

2020 Silver Plan Designs with Cost-Sharing Reductions



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.



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.



2020 Silver 87 Plans

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2020 Silver 94 Plans

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2020 Silver 73 Plans							2020 Silver 77 Plans							2020 Silver 87 Plans							2020 Silver 94 Plans										
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	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			
Deductible (Ded.)	Integrated Ded.?	N	Y - \$1,700/\$3,400	Y - \$2,100/\$4,200	Y - \$3,850/\$7,700	N	Y - \$4,100/\$8,200	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	Y - \$200/\$400	Y - \$1,300/\$2,600	N	Y - \$1,400/\$2,800	Integrated Ded.?	N	Y - \$550/\$1,100	Y - \$0	Y - \$550/\$1,100	N	Y - \$600/\$1,200			
	Medical Ded.	\$3,100/\$6,200	See above	See above	See above	\$1,300/\$2,600	See above	Medical Ded.	\$2,300/\$4,600	See above	See above	See above	\$500/\$1,000	See above	Medical Ded.	\$900/\$1,800	See above	See above	See above	\$0	See above	Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above			
	Waived ³ for: (see Services below)	Prev, OV, UC, Amb, Den1 ³	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV ³	Prev	Waived ³ for: (see Services below)	Prev, OV, UC, Amb, Den1 ³	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV ³	Prev	Waived ³ for: (see Services below)	Prev, OV, UC, Amb, Den1 ³	Prev	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev	Waived ³ for: (see Services below)	Prev, OV, UC, Amb, Den1 ³	Prev, OV, UC, Amb, Den1 ³	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev			
	Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$450/\$900	See above	Prescription (Rx) Ded.	\$250/\$500	See above	See above	See above	\$200/\$400	See above	Prescription (Rx) Ded.	\$150/\$300	See above	See above	See above	\$0	See above	Prescription (Rx) Ded.	N/A	See above	See above	See above	\$0	See above			
	Waived for:	Rx Generic	Rx Wellness ⁴	Not Waived	Rx Wellness ⁴	Rx VBIID, Generic to age 10	Rx Wellness ⁴	Waived for:	Rx Generic	Rx Wellness ⁴	Not Waived	Rx Wellness ⁴	Rx VBIID, Generic to age 10	Rx Wellness ⁴	Waived for:	Rx Generic	Rx Wellness ⁴	Not Waived	Rx Wellness ⁴	Rx VBIID, Generics to age 10	Rx Wellness ⁴	Waived for:	N/A	Rx Wellness ⁴	Not Waived	Rx Wellness ⁴	Rx VBIID, Generics to age 10	Rx Wellness ⁴			
Max. Out-of-Pocket (MOOP)	Integrated?	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	Integrated?	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			
	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	Medical	See above	See above	See above	See above	\$2,450/\$4,900	See above	Medical	See above	See above	See above	See above	\$1,450/\$2,900	See above			
	Prescription (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	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, Embedded or Aggregate ⁵	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embedded or Aggregate ⁵	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embedded or Aggregate ⁵	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶	Stacked, Embedded or Aggregate ⁵	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Embedded ⁶	Stacked ⁶				
Service Category (Examples)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	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 (\$)	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	\$0	Preventive (Prev)	\$0	\$0	\$0	\$0	\$0	\$0			
Office Visit (OV)	PCP or Mental Health (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%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5	Ded., then 0%	Ded., then \$15	Ded., then \$0	\$5	Ded., then 0%
	Specialist 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%			
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 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) ¹	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency Room (ER) ¹	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$100	Ded., then 0%	Emergency Room (ER) ¹	Ded., then \$250	Ded., then 0%	Ded., then \$250	Ded., then \$0	\$50	Ded., then 0%	Emergency Room (ER) ¹	Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$25	Ded., then 0%				
Hospital Services ⁴	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	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 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then \$1,400	Ded., then 0%	Outpatient	Ded., then 50%	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	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 Generic ⁵	\$12	Ded., then \$10 ⁸	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁸	Rx Generic ⁵	\$10	Ded., then 0% ⁸	Ded., then \$5	Ded., then \$0	\$5	Ded., then 0% ⁸	Rx Generic ⁵	\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% ⁷				
Rx Preferred Brand ⁵	Rx ded., then \$60	Ded., then \$40 ⁸	Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁸	Rx Preferred Brand ⁵	Rx ded., then \$60	Ded., then \$40 ⁸	Ded., then 40%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁸	Rx Preferred Brand ⁵	Rx ded., then \$50	Ded., then 0% ⁸	Ded., then 40%	Ded., then \$0	20%	Ded., then 0% ⁸	Rx Preferred Brand ⁵	\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0% ⁷				
Rx Non-Preferred 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-Preferred 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-Preferred Brand ⁵	Rx ded., then 50%	Ded., then 0% ⁸	Ded., then 60%	Ded., then \$0	40%	Ded., then 0% ⁸	Rx Non-Preferred Brand ⁵	30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0% ⁷				
Additional Benefits							Additional Benefits							Additional Benefits								Additional Benefits									
Wellness Benefits	N/A	N/A	Individualized plans & savings	Individualized plans & savings	Up to \$600 in WellBeing Rewards	Up to \$600 in WellBeing Rewards	Wellness Benefits	N/A	N/A	Individualized plans & savings	Individualized plans & savings	Up to \$600 in WellBeing Rewards	Up to \$600 in WellBeing Rewards	Wellness Benefits	N/A	N/A	Individualized plans & savings	Individualized plans & savings	Up to \$600 in WellBeing Rewards	Up to \$600 in WellBeing Rewards	Wellness Benefits	N/A	N/A	Individualized plans & savings	Individualized plans & savings	Up to \$600 in WellBeing Rewards	Up to \$600 in WellBeing 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), VBIID: 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 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 BCSVT (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 \$8,150 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 BCSVT 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 \$350 on brand drugs for a single plan or a maximum of \$700 for all other tiers 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. BCSVT 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 BCSVT 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#SBCs>

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

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