GLOSSARY OF TERMS

Additional Benefits – This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.

Ambulance (Amb) – Cost of an ambulance in case of emergency.

Cost-Sharing Reductions (CSR) – Only available with silver plans. *This is a form of financial help you can get if* your income qualifies and you buy a silver-level plan. With Cost-Sharing Reductions, you will benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan.

Deductible – The amount you must pay for non-waived services before health insurance begins to pay.

Emergency Room (ER) – Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.

Family Deductible/Maximum Out-of-Pocket (Stacked/Aggregate/Embedded) – Doesn't apply to individual plans. With aggregate, your family must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet either your individual amount or your family amount. An embedded MOOP ensures that no individual pays more than $8,550 in out-of-pocket costs (a requirement for all qualified health plans).

Hospital Services – Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse)

Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).

Integrated Deductible – Prescription (Rx) expenses and medical expenses both contribute to a single deductible.

Integrated Maximum Out-of-Pocket – If integrated, prescription (Rx) expenses contribute to the overall maximum out-of-pocket as well as the Rx maximum out-of-pocket.

Maximum Out-of-Pocket (MOOP) – The most you could pay in out-of-pocket costs in a calendar year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.

Medical Deductible – The deductible for medical services (doctor appointments, hospital stays, etc.).

Medical Deductible Waived For – The health plan pays for these services even before you meet your deductible.

Pediatric Dental and Vision – Included in the medical plan for children up to 21. Some services are subject to the medical deductible. See plan materials for details.

Prescription (Rx) Deductible – The deductible for prescription drugs.

Prescription Drug Coverage – Different levels of prescription drug coverage offered by the plan.

Preventive (Prev) – Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early. For lists of preventive services, go to VermontHealthConnect.gov and click on 'Health Plans.'

Primary Care Physician or Mental Health – An office visit with a primary care provider or mental health professional.

Out-of-Pocket costs – Health care costs, such as deductible, co-pay, and co-insurance that are not covered by insurance. The premium is not considered an out-of-pocket cost.

Rx Deductible Waived for – Items that are covered prior to the prescription deductible being met. You just pay the co-pay. Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VBID) covers maintenance medication for members with some chronic conditions.

Rx Generic – "Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.

Rx Maximum Out-of-Pocket – The most individuals or families will pay for prescription drugs per calendar year.

Rx Preferred Brand and Rx Non-Preferred Brand – "Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to VermontHealthConnect.gov and click on "Health Plans" or call BCBSVT (800-247-2583) or MVP (844-865-0250). For an exact list of medications in each category, please refer to the carriers' drug lists at http://info.healthconnect.vermont.gov/healthplans#Rx.

Service Category – Categories for the different types of care provided by the plans. Co-pay=$ you pay / Co-insurance=% you pay

Specialist Office Visit – An office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist), as well as occupational therapy and covered alternative treatment benefits. As of 2020, physical therapy and chiropractic services have a separate cost share.

Urgent Care (UC) – A type of walk-in clinic open seven days a week that primarily treats injuries or illness requiring immediate care, but not serious enough to require an ER visit.

VERMONT HEALTH CONNECT

Find the plan that's right for you.

Check out VermontHealthConnect.gov
or call 1-855-899-9600 (toll-free) today.

Facebook: Vermont Health Connect

DVHA does not exclude people from its programs, deny them benefits, or treat them unfairly because of race, color, national origin, age, disability, or sex.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600 (ATS : 711). (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600 (TTY: 711). (Spanish)

VERMONT

Vermont Health Connect is Vermont's Health Insurance Marketplace.

VERMONT HEALTH CONNECT

Find the plan that's right for you.

2021

SILVER 73 PLANS

THREE STEPS TO CHOOSING A HEALTH PLAN

☑ **STEP 1**
BRUSH UP ON HEALTH INSURANCE BASICS.
Think about the kinds of medical care and prescriptions you need now and in the future. Some good resources to get started are at VermontHealthConnect.gov.

