

**All Vermont Health Connect plans cover the same set of Essential Health Benefits.**  
The difference lies in the plan designs, which determine how you pay for those benefits. Standardized plans have the same designs across insurance carriers, while the other QHPs (Qualified Health Plans) were uniquely designed by the carriers.

# Vermont Health Connect

## 2021 Plan Designs & Premiums (before any subsidies)

**Interested in the cost after subsidy?**  
Most Vermonters who use Vermont Health Connect qualify for financial help to reduce their costs. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.

VERMONT HEALTH CONNECT Find the plan that's right for you.	Standardized Plans (same coverage for both insurance carriers)					Standardized Plans (high deductible - can pair with HSA)		BCBSVT Plans Only			BCBSVT Plans Only (CDHP - can pair with HSA)			MVP Plans Only				MVP Plans Only (HDHP - can pair with HSA)		
	BCBSVT Platinum Plan	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Bronze Plan \$6,250	BCBSVT Bronze Plan \$8,400	BCBSVT Silver CDHP Plan	BCBSVT Bronze CDHP Plan	BCBSVT Vermont Preferred Gold Plan	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Preferred Bronze Plan	BCBSVT Vermont Select CDHP Gold Plan	BCBSVT Vermont Select CDHP Silver Plan	BCBSVT Vermont Select CDHP Bronze Plan	MVP VT Plus Gold 2	MVP VT Plus Silver 1	MVP VT Plus Bronze 1	MVP VT Plus Bronze 5	MVP VT Plus Gold 3 HDHP	MVP VT Plus Silver 2 HDHP	
	MVP Platinum 1	MVP VT Gold 1	MVP VT Silver 3	MVP VT Bronze 2	MVP Bronze 4	MVP VT Silver 4 HDHP	MVP VT Bronze 3 HDHP													
Deductibles & Out-of-Pocket Limits	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	
<b>Deductible (Ded.)</b>	<b>Integrated Ded.<sup>7</sup></b>	N	N	N	N	\$8,400/\$16,800	\$1,750/\$3,500	\$5,500/\$11,000	\$1,550/\$3,100	\$3,000/\$6,000	\$8,550/\$17,100	\$2,550/\$5,100	\$4,475/\$8,950	\$6,950/\$13,900	N	N	N	\$7,850/\$15,700	\$3,000/\$6,000	\$5,075/\$10,150
	<b>Medical Ded.</b>	\$350/\$700	\$1,100/\$2,200	\$3,200/\$6,400	\$6,250/\$12,500	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$700/\$1,400	\$1,500/\$3,000	\$7,250/\$14,500	See above	See above	See above
	<b>Waived<sup>1</sup> for:</b> (see Services below)	Prev, OV, UC, Amb, Den1 <sup>10</sup>	Prev, OV, UC, Amb, Den1 <sup>10</sup>	Prev, OV, UC, Amb, Den1 <sup>10</sup>	Prev, Den1	Prev, OV, Den 1	Prev	Prev	Prev, 3 PCP/MH OV, Den1 <sup>11</sup>	Prev, 3 PCP/MH OV, Den1 <sup>11</sup>	Prev, 3 PCP/MH OV, Den1 <sup>11</sup>	Prev	Prev	Prev	Prev, UC, OV, Den1 <sup>10</sup>	Prev, 3 PCP/MH, Den1	Prev, Den 1	Prev, 3 PCP/MH OV, Den1	Prev	Prev
	<b>Prescription (Rx) Ded.</b>	\$0	\$100/\$200	\$350/\$700	\$1,000/\$2,000	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$250/\$500	\$500/\$1,000	\$700/\$1,400	See above	See above	See above
	<b>Waived for:</b>	N/A (\$0 Ded.)	Rx Generic	Rx Generic	Rx Generic	Rx Generic <sup>5</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx Wellness <sup>8</sup>	Rx VBID, Rx Generic	Rx VBID	Rx VBID, Rx Tier 1	Rx VBID, Rx Tier 1	Rx Wellness	Rx Wellness
<b>Max. Out-of-Pocket (MOOP)</b>	<b>Integrated?</b>	N	N	\$8,150/\$16,300	\$8,400/\$16,800	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$5,150/\$10,300	\$8,150/\$16,300	\$8,550/\$17,100	\$2,550/\$5,100	\$4,475/\$8,950	\$6,950/\$13,900	N	N	\$8,400/\$16,800	\$7,850/\$15,700	\$3,000/\$6,000	\$5,075/\$10,150
	<b>Medical</b>	\$1,400/\$2,800	\$5,200/\$10,400	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$6,500/\$13,000	\$6,700/\$13,400	See above	See above	See above	See above
	<b>Prescription (Rx)</b>	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,400/\$2,800	\$1,400/\$2,800	See above	See above	See above	See above
<b>Stacked, Embedded, or Aggregate<sup>6</sup></b>		Stacked <sup>6</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Aggregate Embedded <sup>6,9</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Stacked <sup>6</sup>	Aggregate <sup>6</sup>	Stacked <sup>6</sup>				
<b>Service Category (Examples)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>	<b>Co-insurance (%) / Co-pay (\$)</b>
<b>Preventive (Prev)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Office Visit (OV)</b>	<b>PCP or Mental Health (PCP/MH)</b>	\$15	\$20	\$35	See above	\$40	See above	See above	See above	See above	See above	See above	See above	See above	\$20	\$30 x3, then ded., then \$30 <sup>12</sup>	See above	See above	See above	See above
	<b>Specialist<sup>2</sup></b>	\$40	\$50	\$80	See above	\$100	See above	See above	See above	See above	See above	See above	See above	See above	\$40	See above	See above	See above	See above	See above
<b>Urgent Care (UC)</b>	\$50	\$60	\$90	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$30	See above	See above	See above	See above	See above
<b>Ambulance (Amb)</b>	\$60	\$70	\$100	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
<b>Emergency Room (ER)<sup>3</sup></b>	Ded, then \$100	Ded, then \$150	Ded, then \$250	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
<b>Hospital Services<sup>4</sup></b>	<b>Inpatient</b>	Ded., then 10%	Ded., then 30%	Ded., then 50%	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
	<b>Outpatient</b>	Ded., then 10%	Ded., then 30%	Ded., then 50%	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
<b>Prescription (Rx) Drug Coverage</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
	<b>Rx Generic<sup>5</sup></b>	\$10	\$12	\$15	See above	\$30	See above	See above	See above	See above	See above	See above	See above	See above	\$15	See above	See above	See above	See above	See above
	<b>Rx Preferred Brand<sup>5</sup></b>	\$50	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
	<b>Rx Non-Preferred Brand<sup>5</sup></b>	50%	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above
<b>Additional Benefits</b>																				
<b>Wellness Benefits</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Individualized online wellness portal & Blue Extras discounts at select retailers.						Gold and Silver VBID RX Co-pay \$1, Bronze VBID RX Co-pay \$3, \$0 Generics to age 10, up to \$600 in WellBeing Rewards				Up to \$600 in WellBeing Rewards	Up to \$600 in WellBeing Rewards	
<b>Premiums by Tier (monthly cost)</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>	<b>Cost before subsidy</b>
<b>Single</b>	<b>BCBSVT</b>	\$939.97	\$796.44	\$742.80	\$560.45	\$568.00	\$756.05	\$573.62	\$731.76	\$725.41	\$562.56	\$770.70	\$730.67	\$557.06	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$798.23	\$673.78	\$681.45	\$497.28	\$521.66	\$669.38	\$502.90	N/A	N/A	N/A	N/A	N/A	N/A	\$699.13	\$665.71	\$491.30	\$508.70	\$682.62	\$678.71
<b>Couple</b>	<b>BCBSVT</b>	\$1,879.94	\$1,592.88	\$1,485.60	\$1,120.90	\$1,136.00	\$1,512.10	\$1,147.24	\$1,463.52	\$1,450.82	\$1,125.12	\$1,541.40	\$1,461.34	\$1,114.12	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$1,596.46	\$1,347.56	\$1,362.90	\$994.56	\$1,043.32	\$1,338.76	\$1,005.80	N/A	N/A	N/A	N/A	N/A	N/A	\$1,398.26	\$1,331.42	\$982.60	\$1,017.40	\$1,365.24	\$1,357.42
<b>Parent and Child(ren)</b>	<b>BCBSVT</b>	\$1,814.14	\$1,537.13	\$1,433.60	\$1,081.67	\$1,096.24	\$1,459.18	\$1,107.09	\$1,412.30	\$1,400.04	\$1,085.74	\$1,487.45	\$1,410.19	\$1,075.13	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$1,540.58	\$1,300.40	\$1,315.20	\$959.75	\$1,006.80	\$1,291.90	\$970.60	N/A	N/A	N/A	N/A	N/A	N/A	\$1,349.32	\$1,284.82	\$948.21	\$981.79	\$1,317.46	\$1,309.91
<b>Family</b>	<b>BCBSVT</b>	\$2,641.32	\$2,238.00	\$2,087.27	\$1,574.86	\$1,596.08	\$2,124.50	\$1,611.87	\$2,056.25	\$2,038.40	\$1,580.79	\$2,165.67	\$2,053.18	\$1,565.34	N/A	N/A	N/A	N/A	N/A	N/A
	<b>MVP</b>	\$2,243.03	\$1,893.32	\$1,914.87	\$1,397.36	\$1,465.86	\$1,880.96	\$1,413.15	N/A	N/A	N/A	N/A	N/A	N/A	\$1,964.56	\$1,870.65	\$1,380.55	\$1,429.45	\$1,918.16	\$1,907.18

