

# PLATINUM & GOLD PLANS



Check out <http://VermontHealthConnect.gov>  
or call 1-855-899-9600 (toll-free) today.



**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.

OTHER PLAN BROCHURES: SILVER 70, SILVER 73, SILVER 77, SILVER 87, SILVER 94, BRONZE

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 ASSISTANT NEAR YOU.

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)

Health benefit plans offered by:



# 2024 PLATINUM & GOLD PLANS

## Standard Plans

## Non-Standard Plans

### IMPORTANT INFORMATION

On average, these plans cover 80-90% of health care costs. You may qualify for lower out-of-pocket costs with an enhanced silver plan. Check the Plan Comparison Tool at <a href="http://VermontHealthConnect.gov">VermontHealthConnect.gov</a> .		BCBSVT Platinum Plan	BCBSVT Gold Plan	BCBSVT Vermont Preferred Gold Plan	BCBSVT Vermont Select Gold CDHP <sup>1</sup> Plan	MVP VT Plus Gold 2	MVP VT Plus Gold 3 HDHP <sup>1</sup>	<p>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 carriers, 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.</p> <p><i>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.</i>  <i>Deductible – the amount you must pay for non-waived services before health insurance begins to pay.</i>  <i>Maximum Out-of-Pocket – the most you could pay in out-of-pocket costs in a year if you had extreme medical needs. Add this amount to your annual premium to find your worst-case scenario.</i></p>
		MVP VT Platinum 1	MVP VT Gold 1	BCBSVT Only	BCBSVT Only	MVP Only	MVP Only	
		Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family	Individual/Family	
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		No	No	No	No	No	No	If your income qualifies and you buy a silver-level plan, you may benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan. Only available with silver plans.
Deductible	Integrated Deductible	No	No	Y-\$1,250/\$2,500	Y-\$2,850/\$5,700	No	Y-\$3,000/\$6,000	If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.
	Medical Deductible	\$450/\$900	\$1,400/\$2,800	See integrated (above)		\$850/\$1,700	See integrated (above)	The deductible for medical services (doctor appointments, hospital stays, etc.).
	Medical Deductible waived for	Preventive, Office Visits, Urgent Care, Amb	Preventive, Office Visits, Urgent Care, Amb	Prev,4 Qualified Specialist OV, 4 PCP/MH OV, Den1 <sup>4</sup>	See integrated (above) Preventive	Preventive, Office Visits, Urgent Care	Preventive	The health plan pays for these services even before you meet your deductible.
	Prescription (Rx) Deductible	\$0/\$0	\$200/\$400	See integrated (above)	See integrated (above)	\$350/\$700	See integrated (above)	The deductible for prescription drugs.
	Rx Deductible Waived for	N/A	Generic Drugs	Wellness Drugs	Wellness Drugs	VBID Drugs, Generic Drugs	Wellness Drugs	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. Items that are covered prior to the prescription deductible being met. You just pay the co-pay below.
Max Out-of-Pocket	Integrated Max Out-of-Pocket	No	No	\$5,150/\$10,300	\$2,850/\$5,700	No	Y-\$3,000/\$6,000	If integrated, prescription (Rx) expenses contribute to overall maximum out-of-pocket as well as Rx maximum out-of-pocket.
	Medical Max Out-of-Pocket	\$1,500/\$3,000	\$5,600/\$11,200	See integrated (above)	See integrated (above)	\$6,600/\$13,200	See integrated (above)	The most individuals or families will pay for covered services per year.
	Rx Max Out-of-Pocket	\$1,500/\$3,000	\$1,500/\$3,000	\$1,600/\$3,200	\$1,600/\$3,200	\$1,500/\$3,000	\$1,600/\$3,200	The most individuals or families will pay for prescription drugs per year.
Family Deductible/Max Out-of-Pocket (Stacked/ Aggregate/Embedded)		Stacked Deductible/ Stacked MOOP	Stacked Deductible/ Stacked MOOP	Aggregate Deductible <sup>3</sup> / Embedded Individual OOPM of \$9,450	Aggregate Deductible/ Aggregate MOOP	Embedded Deductible/ Embedded MOOP	Aggregate Deductible/ Aggregate MOOP	Doesn't apply to individual plans. With aggregate, you must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet your individual or family amount. An embedded MOOP ensures that no individual pays more than \$9,540 in out-of-pocket costs (a requirement for all qualified health plans).
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 (%)	Categories for the different types of care provided by the plans. Co-pay=\$ you pay / Co-insurance=% you pay
