# 2024 Enhanced Silver Plan Designs with Cost-Sharing Reductions

VERMONT HEALTH CONNECT 2024

Silver 73 Plans

Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://wt.checkbookhealth.org">https://wt.checkbookhealth.org</a> or call 1-85-5899-960.

VERMONT HEALTH CONNECT Silver

Silver 77 Plans

Note: Silver 77 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.



Silver 87 Plans

Note: Silver 87 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.



Silver 94 Plans

Note: Silver 94 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at <a href="https://vt.checkbookhealth.org">https://vt.checkbookhealth.org</a> or call 1-855-899-9600.

2024 Silver 73 Plans		BCBSVT Silver Plan  MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)		MVP VT Plus Silver 2 HDHP (can pair with HSA)	2024 Silve	r 77 Plans	BCBSVT Silver Plan  MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)		BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP VT Plus Silver 1	MVP VT Plus Silver 2 HDHP (can pair with HSA)		er 87 Plans	BCBSVT Silver Plan  MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)	MVP VT Plus Silver 1	MVP VT Plus Silver 2 HDHP (can pair with HSA)	2024 Silv	er 94 Plans	BCBSVT Silver Plan  MVP VT Silver 3	BCBSVT Silver CDHP Plan (not HSA Compatible) MVP VT Silver 4	BCBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (not HSA compatible)	MVP VT Plus Silver 1	MVP VT Plus Silver 2 (not HSA compatible)	
Deduc	tible/Max. O	ıt-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	/ Individual / Family	Individual / Family	Deductible/Max	. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	ex. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	ax. Out-of-Pocket	Individual / Family	Individual / Family	/ Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (D	In	tegrated Ded.?	N	Y-\$2,000/\$4,000	Y-\$2,550/\$5,100	Y-\$4,725/\$9,450	N	Y-\$4,900/\$9,800	Deductible (Ded.) (se	Integrated Ded.?	N	Y-\$1,750/\$3,500	Y-\$1,300/\$2,600	Y-\$3,500/\$7,000	N	N Y-\$3,550/\$7,100		Integrated Ded.?	N	Y-\$1,600/\$3,200	Y-\$250/500	Y-\$1,600/\$3,200	N	Y-\$1,600/\$3,200		Integrated Ded.?	N	Y-\$550/\$1,100	Y-\$0/\$0	Y-\$550/\$1,100	N	Y-\$600/\$1,200
		Medical Ded.	\$3,000/\$6,000	See above	See above	See above	\$1,750/\$3,500	See above		Medical Ded.	ed <sup>1</sup> for: Prev, OV, UC, Amb,	See above	See above	See above	\$900/\$1,800	See above		Medical Ded.	\$1,250/\$2,500	See above	Prev, Den1 4 PCP/MH/Qualified Specialist OV	See above	Prev Den1 3	See above Prev Deductible (De		Medical Ded.	\$250/\$500	See above	See above	See above	\$0	See above
		Waived <sup>1</sup> for: Services below)	Prev, OV, UC, Amb, Den1 <sup>8</sup> , Vision	Prev	Prev, Den1 4 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1 3 PCP/MH OV <sup>8</sup>	Prev		Waived <sup>1</sup> for: (see Services below)		Prev	Prev, Den1 4 PCP/MH/Qualified Specialist OV	lified Prev	Prev, Den1 3 PCP/MH OV <sup>8</sup> Prev \$450/\$900 See above	Prev	above	Waived <sup>1</sup> for: (see Services below)	Prev, OV, UC, Amb, Den1 <sup>8</sup> , Vision	Prev		Prev			Deductible (Ded.)	Waived <sup>1</sup> for: (see Services below)	Prev, OV, UC, Amb, Den1 <sup>7</sup> , Vision	Prev	N/A	Prev	N/A	Prev
	Pi	rescription (Rx) Ded.	\$450/\$900	See above	See above	See above	\$650/\$1,300	See above		Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above		See above		Prescription (Rx) Ded.	\$250/\$500	See above	See above	See above	\$300/\$600	See above		Prescription (Rx) Ded.	\$0	See above	See above	See above	\$0	See above
		Waived for:	Rx Generic	Rx Wellness <sup>7</sup>	Rx Wellness <sup>7</sup>	Rx Wellness <sup>7</sup>	Rx VBID, Generic to age 10	Rx Wellness <sup>7</sup>		Waived for:	Rx Generic	Rx Wellness <sup>7</sup>	Rx Wellness <sup>7</sup>	Rx Wellness <sup>7</sup>	Rx VBID, Generic to age 10	Rx Wellness <sup>7</sup>		Waived for:	Rx Generic	Rx Wellness <sup>7</sup>	Rx Wellness <sup>7</sup>	Rx Wellness <sup>7</sup>	Rx VBID, Generics to age 10	Rx Wellness <sup>7</sup>		Waived for:	N/A	Rx Wellness <sup>7</sup>	N/A	Rx Wellness <sup>7</sup>	N/A	Rx Wellness <sup>7</sup>