☑ **STEP 2**
SEE IF YOU QUALIFY FOR FINANCIAL HELP.
Take 10 minutes with our Plan Comparison Tool to see monthly payments, likely out-of-pocket costs, and financial help to lower your bills. The Plan Comparison Tool is at VermontHealthConnect.gov.

☐ **STEP 3**
MAKE YOUR CHOICE.
Use the information from steps 1 and 2 to help you decide which plan is right for you. These plan brochures have detailed information and can help guide you.

IF YOU MISSED STEPS 1 OR 2, CLICK ON 'GET STARTED' AT VERMONTHEALTHCONNECT.GOV, CALL US AT 1-855-899-9600 (TOLL-FREE), OR MAKE AN APPOINTMENT WITH AN ASSISTER NEAR YOU.

Health benefit plans offered by:

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

MVP HEALTH CARE

2021 SILVER 73 PLANS

		Standard Plans		Non-Standard Plans			
		BCBSVT Silver	BCBSVT Silver CDHP[1]	BCBSVT Vermont Preferred Silver	BCBSVT Vermont Select CDHP Silver[1]	MVP VT Plus Silver 1	MVP VT Plus Silver 2 HDHP[1]
		MVP VT Silver 3	MVP VT Silver 4 HDHP[1]	BCBSVT only	BCBSVT only	MVP only	MVP only
Deductible & Maximum Out-of-Pocket		Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family
Cost-Sharing Reductions Available for Individuals Who Qualify		Yes	Yes	Yes	Yes	Yes	Yes
Deductible	Integrated Deductible	No	Y-$1,750/$3,500	Y-$2,100/$4,200	Y-$3,850/$7,700	No	Y-$4,250/$8,500
	Medical Deductible	$3,100/$6,200	See integrated (above)	See integrated (above)	See integrated (above)	$1,300/$2,600	See integrated (above)
	Medical Deductible waived for	Preventive, Office Visits, Urgent Care, Ambulance, Den 1	Preventive	Prev, 3 Qualified Specialist OV, 3 PCP/MH OV, Den1[4]	Preventive	Preventive, 3 Primary Care or Mental Health OV, Den 1	Preventive
	Prescription (Rx) Deductible	$350/$700	See integrated (above)	See integrated (above)	See integrated (above)	$450/$900	See integrated (above)
	Rx Deductible Waived for	Generic Drugs	Wellness Drugs	Wellness Drugs	Wellness Drugs	Rx VBID, RX Generic to age 10	Wellness Drugs
Max Out-of Pocket	Integrated Max Out-of-Pocket	Y-$6,750/$13,500	Y-$5,200/$10,400	Y-$6,200/$12,400	Y-$3,850/$7,700	No	Y-$4,250/$8,500
	Medical Max Out-of-Pocket	See integrated (above)	See integrated (above)	See integrated (above)	See integrated (above)	$5,500/$11,000	See integrated (above)
	Rx Max Out-of-Pocket	$1,250/$2,500	$1,400/$2,800	$1,400/$2,800	$1,400/$2,800	$1,400/$2,800	$1,400/$2,800
Family Deductible/Max Out-of-Pocket (Stacked/ Aggregate/Embedded)[3]		Stacked Deductible/ Stacked MOOP	Aggregate Deductible/ Embedded MOOP	Aggregate Deductible/ Embedded MOOP	Aggregate Deductible/ Embedded MOOP	Stacked Deductible/ Stacked MOOP	Stacked Deductible/ Stacked MOOP
SERVICE CATEGORY		Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)
Preventive (Prev)		$0	$0	$0	$0	$0	$0
Office Visit (OV)	Primary Care Physician or Mental Health	$35	Deductible, then 10%	Combined 3/6/9 visits at $0; then ded, then $30	Deductible, then $0	3 visits per person at $30, then deductible, then $30	Deductible, then 0%
	Specialist Office Visit[2]	$70	Deductible, then 25%	3 visits at $0[4]; then ded, then $50	Deductible, then $0	Deductible, then $60	Deductible, then 0%
Urgent Care (UC)		$80	Deductible, then 25%	Deductible, then $50	Deductible, then $0	Deductible, then $60	Deductible, then 0%
Ambulance (Amb)		$100	Deductible, then 25%	Deductible, then $50	Deductible, then $0	Deductible, then $100	Deductible, then 0%
Emergency Room (ER)		Deductible, then $250	Deductible, then 25%	Deductible, then $400	Deductible, then $0	Deductible, then $350	Deductible, then 0%
Hospital Services		Deductible, then 50%	Deductible, then 25%	Deductible, then $1,500	Deductible, then $0	Deductible, then 50%	Deductible, then 0%
Rx DRUG COVERAGE (30-day supply)		Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)	Co-pay($)/ Co-insurance (%)
Rx Generic		$12	Deductible, then $10	Deductible, then $5	Deductible, then $0	Deductible, then $5	Deductible, then 0%
Rx Preferred Brand		Deductible, then $60	Deductible, then $40	Deductible, then 40%	Deductible, then $0	Deductible, then 50%	Deductible, then 0%
Rx Non-Preferred Brand		Deductible, then 50%	Deductible, then 50%	Deductible, then 60%	Deductible, then $0	Deductible, then 50%	Deductible, then 0%
ADDITIONAL BENEFITS							
Pediatric Dental & Vision		Yes	Yes, after deductible	Yes, after deductible	Yes	Yes	Yes, after deductible
Wellness Benefits		N/A	N/A	Online wellness/retail discounts	Online wellness/retail discounts	Up to $600 in WellBeing Rewards	Up to $600 in WellBeing Rewards
MONTHLY PREMIUMS BY TIERS		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy
SINGLE	BCBSVT	$742.80	$756.05	$725.41	$730.67		
	MVP	$681.45	$669.38			$665.71	$678.71
COUPLE	BCBSVT	$1,485.60	$1,512.10	$1,450.82	$1,461.34		
	MVP	$1,362.90	$1,338.76			$1,331.42	$1,357.42
PARENT AND CHILD(REN)	BCBSVT	$1,433.60	$1,459.18	$1,400.04	$1,410.19		
	MVP	$1,315.20	$1,291.90			$1,284.82	$1,309.91
FAMILY	BCBSVT	$2,087.27	$2,124.50	$2,038.04	$2,053.18		
	MVP	$1,914.87	$1,880.96			$1,870.65	$1,907.18

