

All Vermont Health Connect plans cover the same set of Essential Health Benefits.
 The difference lies in the plan designs, which determine how you pay for those benefits. Standardized plans have the same designs across insurance carriers, while the other QHPs (Qualified Health Plans) were uniquely designed by the carriers.

Vermont Health Connect

2023 Plan Designs & Premiums for Individuals and Families* (before any subsidies)

Interested in the cost after subsidy?
 Most Vermonters who use Vermont Health Connect qualify for financial help to reduce their costs. To see if you qualify, visit the Plan Comparison Tool at <https://vt.checkbookhealth.org> or call 1-855-899-9600.



		Standardized Plans (same coverage for both insurance carriers)					Standardized Plans (high deductible - can pair with HSA)					BCBSVT Plans Only (CDHP - can pair with HSA)					MVP Plans Only (HDHP - can pair with HSA)						
		BCBSVT Platinum Plan	BCBSVT Gold Plan	BCBSVT Silver Plan	BCBSVT Bronze Plan	BCBSVT Bronze Integrated Plan	BCBSVT Silver CDHP Plan	BCBSVT Bronze CDHP Plan	BCBSVT Vermont Preferred Gold Plan	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Preferred Bronze Plan	BCBSVT Vermont Select Gold CDHP Plan	BCBSVT Vermont Select Silver CDHP Plan	BCBSVT Vermont Select Bronze CDHP Plan	MVP VT Plus Gold 2	MVP VT Plus Silver 1	MVP VT Plus Bronze 1	MVP VT Plus Bronze 5	MVP VT Plus Gold 3 HDHP	MVP VT Plus Silver 2 HDHP			
		MVP Platinum 1	MVP VT Gold 1	MVP VT Silver 3	MVP VT Bronze 2	MVP VT Bronze 4	MVP VT Silver 4 HDHP	MVP VT Bronze 3 HDHP															
Deductibles & Out-of-Pocket Limits		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	N	N	N	\$9,000/\$18,000	\$2,100/\$4,200	\$5,800/\$11,600	\$1,250/\$2,500	\$3,200/\$6,400	\$8,950/\$17,900	\$2,675/\$5,350	\$5,125/\$10,250	\$7,150/\$14,300	N	N	N	\$9,100/\$18,200	\$3,200/\$6,400	\$5,500/11,000			
	Medical Ded.	\$425/\$850	\$1,400/\$2,800	\$4,000/\$8,000	\$6,450/\$12,900	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$850/\$1,700	\$2,100/4,200	\$7,250/\$14,500	See above	See above	See above			
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1, Vision	Prev, OV, UC, Amb, Den1, Vision	Prev, OV, UC, Amb, Den1, Vision	Prev, Den1	Prev, OV, Den 1	Prev	Prev	Prev, 4 PCP/MH/Qualified Specialist OV, Den1 ¹¹	Prev, 4 PCP/MH/Qualified Specialist OV, Den1 ¹¹	Prev, 4 PCP/MH/Qualified Specialist OV, Den1 ¹¹	Prev	Prev	Prev	Prev, UC, OV, Den1 ¹⁰	Prev, 3 PCP/MH, Den1	Prev, Den 1	Prev, 3 PCP/MH, Den1	Prev	Prev			
	Prescription (Rx) Ded.	\$0	\$200/\$400	\$500/\$1,000	\$1,100/\$2,200	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$350/\$700	\$850/1,700	\$700/\$1,400	See above	See above	See above			
	Waived for:	N/A (\$0 Ded.)	Rx Generic	Rx Generic	Rx Generic	Rx Generic ¹	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx Wellness ⁸	Rx VBIID, Rx Generic	Rx VBIID, Rx Generic	Rx VBIID, Rx Tier 1	Rx VBIID, Rx Tier 1	Rx Wellness	Rx Wellness		
Max. Out-of-Pocket (MOOP)	Integrated?	N	N	\$9,100/\$18,200	\$9,100/\$18,200	\$9,000/\$18,000	\$7,050/\$14,100	\$7,100/\$14,200	\$5,150/\$10,300	\$8,550/\$17,100	\$8,950/\$17,900	\$2,675/\$5,350	\$5,125/\$10,250	\$7,150/\$14,300	N	N	\$8,400/\$16,800	\$9,100/\$18,200	\$3,200/\$6,400	\$5,500/11,000			
	Medical	\$1,500/\$3,000	\$5,600/\$11,200	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$6,600/\$13,200	\$7,000/14,000	See above	See above	See above	See above			
	Prescription (Rx)	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	\$1,400/\$2,800	See above	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	See above	\$1,500/\$3,000	\$1,500/\$3,000	See above	\$1,400/\$2,800	\$1,400/\$2,800	See above	See above	\$1,500/\$3,000	\$1,500/\$3,000			
Stacked, Embedded, or Aggregated ⁶		Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Aggregate ^{6,9} Embedded	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate 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 (\$)	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$15*	\$20*	\$40*	Ded., then \$35	\$40*	Ded., then 10%	Ded., then 50%	4 combined visits with no cost-share; then deductible applies, then co-pay: \$20 (Gold), \$30 (Silver), \$0 (Bronze) ¹¹			Ded., then \$0	Ded., then \$0	Ded., then \$0	\$20	\$30 x3, then ded., then \$30 ¹²	Ded., then \$40	0% x3, then ded., then 0% ¹²	Ded., then 0%	Ded., then 0%			
