

## 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/co-insurance 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 \$9,100 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** – If integrated, prescription (Rx) expenses contribute to the overall maximum out-of-pocket as well as the Rx maximum out-of-pocket.

**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** – An 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 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 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 carrier. To find how specific drugs are categorized, go to <http://VermontHealthConnect.gov> and click on “Health Plans” or call BCBSVT (800-247-2583) or MVP (800-378-9295). For an exact list of medications in each category, please refer to the insurance companies’ drug lists at <http://info.healthconnect.vermont.gov/healthplans#Rx>.

**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 illness 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.

The Department of Vermont Health Access (DVHA), within the State of Vermont’s Agency of Human Services, is responsible for administering Vermont’s marketplace for health insurance.

DVHA does not exclude people from its programs, deny them benefits, or treat them unfairly because of race, color, national origin, age, disability, or sex.

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)



Find the plan that’s right for you.

2024

## SILVER 73 PLANS



**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 <http://VermontHealthConnect.gov>.

**STEP 2**  
**See if you qualify for expanded financial help.**  
Vermonters in single plans with income up to \$134,058 may now qualify for financial help. Those in family plans with income up to \$376,704 may as well. See the Plan Comparison Tool at <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.

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

Health benefit plans offered by:



# 2024 Silver 73 Plans

## Standard Plans

## Non-Standard Plans

## IMPORTANT INFORMATION

|  |  | BCBSVT Silver 73 Plan                                    | BCBSVT Silver CDHP <sup>1</sup> 73 Plan | BCBSVT Vermont Preferred Silver 73 Plan                                 | BCBSVT Vermont Select Silver CDHP <sup>1</sup> 73 Plan | MVP VT Plus Silver 1 73   | MVP VT Plus Silver 2 HDHP <sup>1</sup> 73   |
|--|--|--|---|---|--|---|---|
|  |  | MVP VT Silver 3 73                                       | MVP VT Silver 4 HDHP <sup>1</sup> 73    | 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   |
| Cost-Sharing Reductions Available for Individuals Who Qualify                  |  | Yes  | Yes                                     | Yes   | Yes  | Yes   | Yes   |
| Deductible   | Integrated Deductible  | No   | Y-\$2,000/\$4,000                       | Y-\$2,550/\$5,100   | Y-\$4,725/\$9,450                                      | No  | Y-\$4,900/\$9,800   |
|  | Medical Deductible   | \$3,000/\$6,000  | See integrated (above)                  | See integrated (above)  | See integrated (above)                                 | \$1,750/\$3,500   | See integrated (above)  |
|  | Medical Deductible waived for  | Preventive, Office Visits, Urgent Care, Ambulance, Den 1 | Preventive                              | Prev, 4 Qualified Specialist OV, 4 PCP/MH OV, Den1 <sup>4</sup>         | Preventive   | Preventive, 3 Primary Care or Mental Health OV, Den 1                                     | Preventive  |
|  | Prescription (Rx) Deductible   | \$450/\$900  | See integrated (above)                  | See integrated (above)  | See integrated (above)                                 | \$650/\$1,300   | See integrated (above)  |
|  | Rx Deductible Waived for   | Generic Drugs  | Wellness Drugs                          | Wellness Drugs  | Wellness Drugs   | Rx VBID, RX Generic to age 10   | Wellness Drugs  |
| Max Out-of-Pocket  | Integrated Max Out-of-Pocket   | Y-\$6,700/\$13,400                                       | Y-\$5,950/\$11,900                      | Y-\$7,550/\$15,100  | Y-\$4,725/\$9,450                                      | No  | Y-\$4,900/\$9,800   |
|  | Medical Max Out-of-Pocket  | See integrated (above)                                   | See integrated (above)                  | See integrated (above)  | See integrated (above)                                 | \$6,500/\$13,000  | See integrated (above)  |
|  | Rx Max Out-of-Pocket   | \$1,300/\$2,600  | \$1,600/\$3,200                         | \$1,600/\$3,200   | \$1,600/\$3,200  | \$1,500/\$3,000   | \$1,600/\$3,200   |
| Family Deductible/Max Out-of-Pocket (Stacked/ Aggregate/Embedded) <sup>3</sup> |  | Stacked Deductible/ Stacked MOOP                         | Aggregate Deductible/ Embedded MOOP     | Aggregate Deductible <sup>3</sup> / Embedded Individual OOPM of \$9,450 | Aggregate Deductible/ Embedded MOOP                    | Embedded Deductible/ Embedded MOOP  | Embedded Deductible/ Embedded MOOP  |
| 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 (%)  |
| Preventive (Prev)  |  | \$0  | \$0                                     | \$0   | \$0  | \$0   | \$0   |
| Office Visit (OV)  | Primary Care Physician or Mental Health  | \$40*  | Deductible, then 10%                    | 4 visits at \$0; then ded, then \$30                                    | Deductible, then \$0                                   | 3 visits at \$30, then deductible, then \$30  | Deductible, then 0%   |
