

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. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by the carriers, with a focus on wellness.

Vermont Health Connect 2015 Silver Plan Designs with Cost-Sharing Reductions

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 Subsidy Estimator at http://info.healthconnect.vermont.gov/subsidy_estimator or call 1-855-899-9600 (toll-free).

		Standard Plans				High-Deductible Health Plans - (HDHPs)				Blue Rewards				VT Vitality Plus			
		Silver 73 (250-300% FPL)	Silver 77 (200-250% FPL)	Silver 87 (150-200% FPL)	Silver 94 (133-150% FPL)	Silver HDHP 73 (250-300% FPL) Can pair with HSA	Silver HDHP 77 (200-250% FPL) Can pair with HSA	Silver HDHP 87 (150-200% FPL)	Silver HDHP 94 (133-150% FPL)	Silver 73 (250-300% FPL)	Silver 77 (200-250% FPL)	Silver 87 (150-200% FPL)	Silver 94 (133-150% FPL)	Silver 73 (250-300% FPL)	Silver 77 (200-250% FPL)	Silver 87 (150-200% FPL)	Silver 94 (133-150% FPL)
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family				
Deductible (Ded)	Integrated Ded?	N	N	N	N	Y - \$1,400/\$2,800	Y - \$1,300/\$2,600	Y - \$1,000/\$2,000	Y - \$450/\$900	Y - \$1,550/\$3,100	Y - \$1,000/\$2,000	Y - \$200/\$400	Y - \$0/\$0	N	N	N	N
	Medical Ded	\$1,900/\$3,800	\$1,500/\$3,000	\$600/\$1,200	\$100/\$200	See above	See above	See above	See above	See above	See above	See above	See above	\$700/\$1,400	\$300/\$600	\$60/\$120	\$0
	Waived for: (see abbreviations below)	Prev, OV, UC, Amb	Prev	Prev	Prev	Prev	Prev, 3 PCP/MH OV	Prev, 3 PCP/MH OV	Prev, 3 PCP/MH OV	\$0 Deductible (see above)	Prev, PCP/MH	Prev, PCP/MH	Prev, PCP/MH	\$0 Deductible (see above)			
	Prescription (Rx) Ded	\$100/200 ⁶	\$100/200 ⁶	\$100/200 ⁶	\$0	See above	See above	See above	See above	See above	See above	See above	\$0	\$200/\$400	\$100/\$200	\$50/\$100	\$0
	Waived for:	Rx Generic	Rx Generic	Rx Generic	N/A	Rx Wellness	Rx Wellness	Rx Wellness	Rx Wellness	Not waived	Not waived	Not waived	N/A	VBID	VBID	VBID	N/A
Max. Out-of-Pocket (MOOP)	Integrated?	N	N	N	N	Y-\$3,400/\$6,800	Y-\$2,500/\$5,000	Y-\$1,000/\$2,000	Y-\$450/\$900	Y-\$5,200/\$10,400	Y-\$5,200/\$10,400	Y-\$2,250/\$4,500	Y-\$850/\$1,700	N	N	N	N
	Medical	\$4,000/\$8,000	\$3,000/\$6,000	\$1,250/\$2,500	\$500/\$1,000	See above	See above	See above	See above	See above	See above	See above	See above	\$4,000/\$8,000	\$4,000/\$8,000	\$1,800/\$3,600	\$1,800/\$3,600
	Prescription (Rx)	\$1,200/\$2,400	\$1,000/\$2,000	\$400/\$800	\$200/\$400	\$1,300/\$2,600	\$1,300/\$2,600	See above	See above	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500	\$850/\$1,700	\$1,200/\$2,400	\$1,200/\$2,400	\$450/\$900	\$450/\$900
Stacked or Aggregate? ⁵		Stacked ⁵	Stacked ⁵	Stacked ⁵	Stacked ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Stacked ⁵	Stacked ⁵	Stacked ⁵	Stacked ⁵
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 (\$)	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$25	\$20	\$10	\$5	Ded then 10%	Ded then 10%	Ded then \$0	Ded then \$0	3 visits per person (up to 9 per family) with no cost, then deductible applies with co-pay of \$30	3 visits per person (up to 9 per family) with no cost, then deductible applies with co-pay of \$30	3 visits per person (up to 9 per family) with no cost, then deductible applies with co-pay of \$30	3 visits per person (up to 9 per family) with no cost, then deductible applies with co-pay of \$15	\$10	\$5	\$5	\$5
	Specialist ¹	\$45	\$40	\$30	\$15	Ded then 20%	Ded then 20%	Ded then \$0	Ded then \$0	Ded then \$50	Ded then \$50	Ded then \$50	\$35	Ded then \$50	Ded then \$40	Ded then \$30	\$10
Urgent Care (UC)		\$60	\$60	\$50	\$35	Ded then 20%	Ded then 20%	Ded then \$0	Ded then \$0	Ded then \$50	Ded then \$50	Ded then \$50	\$35	Ded then \$60	Ded then \$50	Ded then \$40	\$20
Ambulance (Amb)		\$100	\$100	\$100	\$50	Ded then 20%	Ded then 20%	Ded then \$0	Ded then \$0	Ded then \$50	Ded then \$50	Ded then \$50	\$35	Ded then \$100	Ded then \$100	Ded then \$100	\$50
Emergency Room (ER) ²		Ded then \$250	Ded then \$250	Ded then \$250	Ded then \$75	Ded then 20%	Ded then 20%	Ded then \$0	Ded then \$0	Ded then \$250	Ded then \$250	Ded then \$250	\$250	Ded then \$150	Ded then \$100	Ded then \$100	\$50
Hospital Services ³	Inpatient	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 10%	Ded then 20%	Ded then 20%	Ded then \$0	Ded then \$0	Ded then \$1,750	Ded then \$1,750	Ded then \$1,750	\$0	Ded then 30%	Ded then 20%	Ded then 10%	5%
	Outpatient	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 10%	Ded then 20%	Ded then 20%	Ded then \$0	Ded then \$0	Ded then \$1,750	Ded then \$1,750	Ded then \$1,750	\$0	Varies by service	Varies by service	Varies by service	Varies by service
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	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply				
Rx Generic ⁴		\$12	\$12	\$10	\$5	Ded ⁷ then \$10	Ded ⁷ then \$5	Ded ⁷ then \$0	Ded ⁷ then \$0	Ded then \$5	Ded then \$5	Ded then \$5	\$5	Ded then \$12	Ded then \$12	Ded then \$10	\$5
Rx Preferred Brand ⁴		Ded then \$50	Ded then \$50	Ded then \$50	\$20	Ded ⁷ then \$40	Ded ⁷ then \$30	Ded ⁷ then \$0	Ded ⁷ then \$0	Ded then 40%	Ded then 40%	Ded then 40%	40%	Ded then \$40	Ded then \$40	Ded then \$25	\$10
Rx Non-Preferred Brand ⁴		Ded then 50%	Ded then 50%	Ded then 50%	30%	Ded then 50%	Ded then 50%	Ded then \$0	Ded then \$0	Ded then 60%	Ded then 60%	Ded then 60%	60%	Ded then 50%	Ded then 40%	Ded then 40%	5%
Additional Benefits																	
Wellness Benefits		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Up to \$300 in wellness rewards per adult				\$3 co-pay for VBID Rx, up to \$50 in wellness rewards			

