

2019 Silver Plan Designs with Cost-Sharing Reductions

2019 Silver 73 Plans

Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2019 Silver 77 Plans

Note: Silver 77 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2019 Silver 87 Plans

Note: Silver 87 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2019 Silver 94 Plans

Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

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	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	Individual / Family	Deductible/Max. Out-of-Pocket	Individual / Family	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	Individual / Family	Deductible/Max. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family				
Deductible (Ded.)	Integrated Ded. ²	N	Y - \$1,550 / \$3,100	Y - \$2,100 / \$4,200	Y - \$3,550 / \$7,100	N	Y - \$3,750 / \$7,500	Integrated Ded. ²	N	Y - \$1,350 / \$2,700	Y - \$1,000 / \$2,000	Y - \$2,800 / \$5,600	N	Y - \$2,800 / \$5,600	Integrated Ded. ²	N	Y - \$1,200 / \$2,400	Y - \$200 / \$400	Y - \$1,300 / \$2,600	N	Y - \$1,150 / \$2,300	Integrated Ded. ²	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 ³ for: (see Services below)	Prev. OV, UC, Amb, Den1 ⁴	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Waived ³ for: (see Services below)	Prev. OV, UC, Amb, Den1 ⁴	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Waived ³ for: (see Services below)	Prev. OV, UC, Amb, Den1 ⁴	Prev	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev	Waived ³ for: (see Services below)	Prev. OV, UC, Amb, Den1 ⁴	Prev, OV, UC, Amb, Den1 ⁴	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev			
	Prescription (Rx) Ded.	\$300 / \$600 ⁷	N/A	N/A	See above	\$300 / \$600	N/A	Prescription (Rx) Ded.	\$200 / \$400 ⁷	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			
Max. Out-of-Pocket (MOOP)	Integrated ²	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 ²	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 ²	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 ²	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 ²	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Embedded ⁶	Stacked, Embedded or Aggregate ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Embedded ⁶	Stacked, Embedded or Aggregate ²	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Embedded ⁶	Stacked, Embedded or Aggregate ²	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded 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 (\$)	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 (\$)				
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				
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 ²	\$65	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%	Specialist ²	\$40	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$40	Ded., then 0%	Specialist ²	\$30	Ded., then \$0	Ded., then \$50	Ded., then \$0	\$30	Ded., then 0%	Specialist ²	\$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) ³	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency Room (ER) ³	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$100	Ded., then 0%	Emergency Room (ER) ³	Ded., then \$250	Ded., then \$0	Ded., then \$250	Ded., then \$0	\$50	Ded., then 0%	Emergency Room (ER) ³	Ded., then \$75	Ded., then \$0	\$250	Ded., then \$0	\$25	Ded., then 0%				
Hospital Services ⁴	Inpatient	Ded., then 40%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then 50%	Ded., then 0%	Hospital Services ⁴	Inpatient	Ded., then 40%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then 30%	Ded., then 0%	Hospital Services ⁴	Inpatient	Ded., then 40%	Ded., then \$0	Ded., then \$500	Ded., then \$0	10%	Ded., then 0%	Hospital Services ⁴	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				
Rx Generic ⁵	\$12	Ded., then \$10 ⁶	Ded., then \$5	Ded., then \$15	Ded., then \$5	Ded., then 0%	Rx Generic ⁵	\$12	Ded., then \$10 ⁶	Ded., then \$5	Ded., then \$15	Ded., then \$5	Ded., then 0%	Rx Generic ⁵	\$10	Ded., then \$0	Ded., then \$5	Ded., then \$15	\$5	Ded., then 0%	Rx Generic ⁵	\$5	Ded., then \$0	\$5	Ded., then \$15	\$5	Ded., then 0%				
Rx Preferred Brand ⁵	Ded., then \$60	Ded., then \$40 ⁶	Ded., then 40%	Ded., then 40%	Ded., then 50%	Ded., then 0%	Rx Preferred Brand ⁵	Ded., then \$60	Ded., then \$40 ⁶	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then 0%	Rx Preferred Brand ⁵	Ded., then \$50	Ded., then \$0	Ded., then 40%	Ded., then 40%	20%	Ded., then 0%	Rx Preferred Brand ⁵	\$20	Ded., then \$0	40%	Ded., then 40%	5%	Ded., then 0%				
Rx Non-Preferred Brand ⁵	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 60%	Ded., then 50%	Ded., then 0%	Rx Non-Preferred Brand ⁵	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 60%	Ded., then 40%	Ded., then 0%	Rx Non-Preferred Brand ⁵	Ded., then 50%	Ded., then \$0	Ded., then 60%	Ded., then 60%	40%	Ded., then 0%	Rx Non-Preferred Brand ⁵	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>