

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 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.

SILVER 94 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 \$118,700 may now qualify for financial help. Those in family plans with income up to \$333,600 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](http://VERMONTHEALTHCONNECT.GOV), CALL US AT 1-855-899-9600 (TOLL-FREE) OR MAKE AN APPOINTMENT WITH AN ASSISTANT NEAR YOU.

Health benefit plans offered by:



