

**All Vermont Health Connect plans cover the same set of Essential Health Benefits.**  
The difference is 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

## 2024 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<br>(same coverage for both insurance carriers) |                                 |                                 |                                |                                | Standardized Plans<br>(high deductible - can pair with HSA) |                                   |  |  |  | BCBSVT Plans Only<br>(CDHP - can pair with HSA) |  |   |                                  |   | MVP Plans Only<br>(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                              | \$9,400/\$18,800               | \$2,100/\$4,200   | \$5,800/\$11,600                  | \$1,250/\$2,500  | \$3,250/\$6,500  | \$9,250/\$18,500   | \$2,850/\$5,700                                 | \$5,475/\$10,950                       | \$7,500/\$15,000  | N                                | N   | N  | \$9,450/\$18,900                        | \$3,000/\$6,000   | \$5,775/\$11,550               |                 |  |  |
|   | Medical Ded.                                     | \$450/\$900   | \$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                    | \$2,500/5,000                               | \$7,250/\$14,500                             | See above                               | See above   | See above                      |                 |  |  |
|   | Waived <sup>1</sup> for:<br>(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 <sup>11</sup>   | Prev, 4 PCP/MH/Qualified Specialist OV, Den1 <sup>11</sup> | Prev, 4 PCP/MH/Qualified Specialist OV, Den1 <sup>11</sup> | Prev  | Prev                                   | Prev  | Prev, UC, OV, Den1 <sup>10</sup> | 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 Rx Ded.)                                | Rx Generic  | Rx Generic                      | Rx Generic                      | Rx Generic <sup>1</sup>        | Rx Wellness <sup>8</sup>       | Rx Wellness <sup>8</sup>                                    | Rx Wellness <sup>8</sup>          | Rx Wellness <sup>8</sup>   | Rx Wellness <sup>8</sup>                                   | Rx Wellness <sup>8</sup>                                   | Rx Wellness <sup>8</sup>                        | Rx Wellness <sup>8</sup>               | Rx Wellness <sup>8</sup>  | 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                               | \$9,300/\$18,600                | \$9,450/\$18,900               | \$9,400/\$18,800               | \$7,050/\$14,100  | \$7,200/\$14,400                  | \$5,150/\$10,300   | \$8,750/\$17,500   | \$9,250/\$18,500   | \$2,850/\$5,700                                 | \$5,475/\$10,950                       | \$7,500/\$15,000  | N                                | N   | \$8,400/\$16,800                             | \$9,450/\$18,900                        | \$3,000/\$6,000   | \$5,775/\$11,550               |                 |  |  |
|   | 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                 | \$7,500/15,000                              | See above                                    | See above                               | See above   | See above                      |                 |  |  |
|   | Prescription (Rx)                                | \$1,500/\$3,000   | \$1,500/\$3,000                 | \$1,500/\$3,000                 | \$1,500/\$3,000                | See above                      | \$1,600/\$3,200   | \$1,600/\$3,200                   | \$1,600/\$3,200  | \$1,600/\$3,200  | See above  | \$1,600/\$3,200                                 | \$1,600/\$3,200                        | See above   | \$1,500/\$3,000                  | \$1,500/\$3,000                             | See above                                    | See above                               | See above   | \$1,600/\$3,200                | \$1,600/\$3,200 |  |  |
| Stacked, Embedded, or Aggregated <sup>6</sup> |  | Stacked <sup>6</sup>  | Stacked <sup>6</sup>            | Stacked <sup>6</sup>            | Stacked <sup>6</sup>           | Stacked <sup>6</sup>           | Aggregate <sup>6,9</sup> Embedded                           | Aggregate <sup>6,9</sup> Embedded | Aggregate <sup>6,9</sup> Embedded  | Aggregate <sup>6,9</sup> Embedded                          | Aggregate <sup>6,9</sup> Embedded                          | Aggregate <sup>6,9</sup> Embedded               | Aggregate <sup>6,9</sup> Embedded      | Aggregate <sup>6,9</sup> Embedded   | Stacked <sup>6</sup>             | Stacked <sup>6</sup>                        | Stacked <sup>6</sup>                         | Stacked <sup>6</sup>                    | Aggregate <sup>6</sup>  | Stacked <sup>6</sup>           |                 |  |  |
| 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 (\$) |                 |  |  |