[1] High-deductible health plans (HDHP) and consumer-directed health plans (CDHP) can be combined with a health savings account (HSA) to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis. [2] Costs may vary by service. Please consult your issuer's documents for complete details. [3] Aggregate family deductibles may have an embedded individual max-out-of-pocket to prevent one member from paying the full family max-out-of-pocket amount.
[4] BCBSVT VT Preferred provides 3 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling, for heart disease & diabetes patients.

IMPORTANT INFORMATION

On average, these plans cover 73% of health care costs. You may qualify for lower out-of-pocket costs. Check the Plan Comparison Tool at VermontHealthConnect.gov.

All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits. Standard plans have the same designs across insurance carriers, while VT Preferred, VT Select and MVP VT Plus plans were uniquely designed by their carriers, with an emphasis on wellness. Before selecting a health plan, be sure to check the out-of-pocket costs for prescription drugs and medical services.

FINANCIAL HELP: APTC & CSR

If you buy health insurance on your own (not through your employer), you may qualify for financial help. For example, a family of four with an income of up to $104,800 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to $78,600 may also qualify for lower out-of-pocket costs through Cost-Sharing Reductions (CSR). This means that instead of covering 70% of health care costs on average, the enhanced silver plan will cover between 73% and 94% of costs. You can use APTC to purchase a plan in any metal level, but you can only get CSR with silver plans. To see how your particular premiums and out-of-pocket costs might be reduced, see the Plan Comparison Tool at VermontHealthConnect.gov or call 1-855-899-9600 (toll-free).

REMINDER

Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a birth, death or a new job. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.