - \$1,800/\$3,600            | Y-\$1,200/\$2,400                        | Y-\$2,000/\$4,000                        | Y - \$1,300/\$2,600            | N                              | Y - \$1,150/\$2,300                                                                                                                                                                                                                                                                                                                                                                   | Integrated?                    | Y - \$900/\$1,800              | Y-\$550/\$1,100                          | Y-\$950/\$1,900                          | \$550/\$1,100                  | N                              | Y - \$425/\$850                |                |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                    | Medical                                       | See above                            | See above                                              | See above                                | See above                                      | \$5,100/\$10,200                                               | See above                                                                                                                                                                                                                                                                                                                                                                           | Medical                        | See above                                              | See above                                | See above                                      | See above                      | \$5,050/\$10,100               | See above                                                                                                                                                                                                                                                                                                                                                                             | Medical                            | See above                      | See above                                | See above                                | See above                      | \$2,250/\$4,500                | See above                                                                                                                                                                                                                                                                                                                                                                             | Medical                        | See above                      | See above                                | See above                                | See above                      | \$1,250/\$2,500                | See above                      |                |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                    | Prescription (Rx)                             | \$1,200/\$2,400                      | \$1,350/\$2,700                                        | \$1,350/\$2,700                          | \$1,350/\$2,700                                | \$1,350/\$2,700                                                | \$1,350/\$2,700                                                                                                                                                                                                                                                                                                                                                                     | Prescription (Rx)              | \$1,000/\$2,000                                        | \$1,350/\$2,700                          | \$1,350/\$2,700                                | \$1,350/\$2,700                | \$1,350/\$2,700                | \$1,350/\$2,700                                                                                                                                                                                                                                                                                                                                                                       | Prescription (Rx)                  | \$400/\$800                    | See above                                | \$1,350/\$2,700                          | \$1,300/\$2,600                | \$550/\$1,100                  | See above                                                                                                                                                                                                                                                                                                                                                                             | Prescription (Rx)              | \$200/\$400                    | See above                                | See above                                | See above                      | \$200/\$400                    | See above                      |                |     |               |
| Stacked, Embedded or Aggregate <sup>9</sup>                                                                                                                                                                                                                                                                                                                                        | Stacked <sup>6</sup>                          | Aggregate <sup>6</sup>               | Aggregate Embedded <sup>6</sup>                        | Aggregate Embedded <sup>6</sup>          | Embedded <sup>6</sup>                          | Embedded <sup>6</sup>                                          | Stacked, Embedded or Aggregate <sup>6</sup>                                                                                                                                                                                                                                                                                                                                         | Stacked <sup>6</sup>           | Aggregate <sup>6</sup>                                 | Aggregate Embedded <sup>6</sup>          | Aggregate Embedded <sup>6</sup>                | Embedded <sup>6</sup>          | Embedded <sup>6</sup>          | Stacked, Embedded or Aggregate <sup>6</sup>                                                                                                                                                                                                                                                                                                                                           | Stacked <sup>6</sup>               | Aggregate <sup>6</sup>         | Aggregate Embedded <sup>6</sup>          | Aggregate Embedded <sup>6</sup>          | Embedded <sup>6</sup>          | Embedded <sup>6</sup>          | Stacked, Embedded or Aggregate <sup>6</sup>                                                                                                                                                                                                                                                                                                                                           | Stacked <sup>6</sup>           | Aggregate <sup>6</sup>         | Aggregate Embedded <sup>6</sup>          | Aggregate Embedded <sup>6</sup>          | Embedded <sup>6</sup>          | Embedded <sup>6</sup>          |                                |                |     |               |
| 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 (\$) | 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                            | \$0                            |                |     |               |
| Office Visit (OV)                                                                                                                                                                                                                                                                                                                                                                  | PCP or Mental Health (PCP/MH)                 | \$30                                 | Ded., then 10%                                         | Ded., then \$30                          | 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)                          | \$20                                     | Ded., then 10%                                 | Ded., then \$30                | 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                 | Ded., then \$30                | Ded., then \$0                                                                                                                                                                                                                                                                                                                                                                        | \$5                            | Ded., then 0%                  | Office Visit (OV)                        | PCP or Mental Health (PCP/MH)            | \$5                            | Ded., then \$0                 | \$15                           | Ded., then \$0 | \$5 | Ded., then 0% |
