2020 Silver Plan Designs with Cost-Sharing Reductions

VERMONT HEALTH CONNECT 2020

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.

VERMONT 2020 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.

VERMONT 2020

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.

VERMONT HEALTH CONNECT STATE

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.

2020 Silver 73 Plans		Standard Silver 73 (can pair wit			Blue Rewards CDHP (HDHP) Silver 73 (can pair with HSA)	MVP VT Plus Silver MVP VT Plus HD (can pair with H: Silver 73				Standard Silver 77	Silver 77 HDHP (can pair with HSA)		Blue Rewards CDHP (HDHP) Silver 77 (can pair with HSA)		MVP VT Plus HDHP (can pair with HSA) Silver 77	2020 Silve	er 87 Plans	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	2020 Silve	er 94 Plans	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 In		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	x. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	ax. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max	k. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	ndividual / Family	Individual / Family	
Deductible (Det	Integ	grated Ded.?	N	Y - \$1,700/\$3,400	Y - \$2,100/\$4,200	Y - \$3,850/\$7,700	N	Y - \$4,100/\$8,200	Deductible (Ded.)	Integrated Ded.?	N	Y - \$1,450/\$2,900	Y- \$1,000/\$2,000	\$2,900/\$5,800	N	Y - \$3,250/\$6,500		Integrated Ded.?	N	Y - \$1,250/\$2,500 See above	Y - \$200/\$400	Y - \$1,300/\$2,600	N	See above		Integrated Ded.?	N	Y - \$550/\$1,100	Y - \$0	Y - \$550/\$1,100	N	Y - \$600/\$1,200
	Me	edical Ded.	\$3,100/\$6,200	See above	See above	See above	\$1,300/\$2,600	See above		Medical Ded.	Valved ¹ for: Prev, OV, UC, Amb, Services below) Den1 ⁹	See above	See above	See above	Prev, Den1 3 PCP/MH OV ⁹	See above		Medical Ded.	\$900/\$1,800		See above	See above Prev See above	\$0 N/A \$0			Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above
		'aived¹ for: F ervices below)	Prev, OV, UC, Amb, Den1 ⁹	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV ⁹	Prev		Waived¹ for: (see Services below		Prev	Prev, Den1 3 PCP/MH OV	Prev		Prev	Deductible (Ded.)	Waived ¹ for: (see Services below		Prev	Prev, Den1 3 PCP/MH OV See above				Deductible (Ded.)	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸	Prev, OV, UC, Amb, Den1 ⁸	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev
		cription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$450/\$900	See above		Prescription (Rx) Ded.		See above	See above	See above		.,,		Prescription (Rx) Ded.		See above					1	Prescription (Rx) Ded.	N/A	See above	See above	See above	\$0	See above
	W	/aived for:	Rx Generic	Rx Wellness ⁸	Not Waived	Rx Wellness ⁸	Rx VBID, Generic to age 10	Rx Wellness ⁸		Waived for:	Rx Generic	Rx Wellness ⁸	Not Waived	Rx Wellness ⁸	Rx VBID, Generic to age 10			Waived for:	Rx Generic	Rx Wellness ⁸	Not Waived	Rx Wellness ⁸	Rx VBID, Generics to age 10			Waived for:	N/A	Rx Wellness ⁷	Not Waived	Rx Wellness ⁷	Rx VBID, Generics to age 10	Rx Wellness ⁷
	Int	ntegrated?	Y - \$6,500/\$13,000	Y - \$5,000/\$10,000	Y - \$6,200/\$12,400	Y - \$3,850/\$7,700	N	Y - \$4,100/\$8,200	Max. Out-of- Pocket (MOOP)	Integrated?	grated? Y - \$5,000/\$10,000	Y - \$3,400/\$6,800	Y - \$5,200/\$10,400	Y - \$2,900/\$5,800	N	Y - \$3,250/\$6,500		Integrated?	Y - \$1,900/\$3,800	Y - \$1,250/\$2,500	Y - \$2,000/\$4,000	Y - \$1,300/\$2,600	N	Y - \$1,400/\$2,800		Integrated?	Y - \$900/\$1,800	Y - \$550/\$1,100	Y - \$950/\$1,900	Y - \$550/\$1,100	N	Y - \$600/\$1,200
Max. Out Pocket (M		Medical	See above	See above	See above	See above	\$5,400/\$10,800	See above		Medical	See above	See above	See above	See above	\$5,400/\$10,800	See above	Max. Out-of- Pocket (MOOP)	Medical	See above	See above	See above	See above	\$2,450/\$4,900	See above	Max. Out-of- Pocket (MOOP)	Medical	See above	See above	See above	See above	\$1,450/\$2,900	See above
	Preso	cription (Rx)	\$1,200/\$2,400	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,350/\$2,700	\$1,400/\$2,800		Prescription (Rx)	\$1,000/\$2,000	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,350/\$2,700	\$1,400/\$2,800		Prescription (Rx)	\$400/\$800	See above	See above	\$1,300/\$2,600	\$600/\$1,200	See above		Prescription (Rx)	\$200/\$400	See above	See above	See above	\$350/\$700	See above