**Abbreviations**-- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Design, Den1: Pediatric Dental Class 1 Series, ER: Emergency Room.

**Glossary**-- Find definitions for VBID, Stacked, Aggregated, Integrated, and other terms at <http://info.healthconnect.vermont.gov/glossary>.

**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**

- Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Pediatric Dental Class 1 Series (as indicated by plan).
- Specialist co-pay also applies to ST, OT, vision, and any alternative medicine benefits, as appropriate. PT/Chiro have separate cost share.
- ER co-pay is waived if admitted.
- 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.
- 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).
- With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
- If you purchase a silver plan and your income qualifies for cost-sharing reductions your deductible and max. out-of-pocket could be lower than the figures stated above. To learn more, go to [www.VermontHealthConnect.gov](http://www.VermontHealthConnect.gov) and click on "Health Plans."
- With High Deductible Health Plans (HDHP), BCBSVT Vermont Select CDHP, BCBSVT CDHP and Vermont Preferred plans, you do not have to pay the deductible for Wellness prescriptions before cost-shares apply. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.
- Some aggregate family deductibles have an embedded individual maximum out-of-pocket of \$8,550 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$8,550 for an individual.
- 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>.
- BCBSVT VT Preferred provides 3 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling for heart disease & diabetes patients.
- Benefit covers three (3) visits at indicated cost share, for each plan member, before the deductible.
- Preventive drugs on the MVP VT Plus Gold 3 HDHP plan are \$10/\$15/5% before the deductible.