2021 Enhanced Silver Plan Designs with Cost-Sharing Reductions

VERMONT HEALTH CONNECT 2021

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 1-85-889-9600.

VERMONT HEALTH CONNECT Silver

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.



Silver 87 Plans

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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.

20	021 Silver	73 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP Vermont Plus Silver 1	MVP VT Plus Silver 2 HDHP (can pair with HSA)	2021 Silve	er 77 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP Vermont Plus Silver 1	MVP VT Plus Silver 2 HDHP (can pair with HSA)	2021 Silve	er 87 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP Vermont Plus Silver 1	MVP VT Plus Silver 2	2021 Silve	er 94 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan MVP VT Silver 4	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (not HSA compatible)	MVP Vermont Plus Silver 1	MVP VT Plus Silver 2
Dedu	uctible/Max. C	Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max	x. Out-of-Pocket	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	x. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	ndividual / Family	Individual / Family
	1	Integrated Ded.?	N	Y-\$1,750/\$3,500	Y-\$2,100/\$4,200	Y-\$3,850/\$7,700	N	Y-\$4,250/\$8,500		Integrated Ded.?	N	Y-\$1,600/\$3,200	Y-\$1,000/\$2,000	Y-\$2,900/\$5,800	N	\$1,000 See above		Integrated Ded.?	N	Y-\$1,400/\$2,800	Y-\$200/\$400	Y-\$1,450/\$2,900	N	Y-\$1,500/\$3,000	/	Integrated Ded.?	N	Y-\$550/\$1,100	Y - \$0	Y-\$550/\$1,100	N	Y-\$550/\$1,100
		Medical Ded.	\$3,100/\$6,200	See above	See above	See above	\$1,300/\$2,600	See above	Deductible (Ded.)	Medical Ded.	\$2,600/\$5,200		See above	See above	Prev Den1		Deductible (Ded.)	Medical Ded.	\$1,100/\$2,200	See above	See above	See above	\$100/\$200	See above		Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above
Deductil	ible (Ded.)	Waived ¹ for: ee Services below)	Prev, OV, UC, Amb, Den1 ⁸	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV ⁸	Prev		Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸	Prev	Prev, Den1 3 PCP/MH OV	Prev				Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸	Prev	Prev, Den1 3 PCP/MH OV		Prev, Den1, 3 PCP/MH OV	Prev Dec	Deductible (Ded.)	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁷	Prev	Prev, Den1 3 PCP/MH OV	Prev	N/A	Prev
	F	Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$450/\$900	See above		Prescription (Rx) Ded.	\$300/\$600	See above	See above	See above			Prescription (Rx) Ded.	\$200/\$400	See above	See above	See above	\$100/\$200	See above	ve .	Prescription (Rx) Ded.	N/A	See above	See above	See above	\$0	See above	
		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generic to age 10	Rx Wellness ⁷		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generic to age 10	Rx Wellness ⁷	ness ⁷	Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generics to age 10	Rx Wellness ⁷		Waived for:	N/A	Rx Wellness ⁷	N/A	Rx Wellness ⁷	Rx VBID, Generics to age 10	Rx Wellness ⁷
Max. Ou Pocket (N		Integrated?	Y-\$6,750/\$13,500	Y-\$5,200/\$10,400	Y-\$6,200/\$12,400	Y-\$3,850/\$7,700	N	Y-\$4,250/\$8,500	Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$6,000/\$12,000	Y-\$4,400/\$8,800	Y-\$5,200/\$10,400	Y-\$2,900/\$5,800	N	Y-\$3,250/\$6,500		Integrated?	Y-\$2,200/\$4,400	Y-\$1,400/\$2,800	Y-\$2,400/\$4,800	Y-\$1,450/\$2,900	N	Y-\$1,500/\$3,000	See above Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$900/\$1,800	Y-\$550/\$1,100	Y-\$950/\$1,900	Y-\$550/\$1,100	N	Y-\$550/\$1,100
		Medical	See above	See above	See above	See above	\$5,500/\$11,000	See above		Medical	See above	See above	See above	See above	\$5,500/\$11,000	See above	Pocket (MOOP)	Medical	See above	See above	See above	See above	\$2,500/\$5,000	See above		Medical	See above	See above	See above	See above	\$1,450/\$2,900	See above
	ı	Prescription (Rx)	\$1,250/\$2,500	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800		Prescription (Rx)	\$1,100/\$2,200	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800		Prescription (Rx)	\$450/\$900	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$650/\$1,300	\$1,400/\$2,800		Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$950/\$1,900	\$550/\$1,100	\$350/\$700	\$550/\$1,100
Stacke	ed, Embedded	or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Stacked ⁶	Stacked ⁶	Stacked, Embedded or Aggregate? ⁶ Stacked ⁶		Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Stacked ⁶ Stacked ⁶		Stacked, Embedded or Aggregate? ⁶		Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Stacked ⁶	Stacked ⁶ Stacked, E		led or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Stacked ⁶	Stacked ⁶	
Ser	rvice 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 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 (\$)	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 (\$)	Service Categ	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 (\$)
	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventi	ive (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0
														*-							,,,				Treatment (Treatment)							
Office V		PCP or Mental Health (PCP/MH)	\$35	Ded., then 10%	Combined 3/6/9 visits at \$0, then deductible, then \$30	Ded., then \$0	3 visits per person at \$10; then deductible, then \$10 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$25	Ded., then 10%	Combined 3/6/9 visits at \$0, then deductible, then \$30	Ded., then \$0	3 visits per person at \$10; then deductible, then \$10 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10	Ded., then 0%	Combined 3/6/9 visits at \$0, then deductible, then \$30		3 Visits at \$5; then deductible then \$5 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5	Ded., then 0%	Combined 3/6/9 visits at \$0, then \$15	Ded., then \$0	\$5	Ded., then 0%
		Specialist ²	\$70	Ded., then 25%	Ded., then \$50 (plus 3 added specialist visits for heart disease & diabetes at \$0)	Ded., then \$0	Ded., then \$60	Ded., then 0%		Specialist ²	\$50	Ded., then 25%	Ded., then \$50 (plus 3 added specialist visits for heart disease & diabetes at \$0)	Ded., then \$0	Ded., then \$40	Ded., then 0%		Specialist ²	\$30	Ded., then 0%	Ded., then \$50 (plus 3 added specialist visits for heart disease & diabetes at \$0)	Ded., then \$0	Ded., then \$30	Ded., then 0%		Specialist ²	\$15	Ded., then 0%	\$35 (plus 3 added specialist visits for heart disease & diabetes at \$0)	Ded., then \$0	\$10	Ded., then 0%
	Urgent Care	e (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 (Urgent Care (UC)		Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$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%	Ambulan	Ambulance (Amb) \$100		Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$100	then \$100 Ded., then 0% Amb	Ambular	nce (Amb)	\$100	Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$50	Ded., then 0%	Ambular	nce (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%
E	Emergency Ro	om (ER) ³	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency	Emergency Room (ER) ³ Ded., then		Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$100	.00 Ded., then 0% Emergen	Emergency	Room (ER) 3	Ded., then \$250	Ded., then 0%	Ded., then \$250	Ded., then \$0	Ded., then \$50	Ded., then 0%	Emergency	Room (ER) 3	Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$25	Ded., then 0%
Hospital	Il 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	Ded., then 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	Ded., then \$200	Ded., then 0%		Outpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$40	Ded., then 0%
Presc	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-c		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx	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 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Generic ⁵		\$12	Ded., then \$10 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Ge	eneric ⁵	\$10	Ded., then 0% ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0% ⁷	Rx Generic ⁵		\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% ⁷
	Rx Preferred	Brand ^S	Rx ded., then \$60	Ded., then \$40 ⁷	Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Prefer	red Brand ⁵	Rx ded., then \$60 Ded.,		Ded., then 40%	Ded., then \$0	Ded., then 40% Ded., then 09		Rx Preferred Brand ⁵		Rx ded., then \$50	Ded., then 0% ⁷	Ded., then 0% ⁷ Ded., then 40%		Ded., then 20%	Ded., then 0% ⁷ Rx Pre		red Brand ⁵	\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0% ⁷
R	Rx Non-Prefern	ed Brand ⁵	Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Non-Pref	Non-Preferred Brand ⁵ Rx ded., then 50%		Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0% ⁷	Rx Non-Preferred Brand ⁵		Rx ded., then 50%	Ded., then 0% ⁷ Ded., then 60%		Ded., then \$0 Ded., then 40%		Ded., then 0% ⁷ Rx Non-Prefer		ferred Brand ⁵	30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0% ⁷
Additional Benefits 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	Additiona Wellness	al Benefits s Benefits	N/A	N/A			Up to \$600 in WellBeing Rewards		Additional Wellness	al Benefits s Benefits	N/A	N/A	Online wellness/retail discounts	Online wellness/retail discounts	Up to \$600 in WellBeing Rewards			al Benefits s Benefits	N/A	N/A	Online wellness/retail discounts	Online wellness/retail discounts	Up to \$600 in WellBeing Rewards	

Footnotes

1 Abbreviations — Ded: Deductible, Ric Prescription Drugs, DV: Office Visits, UC: Urgent Care, Amb: Ambulance, Dent:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist co-pay also applies to \$71, vision, and any alternative medicine benefits, as appropriate, PT and chiro have separate cost share.

3 Ric Opay's waveled 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.

8 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.

8 Hospital Services are included and an extensive state of the specific of the greater of the greater

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3 ER co-pay is waived if admitted.

4 Hospital Services are Inspatent (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://inch.bealthconnect.vermonia.gov/healthplains or contact RCSSVT (800-247-2583) or MVP (844-855-2050).

6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Sone HDHP aggregate family deductible have an embedded individual maximum out-of-pocket with a stacked deductible; the plan pays benefits sone you meet either your individual deductible or your family deductible.

7 You do not have to pay the deductible for Welhiess prescriptions. See the BCBSVT and MVP lists of Welhiess drugs at http://info.healthconnect.vermont.gov/healthplans.

8 This plan includes deductible waited vision care for qualifying children. See Summary of Benefits and Coverage for details: http://info.healthconnect.vermont.gov/healthplans.

Footnotes

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2 Specialist co-pay also applies to 5T, vision, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.

3 ER co-pay is valued if admitted.

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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://incl. healthconnect.evermoria.gov/healthplans or contrast RESSY (Bod-27-25SS) on MPI (864-856-92S).

1 See 1