## Vermont Health Connect

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

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### Deductibles

- **Silver Plan**
  - Individual: $0
  - Family: $0
- **Gold Plan**
  - Individual: $0
  - Family: $0
- **Platinum Plan**
  - Individual: $0
  - Family: $0

### Plan Designs

- **Silver Plan**
  - Individual: $0
  - Family: $0
- **Gold Plan**
  - Individual: $0
  - Family: $0
- **Platinum Plan**
  - Individual: $0
  - Family: $0

### Plan Benefits

- **Preventive Care**
  - Covered without deductible.
- **Ambulance (Out-of-State)**
  - Non-Preferred: $0
  - Preferred: $0
- **Hospital Outpatient**
  - Non-Preferred: $0
  - Preferred: $0
- **Doctor’s Office Visit**
  - Non-Preferred: $0
  - Preferred: $0
- **Prescription (Rx) Drug Coverage**
  - 30-day Supply: $0
  - 30-day Refill: $0
  - 365-day Supply: $0
  - 365-day Refill: $0
- **Emergency Room (ER)**
  - Non-Preferred: $0
  - Preferred: $0
- **Out-of-Pocket (OOP)**
  - $0

### Additional Benefits

- **Wellness Benefits**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - Individualized online wellness portal & Blue Cross discounts at selected retailers.

### Premiums by Tier

- **Bronze**
  - Cost before subsidy: $1,136.00
  - Out-of-Pocket: $1,136.00
- **Silver**
  - Cost before subsidy: $1,750.50
  - Out-of-Pocket: $1,750.50
- **Gold**
  - Cost before subsidy: $2,352.00
  - Out-of-Pocket: $2,352.00
- **Platinum**
  - Cost before subsidy: $3,012.00
  - Out-of-Pocket: $3,012.00

### Glossary

- **Preventable Care**: Preventive Care, Doctor’s Office Visit, Emergency Room (ER), Hospital Outpatient, Pediatric Dental (0-18) kids (as indicated by plan).
- **Pediatric Care**: Preventive Care, Doctor’s Office Visit, Emergency Room (ER), Hospital Outpatient, Pediatric Dental (0-18) kids (as indicated by plan).
- **Out-of-Pocket (OOP)**: The cost you pay after the deductible is met.
- **Deductible**: The amount you pay before health insurance begins to pay.

### Insurance Plan Designs

- **Silver Plan**
  - Individual: $0
  - Family: $0
- **Gold Plan**
  - Individual: $0
  - Family: $0
- **Platinum Plan**
  - Individual: $0
  - Family: $0

### Benefits by Plan Tier

- **Preventive Care**
  - Covered at 100%.
- **Wellness Benefits**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

### Not Covered Benefits

- **Preventive Care**
  - Covered at 100%.
- **Wellness Benefits**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

### Plan Features

- **Out-of-Pocket (OOP)**: The cost you pay after the deductible is met.
- **Deductible**: The amount you pay before health insurance begins to pay.

### Important Information

- **Preventive Care**: Preventive Care, Doctor’s Office Visit, Emergency Room (ER), Hospital Outpatient, Pediatric Dental (0-18) kids (as indicated by plan).
- **Pediatric Care**: Preventive Care, Doctor’s Office Visit, Emergency Room (ER), Hospital Outpatient, Pediatric Dental (0-18) kids (as indicated by plan).
- **Out-of-Pocket (OOP)**: The cost you pay after the deductible is met.
- **Deductible**: The amount you pay before health insurance begins to pay.

### Covered Services

- **Preventive Care**
  - Covered at 100%.
- **Wellness Benefits**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

### Not Covered Benefits

- **Preventive Care**
  - Covered at 100%.
- **Wellness Benefits**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

### Plan Summary

- **Out-of-Pocket (OOP)**: The cost you pay after the deductible is met.
- **Deductible**: The amount you pay before health insurance begins to pay.

### Standard Plans

- **Bronze**
  - Cost before subsidy: $1,136.00
  - Out-of-Pocket: $1,136.00
- **Silver**
  - Cost before subsidy: $1,750.50
  - Out-of-Pocket: $1,750.50
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  - Cost before subsidy: $2,352.00
  - Out-of-Pocket: $2,352.00
- **Platinum**
  - Cost before subsidy: $3,012.00
  - Out-of-Pocket: $3,012.00

### Silver Plan

- Individual: $0
- Family: $0

### Gold Plan

- Individual: $0
- Family: $0

### Platinum Plan

- Individual: $0
- Family: $0

### Plan Benefits

- **Preventive Care**
  - Covered without deductible.
- **Ambulance (Out-of-State)**
  - Non-Preferred: $0
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  - 365-day Refill: $0
- **Emergency Room (ER)**
  - Non-Preferred: $0
  - Preferred: $0
- **Out-of-Pocket (OOP)**
  - $0

### Additional Benefits

- **Wellness Benefits**
  - N/A
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### Covered Services

- **Preventive Care**
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- **Wellness Benefits**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

### Not Covered Benefits

- **Preventive Care**
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- **Wellness Benefits**
  - N/A
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  - N/A
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### Plan Features

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