Max. Out- Pocket (MO		Integrated?	Y-\$6,700/\$13,400	Y-\$5,950/\$11,900	Y-\$7,550/\$15,100	Y-\$4,725/\$9,450	N	Y-\$4,900/\$9,800	Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$6,300/\$12,600	Y-\$4,650/\$9,300	Y-\$6,350/\$12,700	Y-\$3,500/\$7,000	N	N \$3,550/\$7,100  6,000/\$12,000 See above Max. Out-of-Pocket (MOOP)		Integrated?	Y-\$2,450/\$4,900	Y-\$1,600/\$3,200	Y-\$2,850/\$5,700	Y-\$1,600/\$3,200	N	Y-\$1,600/\$3,200		Integrated?	\$1,000/\$2,000	Y-\$550/\$1,100	Y-\$1,075/\$2,150	Y-\$550/\$1,100	N/A	Y-\$600/\$1,200
		Medical	See above	See above	See above	See above	\$6,500/\$13,000	See above		Medical	See above	See above	See above	See above	\$6,000/\$12,000		Medical	See above	See above	See above	See above	\$2,800/\$5,600	See above	Max. Out-of- Pocket (MOOP)	Medical	See above	See above	See above	See above	\$1,800/\$3,600	See above	
	Pi	escription (Rx)	\$1,300/\$2,600	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200	\$1,500/\$3,000	\$1,600/\$3,200		Prescription (Rx)	\$1,200/\$2,400	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200	\$1,500/\$3,000	\$1,600/\$3,200	0/\$3,200	Prescription (Rx)	\$450/\$900	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3200	\$750/\$1,500	\$1,600/\$3,200		Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$1075/\$2,150	\$550/\$1,100	\$700/\$1,400	\$600/\$1,200
Stacked	, Embedded o	r Aggregate? <sup>6</sup>	Stacked <sup>6</sup>	Aggregate Embedded <sup>6</sup>	Aggregate Aggregate Stacked <sup>6</sup> Stacked <sup>6</sup> Stacked, Embedded or Aggregate? <sup>6</sup> Stacked <sup>6</sup>		Aggregate Embedded <sup>6</sup>	Aggregate Embedded <sup>6</sup>	Aggregate	Stacked <sup>6</sup> Embedded/Embedded		Stacked, Embedded or Aggregate? <sup>6</sup>		Stacked <sup>6</sup>	Aggregate <sup>6</sup>	Aggregate <sup>6</sup>	Aggregate <sup>6</sup> Stacked <sup>6</sup>		Embedded/Embedded Stacked, Embe		ded or Aggregate? <sup>6</sup>	Stacked <sup>6</sup>	Aggregate <sup>6</sup>	Aggregate	Aggregate	Stacked <sup>6</sup>	Embedded/Embedded					
Serv	ce 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 (\$)	Service Catego	ory (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 (\$)	Service Categ	gory (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 (\$)	Service Categ	gory (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 (\$)
	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventi	ve (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0
Office Vi:	He	PCP or Mental paith (PCP/MH)	\$40*	Ded., then 10%	4 visits per person combined PCP/ MH at \$0, then deductible, then \$30 co-pay	Ded., then \$0	3 visits per person at \$30, then deductible, then \$30 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$30*	Ded., then 10%	4 visits per person combined PCP/ MH at \$0, then deductible, then \$30 co-pay	Ded., then \$0	3 visits per person at \$15**; then deductible, then \$15** co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10*	Ded., then 0%	4 visits per person combined PCP/MH at \$0, then deductible, then \$30 co-pay	Ded., then \$0	3 Visits at \$5; then deductible then \$5 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5*	Ded., then 0%	4 visits per person combined PCP/ MH at \$0, then \$15 co-pay	Ded., then \$0	\$5	Ded., then 0%
		Specialist <sup>2</sup>	\$90	Ded., then 30%	4 specialist visits for heart disease & diabetes at \$0, ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%		Specialist <sup>2</sup>	\$60	Ded., then 30%	4 specialist visits for heart disease & diabetes at \$0, ded., then \$50	Ded., then \$0	Ded., then \$40	Ded., then 0%		Specialist <sup>2</sup>	\$30	Ded., then 0%	4 specialist visits for heart disease & diabetes at \$0, ded., then \$50	Ded., then \$0	Ded., then \$30	Ded., then 0%		Specialist <sup>2</sup>	\$15	Ded., then 0%	4 specialist visits for heart disease & diabetes at \$0, then \$35	Ded., then \$0	\$10	Ded., then 0%
Urgent Care (UC)		(UC)	\$100	Ded., then 30%	Ded., then \$50	Ded., then \$0	d., then \$0 Ded., then \$60 Ded., then 0%		Urgent Care (UC)		\$70	Ded., then 30% Ded., then \$50 Ded., then \$0		Ded., then \$40 Ded., then 0%		Urgent Care (UC)		\$40	Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$30	Ded., then 0%	6 Urgent Care (UC)		\$25	Ded., then 0%	\$35	Ded., then \$0	\$10	Ded., then 0%	