|                                                                                                                                                                                                                                                                                                                                                                                    | Specialist <sup>2</sup>                       | \$65                                 | Ded., then 25%                                         | Ded., then \$50                          | Ded., then \$0                                 | Ded., then \$60                                                | Ded., then 0%                                                                                                                                                                                                                                                                                                                                                                       | Specialist <sup>2</sup>        | \$40                                                   | Ded., then 25%                           | Ded., then \$50                                | Ded., then \$0                 | Ded., then \$40                | Ded., then 0%                                                                                                                                                                                                                                                                                                                                                                         | Specialist <sup>2</sup>            | \$30                           | Ded., then \$0                           | Ded., then \$50                          | Ded., then \$0                 | \$30                           | Ded., then 0%                                                                                                                                                                                                                                                                                                                                                                         | Specialist <sup>2</sup>        | \$15                           | Ded., then \$0                           | \$35                                     | Ded., then \$0                 | \$10                           | Ded., then 0%                  |                |     |               |
| Urgent Care (UC)                                                                                                                                                                                                                                                                                                                                                                   | \$75                                          | Ded., then 25%                       | Ded., then \$50                                        | Ded., then \$0                           | Ded., then \$60                                | Ded., then 0%                                                  | Urgent Care (UC)                                                                                                                                                                                                                                                                                                                                                                    | \$50                           | 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                           | \$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                           | \$50                           | Ded., then 0%                  | Ambulance (Amb)                                                                                                                                                                                                                                                                                                                                                                       | \$50                           | Ded., then \$0                 | \$35                                     | Ded., then \$0                           | \$25                           | Ded., then 0%                  |                                |                |     |               |
| Emergency Room (ER) <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                   | Ded., then \$250                              | Ded., then 25%                       | Ded., then \$400                                       | Ded., then \$0                           | Ded., then \$350                               | Ded., then 0%                                                  | Emergency Room (ER) <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                    | Ded., then \$250               | Ded., then 25%                                         | Ded., then \$400                         | Ded., then \$0                                 | Ded., then \$100               | Ded., then 0%                  | Emergency Room (ER) <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                      | Ded., then \$250                   | Ded., then \$0                 | Ded., then \$250                         | Ded., then \$0                           | \$50                           | Ded., then 0%                  | Emergency Room (ER) <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                      | Ded., then \$75                | Ded., then \$0                 | \$250                                    | Ded., then \$0                           | \$25                           | Ded., then 0%                  |                                |                |     |               |
| Hospital Services <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                     | Inpatient                                     | Ded., then 40%                       | Ded., then 25%                                         | Ded., then \$1,500                       | Ded., then \$0                                 | Ded., then 50%                                                 | Ded., then 0%                                                                                                                                                                                                                                                                                                                                                                       | Hospital Services <sup>4</sup> | Inpatient                                              | Ded., then 40%                           | Ded., then 25%                                 | Ded., then \$1,500             | Ded., then \$0                 | Ded., then 30%                                                                                                                                                                                                                                                                                                                                                                        | Ded., then 0%                      | Hospital Services <sup>4</sup> | Inpatient                                | Ded., then 40%                           | Ded., then \$0                 | Ded., then \$500               | Ded., then \$0                                                                                                                                                                                                                                                                                                                                                                        | 10%                            | Ded., then 0%                  | Hospital Services <sup>4</sup>           | Inpatient                                | Ded., then 10%                 | Ded., then \$0                 | \$0                            | Ded., then \$0 | 5%  | Ded., then 0% |
|                                                                                                                                                                                                                                                                                                                                                                                    | Outpatient                                    | Ded., then 40%                       | Ded., then 25%                                         | Ded., then \$1,500                       | Ded., then \$0                                 | Ded., then \$1,400                                             | Ded., then 0%                                                                                                                                                                                                                                                                                                                                                                       | Outpatient                     | Ded., then 40%                                         | 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                 | \$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                  | 30-day supply                  |                |     |               |