| Preventive (Prev)                             |  | \$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 15%  | Ded., then 50%                    | 4 combined visits with no cost-share; then deductible applies, then co-pay: \$20 (Gold), \$30 (Silver), \$0 (Bronze) <sup>11</sup> |  |  | Ded., then \$0                                  | Ded., then \$0                         | Ded., then \$0  | \$20                             | \$30 x3, then ded., then \$30 <sup>12</sup> | Ded., then \$40                              | 0% x3, then ded., then 0% <sup>12</sup> | Ded., then 0%   | Ded., then 0%                  |                 |  |  |
|   | Specialist <sup>2</sup>                          | \$40  | \$55                            | \$90                            | Ded., then \$90                | \$100                          | Ded., then 35%  | Ded., then 50%                    | Ded., then \$40 <sup>11</sup>  | Ded., then \$50 <sup>11</sup>                              | Ded., then \$0 <sup>11</sup>                               | 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  | \$65                            | \$100                           | Ded., then \$100               | Ded., then \$0                 | Ded., then 35%  | Ded., then 50%                    | Ded., then \$40  | Ded., then \$50  | 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  | \$75                            | \$100                           | Ded., then \$100               | Ded., then \$0                 | Ded., then 35%  | Ded., then 50%                    | Ded., then \$40  | Ded., then \$50  | 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) <sup>3</sup>              |  | Ded, then \$100   | Ded, then \$150                 | Ded., then \$500                | Ded., then 50%                 | Ded., then \$0                 | Ded., then 35%  | Ded., then 50%                    | Ded., then \$250   | Ded., then \$450   | 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%   |                                |                 |  |  |
| Hospital Services <sup>4</sup>                | Inpatient  | Ded., then 10%  | Ded., then 30%                  | Ded., then 50%                  | Ded., then 50%                 | Ded., then \$0                 | Ded., then 35%  | Ded., then 50%                    | Ded., then \$750   | Ded., then \$1,750   | 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 35%  | Ded., then 50%                    | Ded., then \$750   | Ded., then \$1,750   | 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                  |                 |  |  |
| Rx Generic <sup>5</sup>                       |  | \$10  | \$15                            | \$20                            | \$20                           | \$30                           | Ded. <sup>8</sup> , then \$10                               | Ded. <sup>8</sup> , then \$12     | Ded., then \$5   | Ded., then \$5   | Ded. <sup>8</sup> , then \$0                               | Ded. <sup>8</sup> , then \$0                    | Ded. <sup>8</sup> , then \$0           | Ded. <sup>8</sup> , then \$0  | \$15                             | Ded., then \$5                              | \$25   | \$35                                    | Ded. <sup>8</sup> then \$10   | Ded. <sup>8</sup> , then 0%    |                 |  |  |
| Rx Preferred Brand <sup>5</sup>               |  | \$50  | Ded., then \$60                 | Ded., then \$70                 | Ded., then \$85                | Ded., then \$0                 | Ded. <sup>8</sup> , then \$40                               | Ded. <sup>8</sup> , then 40%      | Ded., then 40%   | Ded., then 40%   | Ded. <sup>8</sup> , then \$0                               | Ded. <sup>8</sup> , then \$0                    | Ded. <sup>8</sup> , then \$0           | Ded. <sup>8</sup> , then \$0  | Ded., then \$40                  | Ded., then 50%                              | Ded., then \$100                             | Ded., then 0%                           | Ded. <sup>8</sup> then \$15   | Ded. <sup>8</sup> , then 0%    |                 |  |  |
| Rx Non-Preferred Brand <sup>5</sup>           |  | 50%   | Ded., then 50%                  | Ded., then 50%                  | Ded., then 60%                 | Ded., then \$0                 | Ded. <sup>8</sup> , then 50%                                | Ded. <sup>8</sup> , then 60%      | Ded., then 60%   | Ded., then 60%   | Ded., then \$0   | Ded. <sup>8</sup> , then \$0                    | Ded. <sup>8</sup> , then \$0           | Ded. <sup>8</sup> , then \$0  | Ded., then 50%                   | Ded., then 60%                              | Ded., then 60%                               | Ded., then 0%                           | Ded. <sup>8</sup> then 5%   | Ded. <sup>8</sup> , 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 <sup>8</sup> \$0 Virtual Care Services; \$500 Acupuncture Allowance <sup>14</sup> |                                  |   |  |   | Up to \$600 in Well-Being Reimbursements; Gia <sup>8</sup> \$0 Virtual Care Services; \$500 Acupuncture Allowance <sup>14</sup> |                                |                 |  |  |
