GLOSSARY OF TERMS

Additional Benefits—This is a partial list. See additional benefits in each plan’s Summary of Benefits and Coverage.

Ambulance (Amb)—Cost of an ambulance in case of emergency.

Cost-Sharing Reductions (CSR)—Only available with silver plans. This is a form of financial help you can get if your income qualifies and you buy a silver-level plan. With Cost-Sharing Reductions, you will benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan.

Deductible—The amount you must pay for non-waived services before health insurance begins to pay.

Emergency Room (ER)—Emergency services you get in an emergency room. ER co-pay/coinsurance is waived if you are admitted to hospital.

Family Deductible/Maximum Out-of-Pocket (Stacked/Aggregate/Embedded)—Doesn’t apply to individual plans. With aggregate, your family must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet either your individual amount or your family amount. An embedded MOOP ensures that no individual pays more than $8,700 in out-of-pocket costs (a requirement for all qualified health plans).

Hospital Services—Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse) Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).

Integrated Deductible—Prescription (Rx) expenses and medical expenses both contribute to a single deductible.

Integrated Maximum Out-of-Pocket (MOOP)—The most you could pay in out-of-pocket costs in a calendar year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.

Medical Deductible—the deductible for medical services (doctor appointments, hospital stays, etc.).

Medical Deductible Waived For—The health plan pays for these services even before you meet your deductible.

Pediatric Dental and Vision—Included in the medical plan for children up to 21. Some services are subject to the medical deductible. See plan materials for details.

Prescription (Rx) Deductible—the deductible for prescription drugs.

Prescription Drug Coverage—Different levels of prescription drug coverage offered by the plan.

Preventive (Prev)—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 http://VermontHealthConnect.gov and click on ‘Health Plans.’

Primary Care Physician or Mental Health—Any office visit with a primary care provider or mental health professional.

Out-of-Pocket costs—Health care costs, such as deductible, co-pay, and co-insurance that are not covered by insurance. The premium isn’t considered an out-of-pocket cost.

Rx Deductible Waived For—Items that are covered prior to the prescription deductible being met. You just pay the co-pay. 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.

Rx Generic—“Generic” typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.

Rx Maximum Out-of-Pocket—The most individuals or families will pay for prescription drugs per calendar year.

Rx Preferred Brand and Rx Non-Preferred Brand—“Preferred” and “Non-preferred” are set by each insurance company. To find an exact list of medications in each category, please refer to the insurance companies drug lists at specific drugs are categorized, go to http://VermontHealthConnect.gov and click on “Health Plans,” or call BCBSVT (800-247-2583) or MVP http://info.healthconnect.vermont.gov/healthplans#Rx.

Reimbursement/Reimbursement Period—The time or days after which a service is considered covered.

Service Category—Categories for the different types of care provided by the plans. Co-pay=$ you pay / Co-insurance=% you pay

Specialist Office Visit—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. Physical therapy and chiropractic services have a separate cost share.

Urgent Care (UC)—A type of walk-in clinic open seven days a week that primarily treats injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.

Visit Vermont’s health insurance marketplace at http://VermontHealthConnect.gov or call 1-855-899-9600 (toll-free) today.
1. 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:

- Family Urgent Care (UC)
- Ambulances
- Pediatric Dental & Vision
- Preventive Services
- Wellness Programs

2. There are different tiers for different types of care:

- Preventive Care
- Ambulatory Services
- Hospital Services
- Prescription Drugs

3. Maximum Out-of-Pocket limits are:

- $8,700/$17,400 for the individual/family
- $7,250/$14,500 for MVP
- $7,850/$15,700 for BCBSVT

4. Cost-sharing reductions are available for individuals who:

- Qualify for the Premium Assistance Tax Credit (PACT) or the State Premium Assistance Program (SPAP)
- Have an individual/family income up to a certain threshold

5. The enhanced plans have lower out-of-pocket costs. Check the Plan Comparison Tool at http://VermontHealthConnect.gov.