Stacked, I	mbedded or Ag	Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embedd	led or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embed	ded or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked ⁶ Stacked, Embedd	ed or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶
Service	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 Categ	Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Service Categ	gory (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 Catego	ory (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 (\$)
ı	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventi	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	Prevent	tive (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	\$0 Prevent		\$0	\$0	\$0	\$0	\$0	\$0
Office Visit (O\	Healt	P or Mental ith (PCP/MH)	\$35	Ded., then 10%	Ded., then \$30	Ded., then \$0	3 visits at \$30; then deductible, then \$30 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$25	Ded., then 10%	Ded., then \$30	Ded., then \$0	3 visits 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%	Ded., then 0% Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5	Ded., then 0%	Ded., then \$15	Ded., then \$0	\$5	Ded., then 0%
	Sp	ipecialist ²	\$70	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%		Specialist ²	\$50	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%	Ded., then \$35	Ded., then \$0	\$10	Ded., then 0%
ı	Urgent Care (UC)		\$80	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%	Urgent (Care (UC)	\$60	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 C	Care (UC)	\$25	Ded., then 0%	\$35	Ded., then \$0	\$10	Ded., then 0%
F	Ambulance (Amb)		\$100	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$100	Ded., then 0%	Ambular	nce (Amb)	\$100	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$100	Ded., then 0%	Ambular	nce (Amb)	\$100	Ded., then 0%	Ded., then \$50	Ded., then \$0	\$50	Ded., then 0%	Ambulan	ce (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%
Eme	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	y 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 Ser		Inpatient	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then 50%	Ded., then 0%	Hospital Services ⁴	Inpatient	Ded., then 50%	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	500 Ded., then \$0	10%	Ded., then 0% Hospital Service Ded., then 0%	Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	5%	Ded., then 0%
		Outpatient	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then \$1,400	Ded., then 0%		Outpatient		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			Outpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$40	Ded., then 0%
Prescrip	Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (R)	t) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (R	x) 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 ⁸	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0%8	Rx Ge	eneric ⁵	\$12	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0%8	Rx G	eneric ⁵	\$10	Ded., then 0%8	Ded., then \$5	Ded., then \$0	\$5	Ded., then 0%8	Rx Ge	neric ⁵	\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% ⁷
Ro	Preferred Bran	nd ^S	Rx ded., then \$60	Ded., then \$40 ⁸	Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0%8	Rx Prefer	red Brand ⁵	Rx ded., then \$60	Ded., then \$40 ⁸	Ded., then 40%	Ded., then \$0	Ded., then 40%	Ded., then 0%8	Rx Prefer	rred Brand ⁵	Rx ded., then \$50	Ded., then 0%8	Ded., then 40%	Ded., then \$0	20%	Ded., then 0%8	Rx Prefer	red Brand ⁵	\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0% ⁷
Rx N	n-Preferred Br	Brand ⁵	Rx ded., then 50%	Ded., then 50%8	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 0%8	Rx Non-Prefer	erred Brand ⁵	Rx ded., then 50%	Ded., then 50% ⁸	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0%8	Rx Non-Pre	Rx Non-Preferred Brand ⁵		Ded., then 0%8	Ded., then 60%	Ded., then \$0	40%	Ded., then 0% ⁸	Rx Non-Prefe	erred Brand ⁵	30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0% ⁷
Additional Ben		fits							Addition	al Benefits							Addition	al Benefits							Additiona	l Benefits						
\ \	'ellness Benefit	its	N/A	N/A	Individualized plans & savings		Up to \$600 in WellBeing Rewards		Wellnes	s Benefits	N/A	N/A	Individualized plans & savings	Individualized plans & savings	Up to \$600 in WellBeing Rewards		Wellnes	ss Benefits	N/A	N/A	Individualized plans & savings	Individualized plans & savings	Up to \$600 in WellBeing Rewards		Wellness	Benefits	N/A	N/A		Individualized plans & savings		