	Specialist ²	\$40	\$50	\$90	Ded., then \$90	\$100	Ded., then 30%	Ded., then 50%	Ded., then \$40 ¹¹	Ded., then \$50 ¹¹	Ded., then \$50 ¹¹	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$45	Ded., then \$60	Ded., then \$100	Ded., then 0%	Ded., then 0%	Ded., then 0%			
Urgent Care (UC)	\$50	\$60	\$100	Ded., then \$100	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$40	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$30	Ded., then \$60	Ded., then \$100	Ded., then 0%	Ded., then 0%	Ded., then 0%			
Ambulance (Amb)	\$60	Ded., then \$70	\$100	Ded., then \$100	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$40	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$50	Ded., then \$100	Ded., then \$100	Ded., then 0%	Ded., then 0%	Ded., then 0%			
Emergency Room (ER) ³	Ded, then \$100	Ded, then \$150	Ded., then \$500	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$250	Ded., then \$450	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$250	Ded., then \$400	Ded., then 50%	Ded., then 0%	Ded., then 0%	Ded., then 0%	Ded., then 0%			
Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$750	Ded., then \$1,750	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then 50%	Ded., then 50%	Ded., then 0%	Ded., then 0%	Ded., then 0%			
	Outpatient	Ded., then 10%	Ded., then 30%	Ded., then 50%	Ded., then 50%	Ded., then \$0	Ded., then 30%	Ded., then 50%	Ded., then \$750	Ded., then \$1,750	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then \$1,400	Ded., then 50%	Ded., then 0%	Ded., then 0%	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	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply			
Rx Generic ⁵	\$10	\$12	\$20	\$15	\$30	Ded. ⁸ , then \$10	Ded. ⁸ , then \$12	Ded., then \$5	Ded., then \$5	Ded. ⁸ , then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	\$15	Ded., then \$5	\$25	\$35	Ded. ^{8,13} then 0%	Ded. ⁸ , then 0%			
Rx Preferred Brand ⁵	\$50	Ded., then \$55	Ded., then \$70	Ded., then \$85	Ded., then \$0	Ded. ⁸ , then \$40	Ded. ⁸ , then 40%	Ded., then 40%	Ded., then 40%	Ded. ⁸ , then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$40	Ded., then 50%	Ded., then \$100	Ded., then 0%	Ded. ^{8,13} then 0%	Ded. ⁸ , then 0%				
Rx Non-Preferred Brand ⁵	50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then \$0	Ded. ⁸ , then 50%	Ded. ⁸ , then 60%	Ded., then 60%	Ded., then 60%	Ded. ⁸ , then \$0	Ded., then \$0	Ded., then \$0	Ded., then \$0	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 0%	Ded. ^{8,13} then 0%	Ded. ⁸ , then 0%				
Additional Benefits																							
Wellness/Other Benefits	N/A	N/A	N/A	N/A	N/A	N/A	N/A		Individualized online wellness portal					Up to \$600 in Well-Being Reimbursements Gold and Silver VBIID RX Co-pay \$1; Bronze VBIID RX Co-pay \$3; \$0 Generics to age 10. Gia [®] Virtual Care Services; \$500 Acupuncture Allowance ¹⁴					Up to \$600 in Well-Being Reimbursements; Gia [®] Virtual Care Services; \$500 Acupuncture Allowance ¹⁴				
Premiums by Tier (monthly cost)	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy			
Single	BCBSVT	\$1,134.56	\$941.63	\$848.31	\$640.78	\$660.98	\$875.58	\$663.06	\$894.00	\$841.08	\$653.11	\$913.28	\$837.38	\$645.48	N/A	N/A	N/A	N/A	N/A	N/A			
	MVP	\$1,138.38	\$939.60	\$854.37	\$674.76	\$706.61	\$867.56	\$685.66	N/A	N/A	N/A	N/A	N/A	N/A	\$989.35	\$847.85	\$672.82	\$678.90	\$972.69	\$872.57			
Couple	BCBSVT	\$2,269.12	\$1,883.26	\$1,696.62	\$1,281.56	\$1,321.96	\$1,751.16	\$1,326.12	\$1,788.00	\$1,682.16	\$1,306.22	\$1,826.56	\$1,674.76	\$1,290.96	N/A	N/A	N/A	N/A	N/A	N/A			
	MVP	\$2,276.76	\$1,879.20	\$1,708.74	\$1,349.52	\$1,413.22	\$1,735.12	\$1,371.32	N/A	N/A	N/A	N/A	N/A	N/A	\$1,978.70	\$1,695.70	\$1,345.64	\$1,357.80	\$1,945.38	\$1,745.14			
Parent and Child(ren)	BCBSVT	\$2,189.70	\$1,817.35	\$1,637.24	\$1,236.71	\$1,275.69	\$1,689.87	\$1,279.71	\$1,725.42	\$1,623.28	\$1,260.50	\$1,762.63	\$1,616.14	\$1,245.78	N/A	N/A	N/A	N/A	N/A	N/A			
	MVP	\$2,197.07	\$1,813.43	\$1,648.93	\$1,302.29	\$1,363.76	\$1,674.39	\$1,323.32	N/A	N/A	N/A	N/A	N/A	N/A	\$1,909.45	\$1,636.35	\$1,298.54	\$1,310.28	\$1,877.29	\$1,684.06			
Family	BCBSVT	\$3,188.11	\$2,645.98	\$2,383.75	\$1,800.59	\$1,857.35	\$2,460.38	\$1,863.20	\$2,512.14	\$2,363.43	\$1,835.24	\$2,566.32	\$2,353.04	\$1,813.80	N/A	N/A	N/A	N/A	N/A	N/A			
	MVP	\$3,198.85	\$2,640.28	\$2,400.78	\$1,896.08	\$1,985.57	\$2,437.84	\$1,926.70	N/A	N/A	N/A	N/A	N/A	N/A	\$2,780.07	\$2,382.46	\$1,890.62	\$1,907.71	\$2,733.26	\$2,451.92			