	Ambulance (	Amb)	\$100	Ded., then 30%	Ded., then \$50	Ded., then \$0	Ded., then \$100	Ded., then 0%	Ambulance (Amb)		\$100	Ded., then 30%	Ded., then \$50	Ded., then \$0	hen \$0 Ded., then \$150 Ded., then 0%		Ambulance (Amb)		\$100	Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$50	Ded., then 0%	Ambulance (Amb)		\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%
Er	Emergency Room (ER) <sup>3</sup>		Ded., then \$500	Ded., then 30%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency	Emergency Room (ER) <sup>3</sup> Ded., then \$350		Ded., then 30%	Ded., then \$400	Ded., then \$0	Ded., then \$150	\$150 Ded., then 0% Eme		Room (ER) 3	Ded., then \$250	Ded., then 0%	Ded., then \$250	Ded., then \$0	Ded., then \$50	Ded., then 0%	Emergency	/ Room (ER) <sup>3</sup>	Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$30	Ded., then 0%
Hospital S	ervices <sup>4</sup>	Inpatient	Ded., then 50%	Ded., then 30%	Ded., then \$1,500	Ded., then \$0	Ded., then 50%	Ded., then 0%	Hospital Services <sup>4</sup>	Inpatient	Ded., then 50%	Ded., then 30%	Ded., then \$1,500	Ded., then \$0	Ded., then 30%	Ded., then 0%	Hospital Services <sup>4</sup>	Inpatient	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then 10%	Ded., then 0%	Hospital Services <sup>4</sup>	Inpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	5%	Ded., then 0%
		Outpatient	Ded., then 50%	,		,	Ded., then \$1,400			Outpatient	Ded., then 50%		Ded., then \$1,500	,	Ded., then \$800	.,,		Outpatient	Ded., then 40%	Ded., then 0%	Ded., then \$500			Ded., then 0%		Outpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$50	Ded., then 0%
Prescr	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		x) Drug Coverage	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
	Rx Generic <sup>5</sup>		\$20	Ded., then \$10 <sup>7</sup>	Ded., then \$5	Ded., then \$0	Ded., then \$5				\$15	Ded., then \$10 <sup>7</sup>	Ded., then \$5 <sup>7</sup>	Ded., then \$0 <sup>7</sup>	Ded., then \$5	Ded., then 0% <sup>7</sup>		eneric <sup>5</sup>	\$10	Ded., then 0% <sup>7</sup>	Ded., then \$57	Ded., then \$0 <sup>7</sup>	Ded., then \$5	Ded., then 0% <sup>7</sup>	Rx Generic <sup>5</sup>		\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% <sup>7</sup>
	Rx Preferred E		Rx ded., then \$70		Ded., then 40%	Ded., then \$0	Ded., then 50%	Ded., then 0% <sup>7</sup>	Rx Preferr		Rx ded., then \$60	Rx ded., then \$60 Ded., then \$40 <sup>7</sup> Ded., then 40% <sup>7</sup> Ded., then 40% <sup>7</sup> Ded., then 80% <sup>7</sup> Ded., then 50% Ded., then 50% <sup>7</sup> Ded., then 60% <sup>7</sup> Ded., then 50% <sup></sup>		Ded., then \$0 <sup>7</sup>	Ded., then 40% Ded., then 0%'  Ded., then 40% Ded., then 0%'		Rx Preferred Brand <sup>5</sup>		Rx ded., then \$50	Ded., then 0% <sup>7</sup>	Ded., then 40% <sup>7</sup>	Ded., then \$0 <sup>7</sup>	Ded., then 20%			rred Brand <sup>5</sup>	Rx Ded., then \$20	Ded., then 0%	40%	Ded., then \$0	5%	Ded., then 0% <sup>7</sup>
	Non-Preferre		Rx ded., then 50%	Ded., then 50%'	Ded., then 60%	Ded., then \$0	Ded., then 50%	Ded., then 0% <sup>7</sup>	Rx Non-Prefe		Rx ded., then 50%	Ded., then 50%'	Ded., then 60%'	Ded., then \$0'	Ded., then 40%	Ded., then 0%'		Rx Non-Preferred Brand <sup>5</sup> Additional Benefits		Ded., then 0%	Ded., then 60% <sup>7</sup>	Ded., then \$0 <sup>7</sup>	Ded., then 40%	Ded., then 0%'		ferred Brand <sup>5</sup>	Rx Ded., then 30%	Ded., then 0%	60%	Ded., then \$0	5%	Ded., then 0% <sup>7</sup>
Additional Benefits  Wellness Benefits			N/A	N/A	Online wellness resources and special programs	Online wellness resources and special programs	Up to \$600 in Well-Being Reimbursements \$500 Allowance on Acupuncture <sup>9</sup>	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture <sup>9</sup>	Additiona Wellness		N/A	N/A	Online wellness resources and special programs	resources and	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture <sup>9</sup>	\$500 Allowance on		al Benefits is Benefits	N/A	N/A	Online wellness resources and special programs	Online wellness resources and special programs		Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture <sup>9</sup>		ss Benefits	N/A	N/A	Ommic Weimicss	Online wellness resources and special programs	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture <sup>9</sup>	Well-Being Reimbursements, \$500 Allowance on