| 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            |                 |  |  |
| Single  | BCBSVT   | \$1,276.44  | \$1,055.04                      | \$986.50                        | \$726.42                       | \$755.39                       | \$996.84  | \$760.98                          | \$1,017.50   | \$966.23   | \$747.51   | \$1,023.16                                      | \$963.04                               | \$736   | N/A                              | N/A   | N/A  | N/A                                     | N/A   | N/A                            |                 |  |  |
|   | MVP  | \$1,265.14  | \$1,053.61                      | \$949.58                        | \$728.76                       | \$753.33                       | \$962.10  | \$739.35                          | N/A  | N/A  | N/A  | N/A   | N/A                                    | N/A   | \$1,090.49                       | \$977.83                                    | \$734.62                                     | \$735.75                                | \$1,094.75  | \$948.20                       |                 |  |  |
| Couple  | BCBSVT   | \$2,552.88  | \$2,110.08                      | \$1,973                         | \$1,452.84                     | \$1,510.78                     | \$1,993.68  | \$1,521.96                        | \$2,035  | \$1,932.46   | \$1,495.02   | \$2,046.32                                      | \$1,926.08                             | \$1472  | N/A                              | N/A   | N/A  | N/A                                     | N/A   | N/A                            |                 |  |  |
|   | MVP  | \$2,530.28  | \$2,107.22                      | \$1,899.16                      | \$1,457.52                     | \$1,506.66                     | \$1,924.20  | \$1,478.70                        | N/A  | N/A  | N/A  | N/A   | N/A                                    | N/A   | \$2,180.98                       | \$1,955.66                                  | \$1,469.24                                   | \$1,471.50                              | \$2,189.50  | \$1,896.40                     |                 |  |  |
| Parent and Child(ren)                         | BCBSVT   | \$2,463.53  | \$2,036.23                      | \$1,903.95                      | \$1,401.99                     | \$1,457.90                     | \$1,923.90  | \$1,468.69                        | \$1,963.78   | \$1,864.82   | \$1,442.69   | \$1,974.70                                      | \$1,858.67                             | \$1,420.48  | N/A                              | N/A   | N/A  | N/A                                     | N/A   | N/A                            |                 |  |  |
|   | MVP  | \$2,441.72  | \$2,033.47                      | \$1,832.69                      | \$1,406.51                     | \$1,453.93                     | \$1,856.85  | \$1,426.95                        | N/A  | N/A  | N/A  | N/A   | N/A                                    | N/A   | \$2,104.65                       | \$1,887.21                                  | \$1,417.82                                   | \$1420.00                               | \$2,112.87  | \$1,830.03                     |                 |  |  |
| Family  | BCBSVT   | \$3,586.80  | \$2,964.66                      | \$2,772.07                      | \$2,041.24                     | \$2,122.65                     | \$2,801.12  | \$2,138.35                        | \$2,859.18   | \$2,715.11   | \$2,100.5  | \$2,875.08                                      | \$2,706.14                             | \$2,068.16  | N/A                              | N/A   | N/A  | N/A                                     | N/A   | N/A                            |                 |  |  |
|   | MVP  | \$3,555.04  | \$2,960.64                      | \$2,668.32                      | \$2,047.82                     | \$2,116.86                     | \$2,703.50  | \$2,077.57                        | N/A  | N/A  | N/A  | N/A   | N/A                                    | N/A   | \$3,064.28                       | \$2,747.7                                   | \$2,064.28                                   | \$2,067.46                              | \$3,076.25  | \$2,664.44                     |                 |  |  |

**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.

\*In 2024, 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 [2024 Small Group Plans & Premiums Chart](https://bluecrossvt.org/smallbusiness) (bluecrossvt.org/smallbusiness).
- MVP Health Care<sup>®</sup> [MVP Product Placemat Vermont Small Group 2024 Plans](https://mvphealthcare.com) (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 \$9,450 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$9,450 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