

2021 Enhanced Silver Plan Designs with Cost-Sharing Reductions



2021 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.



2021 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.



2021 Silver 87 Plans

Note: Silver 87 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.



2021 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.

2021 Silver 73 Plans							2021 Silver 77 Plans							2021 Silver 87 Plans							2021 Silver 94 Plans																								
Deductible/Max. Out-of-Pocket	BCBSVT Silver Plan		BCBSVT Silver CDHP Plan (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)		Deductible/Max. Out-of-Pocket	BCBSVT Silver Plan		BCBSVT Silver CDHP Plan (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		Deductible/Max. Out-of-Pocket	BCBSVT Silver Plan		BCBSVT Silver CDHP Plan		BCBSVT Vermont Preferred Silver Plan		BCBSVT Vermont Select CDHP Silver Plan (not HSA compatible)		MVP Vermont Plus Silver 1		MVP VT Plus Silver 2								
	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	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	Individual / Family	Individual / Family			
Deductible (Ded.)	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	Y-\$3,250/\$6,500	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	Integrated Ded.?	N	Y-\$550/\$1,100	Y-\$0	Y-\$550/\$1,100	N	Y-\$550/\$1,100	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	Medical Ded.	\$2,600/\$5,200	See above	See above	See above	\$500/\$1,000	See above	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	Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above	Medical Ded.	\$200/\$400	See above	See above	See above	\$0	See above			
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ²	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV ³	Prev	Prev, Den1 3 PCP/MH OV ³	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ²	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV ³	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ²	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	Prev	Prev, Den1 3 PCP/MH OV	
	Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$450/\$900	See above	See above	Prescription (Rx) Ded.	\$300/\$600	See above	See above	See above	\$200/\$400	See above	Prescription (Rx) Ded.	\$200/\$400	See above	See above	See above	\$100/\$200	See above	Prescription (Rx) Ded.	N/A	See above	See above	See above	\$0	See above	Prescription (Rx) Ded.	N/A	See above	See above	See above	\$0	See above	Prescription (Rx) Ded.	N/A	See above	See above	See above	\$0	See above		
Max. Out-of-Pocket (MOOP)	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	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	Integrated?	Y-\$900/\$1,800	Y-\$550/\$1,100	Y-\$950/\$1,900	Y-\$550/\$1,100	N	Y-\$550/\$1,100	Integrated?	Y-\$900/\$1,800	Y-\$550/\$1,100	Y-\$950/\$1,900	Y-\$550/\$1,100	N	Y-\$550/\$1,100	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	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	Medical	See above	See above	See above	See above	\$1,450/\$2,900	See above	Medical	See above	See above	See above	See above	\$1,450/\$2,900	See above			
	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	\$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	See above	Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$950/\$1,900	\$550/\$1,100	\$350/\$700	Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$950/\$1,900	\$550/\$1,100	\$350/\$700	Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$950/\$1,900	\$550/\$1,100	\$350/\$700	Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$950/\$1,900	\$550/\$1,100
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, 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, Embedded or Aggregate ⁶	Stacked ⁶	Aggregate ⁶	Aggregate Embedded ⁶	Aggregate Embedded ⁶	Stacked 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 (\$)	Service Category (Examples)	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 (\$)	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	Preventive (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)	\$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%	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%	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%	PCP or Mental Health (PCP/MH)	\$10	Ded., then 0%	Combined 3/6/9 visits at \$0, then deductible, then \$30	Ded., then \$0	3 Visits at \$5; then deductible then \$5 co-pay	Ded., then 0%	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%	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%	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%	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%	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 (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	Ded., then \$30	Ded., then 0%	Urgent Care (UC)	\$25	Ded., then 0%	\$35	Ded., then \$0	\$10	Ded., then 0%	Urgent Care (UC)	\$25	Ded., then 0%	\$35	Ded., then \$0	\$10	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	Ded., then \$50	Ded., then 0%	Ambulance (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%	Ambulance (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%	Ambulance (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%				
Emergency Room (ER) ³	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency Room (ER) ³	Ded., then \$250	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$100	Ded., then 0%	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%	Emergency Room (ER) ³	Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$25	Ded., then 0%	Emergency Room (ER) ³	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	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then 30%	Ded., then 0%	Hospital Services ⁴	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then 10%	Ded., then 0%	Hospital Services ⁴	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	5%	Ded., then 0%	Hospital Services ⁴	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	5%	Ded., then 0%	Hospital Services ⁴	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%	Hospital Services ⁴	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then \$800	Ded., then 0%	Hospital Services ⁴	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then \$200	Ded., then 0%	Hospital Services ⁴	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$40	Ded., then 0%	Hospital Services ⁴	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$40	Ded., then 0%	Hospital Services ⁴	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	Prescription (Rx) Drug Coverage	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					
Rx Generic ⁵	\$12	Ded., then \$10 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0%	Rx Generic ⁵	\$12	Ded., then \$10 ⁷	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0%	Rx Generic ⁵	\$10	Ded., then 0%	Ded., then \$5	Ded., then \$0	Ded., then \$5	Ded., then 0%	Rx Generic ⁵	\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0%	Rx Generic ⁵	\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0%	Rx Generic ⁵	\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0%				
Rx Preferred Brand ⁵	Rx ded., then \$60	Ded., then \$40 ⁷	Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0%	Rx Preferred Brand ⁵	Rx ded., then \$60	Ded., then \$40 ⁷	Ded., then 40%	Ded., then \$0	Ded., then 40%	Ded., then 0%	Rx Preferred Brand ⁵	Rx ded., then \$50	Ded., then 0%	Ded., then 40%	Ded., then \$0	Ded., then 20%	Ded., then 0%	Rx Preferred Brand ⁵	\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0%	Rx Preferred Brand ⁵	\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0%	Rx Preferred Brand ⁵	\$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0%				
Rx Non-Preferred Brand ⁵	Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 0%	Rx Non-Preferred Brand ⁵	Rx ded., then 50%	Ded., then 50% ⁷	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0%	Rx Non-Preferred Brand ⁵	Rx ded., then 50%	Ded., then 0%	Ded., then 60%	Ded., then \$0	Ded., then 40%	Ded., then 0%	Rx Non-Preferred Brand ⁵	30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0%	Rx Non-Preferred Brand ⁵	30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0%	Rx Non-Preferred Brand ⁵	30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0%				
Additional Benefits							Additional Benefits																																						