|  | *First 3 visits per member covered in full. Specialist Office Visit <sup>2</sup> | \$90   | Deductible, then 25%                    | 4 visits at \$0; then ded, then \$50                                    | Deductible, then \$0                                   | Deductible, then \$60   | Deductible, then 0%   |
| Urgent Care (UC)   |  | \$100  | Deductible, then 30%                    | Deductible, then \$50   | Deductible, then \$0                                   | Deductible, then \$60   | Deductible, then 0%   |
| Ambulance (Amb)  |  | \$100  | Deductible, then 30%                    | Deductible, then \$50   | Deductible, then \$0                                   | Deductible, then \$100  | Deductible, then 0%   |
| Emergency Room (ER)  |  | Deductible, then \$500                                   | Deductible, then 30%                    | Deductible, then \$400  | Deductible, then \$0                                   | Deductible, then \$350  | Deductible, then 0%   |
| Hospital Services  |  | Deductible, then 50%                                     | Deductible, then 30%                    | Deductible, then \$1,500  | Deductible, then \$0                                   | Deductible, then 50%  | Deductible, then 0%   |
| Rx DRUG COVERAGE (30-day supply)   |  | Co-pay(\$)/ Co-insurance (%)                             | Co-pay(\$)/ Co-insurance (%)            | Co-pay(\$)/ Co-insurance (%)  | Co-pay(\$)/ Co-insurance (%)                           | Co-pay(\$)/ Co-insurance (%)  | Co-pay(\$)/ Co-insurance (%)  |
| Rx Generic   |  | \$20   | Deductible, then \$10                   | Deductible, then \$5  | Deductible, then \$0                                   | Deductible, then \$5  | Deductible, then 0%   |
| Rx Preferred Brand   |  | Rx Deductible, then \$70                                 | Deductible, then \$40                   | Deductible, then 40%  | Deductible, then \$0                                   | Deductible, then 50%  | Deductible, then 0%   |
| Rx Non-Preferred Brand   |  | Rx Deductible, then 50%                                  | Deductible, then 50%                    | Deductible, then 60%  | Deductible, then \$0                                   | Deductible, then 50%  | Deductible, then 0%   |
| ADDITIONAL BENEFITS  |  |  |   |   |  |   |   |
| Pediatric Dental & Vision  |  | Yes  | Yes, after deductible                   | Yes, after deductible   | Yes  | Yes   | Yes, after deductible   |
| 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 & Up to \$500 Acupuncture Allowance <sup>5</sup> | Up to \$600 in Well-Being Reimbursements & Up to \$500 Acupuncture Allowance <sup>5</sup> |
| MONTHLY PREMIUMS BY TIERS  |  | Cost before subsidy                                      | Cost before subsidy                     | Cost before subsidy   | Cost before subsidy                                    | Cost before subsidy   | Cost before subsidy   |
| SINGLE   | BCBSVT   | \$986.50   | \$996.84                                | \$966.23  | \$963.04   |   |   |
|  | MVP  | \$949.58   | \$962.10                                |   |  | \$977.83  | \$948.20  |
| COUPLE   | BCBSVT   | \$1,973.00   | \$1,993.68                              | \$1,932.46  | \$1,926.08   |   |   |
|  | MVP  | \$1,899.16   | \$1,924.20                              |   |  | \$1,955.66  | \$1,896.40  |
| PARENT AND CHILD(REN)  | BCBSVT   | \$1,903.95   | \$1,923.90                              | \$1,864.82  | \$1,858.67   |   |   |
|  | MVP  | \$1,832.69   | \$1,856.85                              |   |  | \$1,887.21  | \$1,830.03  |
| FAMILY   | BCBSVT   | \$2,772.07   | \$2,801.12                              | \$2,715.11  | \$2,706.14   |   |   |
|  | MVP  | \$2,668.32   | \$2,703.50                              |   |  | \$2,747.70  | \$2,664.44  |

On average, these plans cover 73% of health care costs. You may qualify for lower out-of-pocket costs. Check the Plan Comparison Tool at <http://VermontHealthConnect.gov>.

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 insurance companies, 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.

**FINANCIAL HELP: APTC & CSR**  
Vermonters in single plans with income up to \$134,058 may qualify for lower monthly premiums. Those in family plans with income up to \$376,704 may as well. Use the Plan Comparison Tool to see how much financial help you might get. Click on <http://VermontHealthConnect.gov> or call 1-855-899-9600 (toll-free).

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-like plan for a lower cost.

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.

<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 4 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling, for heart disease & diabetes patients. <sup>5</sup>Members are reimbursed up to \$500 for acupuncture services from a licensed provider. Once this allowance is met, no further acupuncture services will be covered. This benefit is subject to the deductible and out-of-pocket maximum (OOPM) only on high-deductible health plans. For such plans, services will be reimbursed up to \$500 in the same manner billed if the deductible has been met. If the deductible has not been met, MVP will apply the allowance to the deductible and OOPM until the deductible is met.\*First 3 visits per member covered in full.