Footnotes

1 Abbreviations – Ded: Deductible, Rc 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 ST, vision, and any alternative medicine benefits, as appropriate. As of 2020, PT/OT have separate cost share.
3 Enco-pay is waveful admitted.
3 Enco-pay is waived if admitted.
4 Hospital Services are inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centres); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesis costs, as appropriate.
5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific forug qualifies for the Genetic or Preferred co-pay, view the formularies at 5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific forug qualifies for the Genetic or Preferred co-pay, view the formularies at 6 With an aggregate family devictible, your family munice that fermly deductible before the plan pays benefits. Some HDIPP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$1,500 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 devictible or your family municiple deductible.
7 BCBSY Standard Silver 73 plans have a \$200 Rx deductible on Drand drugs per person, while while MRI PS almake as 200 Rx deductible on Drand drugs per person, while while MRI PS almake as Rx Deductibles of \$250 on brand of \$250 on br

7 BCBSVT Standard Silver 73 Jans have a \$300 Rx deductible, and silver 77 plans have a \$200 Rx deductible on brand drugs, per person, white well not be deductible on brand drugs, per person, white well not be deductible of \$350 on brand drugs for a single plan or a maximum of \$700 for all other ties and MVP Standard Silver 77 plans have an Rx Deductible of \$250 on brand drugs for a single plan or a maximum of \$500 for all other tiers. BCBSVT Standard Silver 87 plans have a \$150 Rx Deductible of \$350 on brand drugs for a single plan or 300 for the family plan. Standard Silver 87 plans have a \$150 Rx Deductible of \$300 on brand drugs for a single plan or \$300 for the family plan. Standard Silver 87 plans have an \$400 on brand drugs for a single plan or \$300 for the family plan. Standard Silver 87 plans have an \$400 on brand drugs for a single plan or \$300 for the family plan. Standard Silver 87 plans have an \$400 on brand drugs for a single plan or \$300 for the family plan. Standard Silver 87 plans have an \$400 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 have \$400 on the silver \$400 on the si

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:

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

Footnotes

1 Abbreviations — Ded: Deductible, Ric Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID:
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1. Abbreviations - Dect. Deductible, Rc. Prescription Drugs, OV. Office Visits, U.C. 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 57, vision, and any alternative medicine benefits, as appropriate. As of 2020, PT/OT have separate cost share.
3 Rc. Opay is walved 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 const-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://nich.nethronenct.vermorul.po/healthpians or contact RESENT (Bod2-272-SB3) or MNI (B84-856-502-50).
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 \$5,0.00 to prevent one individual form maximum out-of-pocket of \$5,0.00 to prevent one individual form maximum out-of-pocket deductible, the plan pays benefits some individual form one individu

a will implif beautinement was including the plan to the plan and an artificial plan to the plan and plan to the plan includes denoted when the plan includes denoted when the plan to the

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Footnotes

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3 Exc o-pay is waived if admitted.

4 Hospital Services are inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centres); and Radiology (MRI, CT, PET). This cost-sharing will be include physician and anesthesis costs, as appropriate.

5 Each insurance carrier classifies drugs according to its own formulary. To see 1s appellic forum qualities for the Genetic or Preferred co-pay, view the formularies at 5 Each insurance carrier classifies drugs according to its own formulary. To see 1s appellic forum qualities for the Genetic or Preferred co-pay, view the formularies at 6 With an aggregate family deductible, your family municine most the family deductible before the plan pays benefits. Some HDIP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$1,300 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 deactible be rough and plan of yam and your development of \$200 on the and of

7 BCBSVT Standard Silver 73 Janss have a \$3,000 Kx deductible, and Silver 77 Janss have a \$2,000 Kx deductible on brand drugs per person, when verne verv a standard silver 78 Janss have a RX Deductible of \$550 on brand drugs for a single plan or a maximum of \$700 for all other ties and MVP Standard Silver 77 Janss have a RX Deductible of \$550 on brand drugs for a single plan or a maximum of \$500 for all other ties. BCBSVT Standard Silver 87 Janss have a \$150 Rx Deductible on brand drugs per person, while MVP Standard Silver 87 Janss have a \$150 Rx Deductible on brand drugs per person, while MVP Standard Silver 87 Janss have a \$150 Rx Deductible on brand drugs per person, while MVP Standard Silver 87 Janss have an Kx Deductible of \$500 for all other ties. Silver Silver

http://info.bealthconnect.vermont.gov/healthplans.

9 This plan includes deductible-waived vision care for qualifying children. See Summary of Benefits and Coverage for details:

1 Abbreviations – Ded: Deductible, Rr. Prescription Drugs, OV. Office Vists, U.C. Urgent Care, Amb. Ambulance, Den!:Pedatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.
2 Specialist co-pay also applies to 3T, vision, and any alternative medicine benefits, as appropriate. As of 2020, PF/OT have separate cost share.
3 Exco-pay is valwed if admitted.
4 Hospital Services are impatient (including surgery, ICU/NICU, maternity, SNF and MH/SA), Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also includee physician and anesthesia costs, as appropriate.
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6 With an aggregate family deductible, your family deductible before the plan pays benefits. Some HDHP aggregate family deductible, which is a gradient of the contact of the plan pays benefits once your device of the plan pays benefits once your family deductible is an influence of the plan pays benefits once your family deductible.
7 University of the Contact of the plan pays benefits once your family deductible is the plan pays benefits once your family deductible.
8 The plan of the plan is the plan purple of the BCBSVT and MVP lists of Wellness drugs at 10x111/10.

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