Hospital Services – Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse)  

Pediatric Dental and Vision  

For lists of preventive services, go to family.dvha.vermont.gov.  

Out-of-Pocket costs – Health care costs, such as deductible, copay, and co-insurance that are not covered by insurance. The premium is not 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 copay.  

Rx Preferred Brand and Rx Non-Preferred Brand – “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.’  

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

Rx Maximum Out-of-Pocket (MOP) – 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 Waived For – The deductible for these services (doctor appointments, hospital stays, etc.).  

Medical Deductible – The deductible for medical services (doctor appointments, hospital stays, etc.).  

Maximum Out-of-Pocket (MOOP) – The amount you must pay for non-waived services before health insurance begins to pay.  

Preventive (Prev) – Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early.  

Preventive Drug Coverage – Different levels of prescription drug coverage offered by the plan.  

Rx Deductible Waived for – Items that are covered prior to the prescription deductible being met. You just pay the copay.  

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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.  

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Rx Deductible Waived for – Items that are covered prior to the prescription deductible being met. You just pay the copay.
### Silver 94 Plans

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Preventive (Prev)</th>
<th>Office Visit (OV)</th>
<th>Urgent Care (UC)</th>
<th>Ambulance (Amb)</th>
<th>Emergency Room (ER)</th>
<th>Hospital Services</th>
<th>Rx Drug Coverage (30-day supply)</th>
<th>Rx Generic</th>
<th>Rx Preferred Brand</th>
<th>Rx Non-Preferred Brand</th>
<th>ADDITIONAL BENEFITS</th>
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<tr>
<td>Co-pay/$/Co-insurance (%)</td>
<td>Co-pay/$/Co-insurance (%)</td>
<td>Co-pay/$/Co-insurance (%)</td>
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<td>$5</td>
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<td>$5</td>
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<td>$15</td>
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</tr>
<tr>
<td>Hospital Services</td>
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<tr>
<td>Rx Drug Coverage (30-day supply)</td>
<td>$0</td>
<td>$5</td>
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<td>$5</td>
<td>$10</td>
<td>$10</td>
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<tr>
<td>Rx Generic</td>
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<td>$10</td>
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<tr>
<td>Rx Non-Preferred Brand</td>
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<td>$15</td>
<td>$35</td>
<td>$5</td>
<td>$10</td>
<td>$10</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
<td>Preventive (Prev)</td>
</tr>
</tbody>
</table>

### Additional Benefits

- **Preventive Care**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Primary Care Physician or Medical Model**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Office Visit (OV)**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Urgent Care (UC)**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Emergency Room (ER)**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Hospital Services**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Rx Drug Coverage (30-day supply)**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
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### Monthly Premiums by Tiers

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single</th>
<th>Couple</th>
<th>Parent and Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSVT</td>
<td>$772.90</td>
<td>$1,545.80</td>
<td>$2,497.00</td>
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</tr>
<tr>
<td>MVP</td>
<td>$767.84</td>
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<tr>
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**Cost-sharing reductions available for individuals who qualify**

- **Integrated Deductible**: Preventive, pre-deductible visits, urgent care, and ambulance are covered for free.
- **Prescription Rx Deductible**: Preventive, pre-deductible visits, urgent care, and ambulance are covered for free.
- **Rx Deductible Waived for**: Preventive, pre-deductible visits, urgent care, and ambulance are covered for free.
- **Max-Out-of-Pocket**: Preventive, pre-deductible visits, urgent care, and ambulance are covered for free.
- **Family Deductible**: Preventive, pre-deductible visits, urgent care, and ambulance are covered for free.

**Preventive Care**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.

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- **Rx Non-Preferred Brand**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.

**ADDITIONAL BENEFITS**

- **Pediatric Dental & Vision**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.
- **Wellness Benefits**: Preventive care includes regular check-ups, screenings, and other services to help keep you healthy.

**MONTHLY PREMIUMS BY TIERS**

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### Financial Help: APTC & CSR

- Vermonters in single plans with income up to $105,000 may qualify for lower out-of-pocket premiums. Those in family plans with income up to $297,000 may qualify. For the Plan Comparison Tool, see how much financial help you might get. Click on http://VermontHealthConnect.gov or call 1-855-699-9600 (toll-free).

### Important Information

- **On average, these plans cover 94% of health care costs. You may qualify for lower out-of-pocket costs. Check the Plan Comparison Tool at http://VermontHealthConnect.gov.**

### Vermonters

- Vermonters in single plans with income up to $105,000 may qualify for lower out-of-pocket premiums. Those in family plans with income up to $297,000 may qualify. For the Plan Comparison Tool, see how much financial help you might get. Click on http://VermontHealthConnect.gov or call 1-855-699-9600 (toll-free).

### People Also Qualify

- Many people also qualify for lower out-of-pocket costs. Did the Plan Comparison Tool say that you qualify for Silver 94 or Silver 87? This means you can likely get a platinum-plan for a lower cost.

### Getting Financial Help

- To get financial help, you must sign up through Vermont Health Connect. You usually can't get financial help if your job offers health insurance.

### REMINDER

- **Once open enrollment ends, plan selections usually cannot be changed**. The exception is if someone in your household has a qualifying event, such as a birth, death, or a new job.
- **Don't let your health insurance get cancelled due to non-payment**. You may not be able to get insurance again until the following January.