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	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 <a href="http://VermontHealthConnect.gov">VermontHealthConnect.gov</a> and click on 'Health Plans.'
	Primary Care Physician or Mental Health	\$15*	\$20*	4 visits at \$0; then ded, then \$20	Deductible, then \$0	\$20	Deductible, then \$0	Office visit with a primary care provider or mental health professional.
	Specialist Office Visit <sup>2</sup>	\$40	\$55	Deductible then \$40	Deductible, then \$0	\$45	Deductible, then \$0	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. As of 2020, physical therapy and chiropractic services have a separate cost share.
Urgent Care (UC)		\$50	\$65	Deductible, then \$40	Deductible, then \$0	\$30	Deductible, then \$0	A walk-in clinic open 7 days/week that treats injuries or illness requiring immediate care, but not serious enough to require an ER visit.
Ambulance (Amb)		\$60	\$75	Deductible, then \$40	Deductible, then \$0	Deductible, then \$50	Deductible, then \$0	Cost of an ambulance in case of emergency.
Emergency Room (ER)		Deductible, then \$100	Deductible, then \$150	Deductible, then \$250	Deductible, then \$0	Deductible, then \$250	Deductible, then \$0	Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.
Hospital Services		Deductible, then 10%	Deductible, then 30%	Deductible, then \$750	Deductible, then \$0	Deductible, then 20%	Deductible, then \$0	Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).
Rx DRUG COVERAGE (30-day supply)								<i>Different levels of prescription drug coverage offered by the plan.</i>
Rx Generic		\$10	\$15	Deductible, then \$5	Deductible, then \$0	\$15	Deductible, then \$10 <sup>5</sup>	"Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.
Rx Preferred Brand		\$50	Rx Deductible, then \$60	Deductible, then 40%	Deductible, then \$0	Rx Deductible, then \$40	Deductible, then \$15 <sup>5</sup>	"Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to <a href="http://VermontHealthConnect.gov">VermontHealthConnect.gov</a> and click on "Health Plans" or call BCBSVT (800-247-2583) or MVP (844-865-0250). For an exact list of medications in each category, please refer to the carriers' drug lists at <a href="http://info.healthconnect.vermont.gov/healthplans#Rx">http://info.healthconnect.vermont.gov/healthplans#Rx</a> .
Rx Non-Preferred Brand		50%	Rx Deductible, then 50%	Deductible, then 60%	Deductible, then \$0	Rx Deductible, then 50%	Deductible, then 5% <sup>5</sup>	
ADDITIONAL BENEFITS								<i>This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.</i>
Pediatric Dental & Vision		Yes	Yes	Yes, after deductible	Yes, after deductible	Yes Up to \$600 in Well-Being Reimbursements & Up to \$500 Acupuncture Allowance <sup>6</sup>	Yes, after deductible Up to \$600 in Well-Being Reimbursements & Up to \$500 Acupuncture Allowance <sup>6</sup>	Included in the medical plan for children up to 21. Some services are subject to the medical deductible. See plan materials for details.
Wellness Benefits		N/A	N/A	Online wellness resources and special programs	Online wellness resources and special program			
MONTHLY PREMIUMS BY TIERS		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	\$1,017.50	\$1,023.16			<p><b>FINANCIAL HELP: APTC &amp; CSR</b></p> <p>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. Visit <a href="http://VermontHealthConnect.gov">http://VermontHealthConnect.gov</a> or call 1-855-899-9600 (toll-free).</p> <p><b>REMINDER</b></p> <p>Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a birth, death or a new job. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.</p>
	MVP	\$1,265.14	\$1,053.61			\$1,090.49	\$1,094.75	
COUPLE	BCBSVT	\$2,552.88	\$2,110.08	\$2,035.00	\$2,046.32			
	MVP	\$2,530.28	\$2,107.22			\$2,180.98	\$2,189.50	
PARENT AND CHILD(REN)	BCBSVT	\$2,463.53	\$2,036.23	\$1,963.78	\$1,974.70			
	MVP	\$2,441.72	\$2,033.47			\$2,104.65	\$2,112.87	
FAMILY	BCBSVT	\$3,586.80	\$2,964.66	\$2,859.18	\$2,875.08			
	MVP	\$3,555.04	\$2,960.64			\$3,064.28	\$3,076.25	

<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> Preventive drugs on the MVP VT Plus Gold 3 HDHP plan are \$10/\$15/5% before the deductible. <sup>6</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.