Abbreviations-- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, ER: Emergency Room, VBID: Value-Based Insurance Design.

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 (800-TALK-MVP).

Footnotes

1 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, per plan benefits.

2 ER co-pay is waived if admitted.

3 Hospital Services are inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); outpatient (including ambulatory surgery centers); and radiology (MRI, CT, PET).

This cost-sharing will also include physician and anesthesia costs, as appropriate.

4 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pays, view the formularies at www.VermontHealthConnect.gov and click on "Health Plans" or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).

5 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.

6 BCBSVT Standard Silver plans have a \$100 Rx Deductible per person, while MVP Standard Silver plans have an Rx Deductible of \$100 for a single plan or \$200 for all other tiers.

7 With High Deductible Health Plans (HDHPs), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at www.VermontHealthConnect.gov and click on "Health Plans."

VT Rate Tier Definitions (Medical Coverage Only)

VT Rate Tier	Definition
Tier I - Single	One person - the subscriber (may be an adult or a child)
Tier II - Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont
Tier III - Single Head of Household (HoH) with One or More Child(ren)	One adult subscriber and one or more dependent child(ren), up to the age of 26
Tier IV - Family	Couple* with one or more dependent child(ren), up to the age of 26

* As defined in Tier II

NOTES:

- Children age 26 and over may be covered if deemed incapacitated dependents.
- Dependent children include: biological children, adopted children, step-children, and children for whom subscriber is legal guardian.
- Individual market spouse and/or dependents may enroll in their own unique health plans (e.g., dad enrolls in BCBSVT Gold and mom enrolls in MVP Bronze).

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

Upper FPL% and <i>annual</i> income limits for:		Silver 94 (94% AV) CSR Tier I	Silver 87 (87% AV) CSR Tier II	Silver 77 (77% AV) CSR Tier III	Silver 73 (73% AV) CSR Tier IV	APTC only	
Household Size*	100%	133%	150%	200%	250%	300%	400%
1	\$11,670	\$15,521	\$17,505	\$23,340	\$29,175	\$35,010	\$46,680
2	\$15,730	\$20,921	\$23,595	\$31,460	\$39,325	\$47,190	\$62,920
3	\$19,790	\$26,321	\$29,685	\$39,580	\$49,475	\$59,370	\$79,160
4	\$23,850	\$31,721	\$35,775	\$47,700	\$59,625	\$71,550	\$95,400
5	\$27,910	\$37,120	\$41,865	\$55,820	\$69,775	\$83,730	\$111,640
6	\$31,970	\$42,520	\$47,955	\$63,940	\$79,925	\$95,910	\$127,880
7	\$36,030	\$47,920	\$54,045	\$72,060	\$90,075	\$108,090	\$144,120
8	\$40,090	\$53,320	\$60,135	\$80,180	\$100,225	\$120,270	\$160,360
Foreach additional person, add	\$4,060	\$5,400	\$6,090	\$8,120	\$10,150	\$12,180	\$16,240

* Household size = Tax filer + spouse (even if they live apart) + tax filer's tax dependents. Married

Eligibility for 2015 Benefits Determined in Relation to 2014 Federal Poverty Level (FPL)