Abbreviations-- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBIID: Value-Based Insurance Design, Den1: Pediatric Dental Class 1 Series, ER: Emergency Room.

Glossary-- Find definitions for VBIID, Stacked, Aggregated, Integrated, and other terms at <https://info.healthconnect.vermont.gov/learn-more/health-insurance-basics/list-terms>

Plan details-- Different plans cover specific drugs and services in different ways.

*n 2023, qualified health plans have the same plan designs but different premiums for small group. You can find the small group market premiums here:

- Blue Cross and Blue Shield of Vermont [2023 Small Group Plans & Premiums Chart](#) (bluecrossvt.org/smallbusiness).
- MVP Health Care[®] [MVP Product Placemat Vermont Small Group 2023 Plans](#) (mvphealthcare.com)

To enroll in small group plans, contact BCBSVT or MVP

Footnotes

- Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Vision, Pediatric Dental Class 1 Series (as indicated by plan).
- Specialist co-pay also applies to ST, OT, and any alternative medicine benefits, as appropriate. PT/Chiro have separate cost share.
- ER co-pay is waived if admitted.
- Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.
- Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions> or contact BCBSVT (800-247-2583) or MVP (844-865-0250).
- With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
- If you purchase a silver plan and your income qualifies for cost-sharing reductions your deductible and max. out-of-pocket could be lower than the figures stated above. To learn more, go to [VermontHealthConnect.gov](https://vermonthealthconnect.gov) and click on "Compare Plans."
- With MVP High Deductible Health Plans (HDHP), BCBSVT Vermont Select CDHP, BCBSVT CDHP and Vermont Preferred plans, might have deductibles for Wellness prescriptions before cost-shares apply. See the BCBSVT and MVP lists of Wellness drugs at <https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions>.
- Some aggregate family deductibles have an embedded individual maximum out-of-pocket of \$9,100 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$9,100 for an individual.
- This plan includes deductible-waived vision care for qualifying children. See Summary of Benefits and Coverage for details: <https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/summaries-benefits-and-coverage>.
- BCBSVT VT Preferred provides 4 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling for heart disease & diabetes patients.
- Benefit covers three (3) visits at indicated cost share, for each plan member, before the deductible.
- Preventive drugs on the MVP VT Plus Gold 3 HDHP plan are \$10/\$15/5% before the deductible.
- See plan documents for more information about these benefits.

* First 3 visits per member covered in full