



# PLATINUM & GOLD PLANS



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## THREE STEPS TO CHOOSING A HEALTH PLAN



### STEP 1 BRUSH UP ON HEALTH INSURANCE BASICS.

Think about the kinds of medical care and prescriptions you need now and in the future. Some good resources to get started are at [VermontHealthConnect.gov](http://VermontHealthConnect.gov).



### STEP 2 SEE IF YOU QUALIFY FOR FINANCIAL HELP.

Take 10 minutes with our Plan Comparison Tool to see monthly payments, likely out-of-pocket costs, and financial help to lower your bills. The Plan Comparison Tool is at [VermontHealthConnect.gov](http://VermontHealthConnect.gov).



### STEP 3 MAKE YOUR CHOICE.

Use the information from steps 1 and 2 to help you decide which plan is right for you. These plan brochures have detailed information and can help guide you.

OTHER PLAN BROCHURES: SILVER 70, SILVER 73, SILVER 77, SILVER 87, SILVER 94, BRONZE

IF YOU MISSED STEPS 1 OR 2, CLICK ON 'GET STARTED' AT [VERMONTHEALTHCONNECT.GOV](http://VERMONTHEALTHCONNECT.GOV), CALL US AT 1-855-899-9600 (TOLL-FREE), OR MAKE AN APPOINTMENT WITH AN ASSISTER NEAR YOU.

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ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-899-9600 (ATS : 711). (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-899-9600 (TTY: 711). (Spanish)



Health benefit plans offered by:



# 2021 PLATINUM & GOLD PLANS

## Standard Plans

## Non-Standard Plans

### IMPORTANT INFORMATION

On average, these plans cover 80-90% of health care costs. You may qualify for lower out-of-pocket costs with an enhanced silver plan. Check the Plan Comparison Tool at VermontHealthConnect.gov.		BCBSVT Platinum	BCBSVT Gold	BCBSVT Vermont Preferred Gold	BCBSVT Vermont Select CDHP Gold <sup>1</sup>	MVP VT Plus Gold 2	MVP VT Plus Gold 3 HDHP <sup>1</sup>	All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits. Standard plans have the same designs across insurance carriers, while VT Preferred, VT Select and MVP VT Plus plans were uniquely designed by their carriers, with an emphasis on wellness. Before selecting a health plan, be sure to check the out-of-pocket costs for prescription drugs and medical services.
		MVP VT Platinum 1	MVP VT Gold 1	BCBSVT Only	BCBSVT Only	MVP Only	MVP Only	
Deductible & Maximum Out-of-Pocket		Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family	<i>Out-of-pocket costs – health care costs, such as deductible, co-pay, and co-insurance that are not covered by insurance. The premium is not considered an out-of-pocket cost. Deductible – the amount you must pay for non-waived services before health insurance begins to pay. Maximum Out-of-Pocket – the most you could pay in out-of-pocket costs in a year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.</i>
Cost-Sharing Reductions Available for Individuals Who Qualify		No	No	No	No	No	No	If your income qualifies and you buy a silver-level plan, you may benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan. Only available with silver plans.
Deductible	Integrated Deductible	No	No	Y-\$1,550/\$3,100	Y-\$2,550/\$5,100	No	Y-\$3,000/\$6,000	If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.
	Medical Deductible	\$350/\$700	\$1,100/\$2,200	See integrated (above)	See integrated (above)	\$700/\$1,400	See integrated (above)	The deductible for medical services (doctor appointments, hospital stays, etc.).
	Medical Deductible waived for	Preventive, Office Visits, Urgent Care, Amb, Den 1	Preventive, Office Visits, Urgent Care, Amb, Den 1	Prev, 3 Qualified Specialist OV, 3 PCP/MH OV, Den1 <sup>4</sup>	Preventive	Preventive, Office Visits, Urgent Care, Den 1	Preventive	The health plan pays for these services even before you meet your deductible.
	Prescription (Rx) Deductible	\$0/\$0	\$100/\$200	See integrated (above)	See integrated (above)	\$250/\$500	See integrated (above)	The deductible for prescription drugs.
	Rx Deductible Waived for	N/A	Generic Drugs	Wellness Drugs	Wellness Drugs	VBID Drugs, Generic Drugs	Wellness Drugs	Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VBID) covers maintenance medication for members with some chronic conditions. Items that are covered prior to the prescription deductible being met. You just pay the co-pay below.
Max Out-of-Pocket	Integrated Max Out-of-Pocket	No	No	\$5,150/\$10,300	\$2,550/\$5,100	No	Y-\$3,000/\$6,000	If integrated, prescription (Rx) expenses contribute to overall maximum out-of-pocket as well as Rx maximum out-of-pocket.
	Medical Max Out-of-Pocket	\$1,400/\$2,800	\$5,200/\$10,400	See integrated (above)	See integrated (above)	\$6,500/\$13,000	See integrated (above)	The most individuals or families will pay for covered services per year.
	Rx Max Out-of-Pocket	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	The most individuals or families will pay for prescription drugs per year.
Family Deductible/Max Out-of-Pocket (Stacked/ Aggregate/Embedded)		Stacked Deductible/ Stacked MOOP	Stacked Deductible/ Stacked MOOP	Aggregate Deductible <sup>3</sup> / Embedded MOOP	Aggregate Deductible/ Aggregate MOOP	Embedded Deductible/ Embedded MOOP	Aggregate Deductible/ Aggregate MOOP	Doesn't apply to individual plans. With aggregate, you must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet your individual or family amount. An embedded MOOP ensures that no individual pays more than \$8,550 in out-of-pocket costs (a requirement for all qualified health plans).
SERVICE CATEGORY		Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	<i>Categories for the different types of care provided by the plans. Co-pay=\$ you pay / Co-insurance=% you pay</i>
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early. For lists of preventive services, go to VermontHealthConnect.gov and click on 'Health Plans.'
Office Visit (OV)	Primary Care Physician or Mental Health	\$15	\$20	Combined 3/6/9 visits at \$0; then ded, then \$20	Deductible, then \$0	\$20	Deductible, then \$0	Office visit with a primary care provider or mental health professional.
	Specialist Office Visit <sup>2</sup>	\$40	\$50	3 visits at \$0 <sup>4</sup> ; then ded, then \$40	Deductible, then \$0	\$40	Deductible, then \$0	An office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist), as well as occupational therapy and covered alternative treatment benefits. As of 2020, physical therapy and chiropractic services have a separate cost share. A walk-in clinic open 7 days/week that treats injuries or illness requiring immediate care, but not serious enough to require an ER visit.
Urgent Care (UC)		\$50	\$60	Deductible, then \$40	Deductible, then \$0	\$30	Deductible, then \$0	Cost of an ambulance in case of emergency.
Ambulance (Amb)		\$60	\$70	Deductible, then \$40	Deductible, then \$0	Deductible, then \$50	Deductible, then \$0	Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.
Emergency Room (ER)		Deductible, then \$100	Deductible, then \$150	Deductible, then \$250	Deductible, then \$0	Deductible, then \$250	Deductible, then \$0	Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).
Hospital Services		Deductible, then 10%	Deductible, then 30%	Deductible, then \$750	Deductible, then \$0	Deductible, then 20%	Deductible, then \$0	<i>Different levels of prescription drug coverage offered by the plan.</i>
Rx DRUG COVERAGE (30-day supply)								
Rx Generic		\$10	\$12	Deductible, then \$5	Deductible, then \$0	\$15	Deductible, then \$0 <sup>5</sup>	"Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.
Rx Preferred Brand		\$50	Rx Deductible, then \$55	Deductible, then 40%	Deductible, then \$0	Rx Deductible, then \$40	Deductible, then \$0 <sup>5</sup>	"Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to VermontHealthConnect.gov and click on "Health Plans" or call BCBSVT (800-247-2583) or MVP (844-865-0250). For an exact list of medications in each category, please refer to the carriers' drug lists at <a href="http://info.healthconnect.vermont.gov/healthplans#Rx">http://info.healthconnect.vermont.gov/healthplans#Rx</a> .
Rx Non-Preferred Brand		50%	Rx Deductible, then 50%	Deductible, then 60%	Deductible, then \$0	Rx Deductible, then 50%	Deductible, then \$0 <sup>5</sup>	
ADDITIONAL BENEFITS								<i>This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.</i>
Pediatric Dental & Vision		Yes	Yes	Yes, after deductible	Yes, after deductible	Yes	Yes, after deductible	Included in the medical plan for children up to 21. Some services are subject to the medical deductible. See plan materials for details.
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	
MONTHLY PREMIUMS BY TIERS		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	
SINGLE	BCBSVT	\$939.97	\$796.44	\$731.76	\$770.70			<b>FINANCIAL HELP: APTC &amp; CSR</b> If you buy health insurance on your own (not through your employer), you may qualify for financial help. For example, a family of four with an income of up to \$104,800 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to \$78,600 may also qualify for lower out-of-pocket costs through Cost-Sharing Reductions (CSR). This means that instead of covering 70% of health care costs on average, the enhanced silver plan will cover between 73% and 94% of costs. You can use APTC to purchase a plan in any metal level, but you can only get CSR with silver plans. To see how your particular premiums and out-of-pocket costs might be reduced, see the Subsidy Estimator at VermontHealthConnect.gov or call 1-855-899-9600 (toll-free).
	MVP	\$798.23	\$673.78			\$699.13	\$682.62	
COUPLE	BCBSVT	\$1,879.94	\$1,592.88	\$1,463.52	\$1,541.40			
	MVP	\$1,596.46	\$1,347.56			\$1,398.26	\$1,365.24	
PARENT AND CHILD(REN)	BCBSVT	\$1,814.14	\$1,537.13	\$1,412.30	\$1,487.45			
	MVP	\$1,540.58	\$1,300.40			\$1,349.32	\$1,317.46	
FAMILY	BCBSVT	\$2,641.32	\$2,238.00	\$2,056.25	\$2,165.67			
	MVP	\$2,243.03	\$1,893.32			\$1,964.56	\$1,918.16	

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

<sup>1</sup>High-deductible health plans (HDHP) and consumer-directed health plans (CDHP) can be combined with a health savings account (HSA) to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis. <sup>2</sup>Costs may vary by service. Please consult your issuer's documents for complete details. <sup>3</sup>Aggregate family deductibles may have an embedded individual max-out-of-pocket to prevent one member from paying the full family max-out-of-pocket amount. <sup>4</sup>BCBSVT VT Preferred provides 3 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling, for heart disease & diabetes patients. <sup>5</sup>Preventive drugs on the MVP VT Plus Gold 3 HDHP plan are \$10/\$15/5% before the deductible.