Footnotes

1. Albreviations – Ded: Deductible, Rc: Prescription Drugs, OV: Office Visits, U.C: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2. Specialist co-pay also applies to ST and any atternative medicine benefits, as appropriate. PT and chiro have separate cost share.

3. ER co-pay is waveled fladmitted.

4. 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 an antesthesial costs, as appropriate.

5. Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://info.hanthonnect.veremon.gov/compare-plans/gualifiefs-health-plans/covered-prescriptions or contact EdSBNT (800-247-2583) or MVP (844-855-9250).

5. With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductible have an embedded individual maximum out-of-pocket. With a stacked truthible to ryour family deductible.

7. You do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Preventive drugs at https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.

qualified-health-plans/covered-prescriptions.

S This plan include deductible-wady vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.gov/compare-plans/gualified-health-plans/summaries-benefits and-coverage.

S Eee plan documents for more information about these benefits.

First 3 visits per membercovered in full.

Plan details — Oldrent plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footnotes

1 Abbreviations — Ded: Deductible, Ric Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1. Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.
2 Specialist co-pay also applies to \$17, vision, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.
3 ER co-pay is waived if admitted.
4 Hospital Services are inpasient (including surgery, ICU/NICU, maternity, SNF and MH/AS), Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.
5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://inich.healthcomenct.vermonic.gov/compare-plans/qualified-health-plans/covered-prescriptions or contact RESDY (800-247-2583) or MVP (844-865-0250).
5 United transports of the Compared Compared

Footnotes

1. Abbreviations -- Ded: Deductible, Rc. Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Dent.:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.
2. Specialist co-pay also applies to \$7, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.
3. R co-pay is waived if admitted.
4 Hooplad Services are inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MR), CT, PET). This cost-sharing wild also include physician and anesthesia costs, as appropriate.
Cost-sharing wild also include physician and anesthesia costs, as appropriate of a specific drug qualifies for the Genetic or Brand co-pay, view the formularies at https://info.healthcornect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions or contact RCRSVT (800-247-2583) or MVP (844-856-0250).
SWITIS an aggregate family dedectible, your family must meet the family dedectible for the plan pays benefits.
For summittee of the plan pays benefits once you meet their your individual deductible or your family deductible.
To rou might have to pay the deductible for Wellness prescriptions before cost-shares apply. See the BCBSVT and MVP lists of Preventive drugs at https://info.healthcornect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.
8 This plan includes deductible variant-sheenfits and coverage for details: https://info.healthcornect.vermont.gov/compare-plans/qualified-ealth-plans/covered-prescriptions.
9 Ties plan includes deductible variant-sheenfits and coverage for details: https://info.healthcornect.vermont.gov/compare-plans/qualified-coverage.
9 See plan documents for more information about these benefits.
First 3 visits per member covered in full.
Plan details:— Different plans cover specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footnotes

1 Abbreviations - Ded: Deductible, Rt: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist co-pay also applies to \$71, vision, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.

3 Rt: On-pay is waived if admitted.

4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MM/FAS); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and annesthesis costs, as appropriate.

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://info.healthconnect.vermonic.gov/compare-plani/qualified-leathit-plans/covered-prescriptionsor contact EGSVT (800-247-2538) or MWP (844-865-0250).

5 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductibles have an embedded individual maximum out-of-pocked of \$9,500 to prevention individual formularism out-of-pocked with a stacked deductible, when the plan pays benefits once you meet either your individual deductible or your family deductible.

7 You do not have to pay the deductible for Welness prescriptions. See the BCBSVT and MVP lists of Preventive drugs at https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.

quartee-hearth-plans/covered-prescriptions.

8 This plain include deductible-awared vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.gov plans/qualified-health-plans/summaries-benefits-and-coverage.

9 See plan documents for more information about these benefits.

\* First 3 visits per member covered in full.

\* Plant 4 visits per member covered in full.

\* Plant 4 visits per member covered in Summarian about these properties of the seed of the s