| Rx Generic <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                            | \$12                                          | Ded., then \$10 <sup>6</sup>         | Ded., then \$5                                         | Ded., then \$15                          | Ded., then \$5                                 | Ded., then 0%                                                  | Rx Generic <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                             | \$12                           | Ded., then \$10 <sup>6</sup>                           | Ded., then \$5                           | Ded., then \$15                                | Ded., then \$5                 | Ded., then 0%                  | Rx Generic <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                               | \$10                               | Ded., then \$0                 | Ded., then \$5                           | Ded., then \$15                          | \$5                            | Ded., then 0%                  | Rx Generic <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                               | \$5                            | Ded., then \$0                 | \$5                                      | Ded., then \$15                          | \$5                            | Ded., then 0%                  |                                |                |     |               |
| Rx Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                    | Ded., then \$60                               | Ded., then \$40 <sup>6</sup>         | Ded., then 40%                                         | Ded., then 40%                           | Ded., then 50%                                 | Ded., then 0%                                                  | Rx Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                     | Ded., then \$60                | Ded., then \$40 <sup>6</sup>                           | Ded., then 40%                           | Ded., then 40%                                 | Ded., then 40%                 | Ded., then 0%                  | Rx Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                       | Ded., then \$50                    | Ded., then \$0                 | Ded., then 40%                           | Ded., then 40%                           | 20%                            | Ded., then 0%                  | Rx Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                       | \$20                           | Ded., then \$0                 | 40%                                      | Ded., then 40%                           | 5%                             | Ded., then 0%                  |                                |                |     |               |
| Rx Non-Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                | Ded., then 50%                                | Ded., then 50%                       | Ded., then 60%                                         | Ded., then 60%                           | Ded., then 50%                                 | Ded., then 0%                                                  | Rx Non-Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                 | Ded., then 50%                 | Ded., then 50%                                         | Ded., then 60%                           | Ded., then 60%                                 | Ded., then 40%                 | Ded., then 0%                  | Rx Non-Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                   | Ded., then 50%                     | Ded., then \$0                 | Ded., then 60%                           | Ded., then 60%                           | 40%                            | Ded., then 0%                  | Rx Non-Preferred Brand <sup>5</sup>                                                                                                                                                                                                                                                                                                                                                   | 30%                            | Ded., then \$0                 | 60%                                      | Ded., then 60%                           | 5%                             | Ded., then 0%                  |                                |                |     |               |
| Additional Benefits                                                                                                                                                                                                                                                                                                                                                                |                                               |                                      |                                                        |                                          |                                                |                                                                | Additional Benefits                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                        |                                          |                                                |                                |                                | Additional Benefits                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                |                                          |                                          |                                |                                | Additional Benefits                                                                                                                                                                                                                                                                                                                                                                   |                                |                                |                                          |                                          |                                |                                |                                |                |     |               |
| Wellness Benefits                                                                                                                                                                                                                                                                                                                                                                  | N/A                                           | N/A                                  | Up to \$300 in health & wellness rewards               | Up to \$300 in health & wellness rewards | Up to \$50 in wellness rewards                 | Up to \$50 in wellness rewards                                 | Wellness Benefits                                                                                                                                                                                                                                                                                                                                                                   | N/A                            | N/A                                                    | Up to \$300 in health & wellness rewards | Up to \$300 in health & wellness rewards       | Up to \$50 in wellness rewards | Up to \$50 in wellness rewards | Wellness Benefits                                                                                                                                                                                                                                                                                                                                                                     | N/A                                | N/A                            | Up to \$300 in health & wellness rewards | Up to \$300 in health & wellness rewards | Up to \$50 in wellness rewards | Up to \$50 in wellness rewards | Wellness Benefits                                                                                                                                                                                                                                                                                                                                                                     | N/A                            | N/A                            | Up to \$300 in health & wellness rewards | Up to \$300 in health & wellness rewards | Up to \$50 in wellness rewards | Up to \$50 in wellness rewards |                                |                |     |               |

**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 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. Some HDHP 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. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.  
7 BCBSVT Standard Silver 73 plans have a \$300 Rx deductible, and Silver 77 plans have a \$200 Rx deductible on brand drugs per person, while MVP Standard Silver 73 plans have an Rx Deductible of \$300 on brand drugs for a single plan or a maximum of \$600 for all other tiers and MVP Standard Silver 77 plans have an Rx Deductible of \$200 on brand drugs for a single plan or a maximum of \$400 for all other tiers. BCBSVT Standard Silver 87 plans have a \$150 Rx Deductible on brand drugs per person, while MVP Standard Silver 87 plans have an Rx Deductible of \$150 on brand drugs for a single plan or \$300 for the family plan.  
8 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>.  
9 This plan includes deductible-waived vision care for qualifying children. See Summary of Benefits and Coverage for details: <http://info.healthconnect.vermont.gov/healthplans#SBC>.

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