

2025 Enhanced Silver Plan Designs with Cost-Sharing Reductions



2025 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 <https://vt.checkbookhealth.org> or call 1-855-899-9600.



2025 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 <https://vt.checkbookhealth.org> or call 1-855-899-9600.

2025 Silver 87 Plans							2025 Silver 94 Plans																
BCBSVT Silver Plan		BCBSVT Silver CDHP Plan (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)		BCBSVT Silver Plan		BCBSVT Silver CDHP Plan (not HSA Compatible)		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)	
MVP VT Silver 3		MVP VT Silver 4 HDHP (can pair with HSA)										MVP VT Silver 3		MVP VT Silver 4									
Deductible/Max. Out-of-Pocket		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	
Deductible (Ded.)	Integrated Ded. ²	N	Y-\$1,650/\$3,300	Y-\$250/500	Y-\$1,650/\$3,300	N	Y-\$1,650/\$3,300					Integrated Ded. ²	N	Y-\$650/\$1,300	Y-\$0/\$0	Y-\$575/\$1,150	N	Y-\$600/\$1,200					
	Medical Ded.	\$1,275/\$2,550	See above	See above	See above	\$300/\$600	See above					Medical Ded.	\$300/\$600	See above	See above	See above	\$0	See above					
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹ , Vision	Prev	Prev, Den1 4 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1, 3 PCP/MH OV ⁴	Prev					Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ¹ , Vision	Prev	N/A	Prev	N/A	Prev					
	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 ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBD, Generics to age 10	Rx Wellness ⁷					Waived for:	N/A	Rx Wellness ⁷	N/A	Rx Wellness ⁷	N/A	Rx Wellness ⁷					
Max. Out-of-Pocket (MOOP)	Integrated ²	Y-\$2,500/\$5,000	Y-\$1,650/\$3,300	Y-\$2,850/\$5,700	Y-\$1,650/\$3,300	N	Y-\$1,650/\$3,300					Integrated ²	\$1,100/\$2,200	Y-\$650/\$1,300	Y-\$1,075/\$2,150	Y-\$575/\$1,150	N/A	Y-\$600/\$1,200					
	Medical	See above	See above	See above	See above	\$2,800/\$5,600	See above				Medical	See above	See above	See above	See above	\$1,800/\$3,600	See above						
	Prescription (Rx)	\$450/\$900	\$1,650/\$3,300	\$1,650/\$3,300	\$1,650/\$3,300	\$800/\$1,600	\$1,650/\$3,300				Prescription (Rx)	\$250/\$500	\$650/\$1,300	\$1075/\$2,150	\$575/\$1,150	\$700/\$1,400	\$600/\$1,200						
Stacked, Embedded or Aggregate ⁵	Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶	Embedded/Embedded					Stacked, Embedded or Aggregate ⁵	Stacked ⁶	Aggregate ⁶	Aggregate	Aggregate	Stacked ⁶	Embedded/Embedded						
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)		Co-insurance (%) / Co-pay (\$)		Co-insurance (%) / Co-pay (\$)		Co-insurance (%) / Co-pay (\$)		Co-insurance (%) / Co-pay (\$)		Service Category (Examples)		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					Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$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	Ded, then \$5*	Ded., then 0%					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 ²	\$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 ²	\$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)		\$40	Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$30	Ded., then 0%					Urgent Care (UC)		\$25	Ded., then 0%	\$35	Ded., then \$0	\$10	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%				
Emergency Room (ER) ³		\$125	Ded., then 0%	Ded., then \$250	Ded., then \$0	Ded., then \$50	Ded., then 0%					Emergency Room (ER) ³		Ded., then \$75	Ded., then 0%	\$250	Ded., then \$0	\$30	Ded., then 0%				
Hospital Services ⁴	Inpatient	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then 10%	Ded., then 0%					Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$5	Ded., then 0%				
	Outpatient	Ded., then 40%	Ded., then 0%	Ded., then \$500	Ded., then \$0	Ded., then \$200	Ded., then 0%				Outpatient		Ded., then 10%	Ded., then 0%	\$0	Ded., then \$0	\$50	Ded., then 0%					
Prescription (Rx) Drug Coverage		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	
Rx Generic ⁵		\$10	Ded., then 0% ²	Ded., then \$5 ²	Ded., then \$0 ²	Ded., then \$5	Ded., then 0% ²					Rx Generic ⁵		\$5	Ded., then 0%	\$5	Ded., then \$0	\$5	Ded., then 0% ²				
Rx Preferred Brand ⁵		Rx ded., then \$50	Ded., then 0% ²	Ded., then 40% ²	Ded., then \$0 ²	Ded., then \$20	Ded., then 0% ²					Rx Preferred Brand ⁵		Rx Ded., then \$20	Ded., then 0%	40%	Ded., then \$0	\$15	Ded., then 0% ²				
Rx Non-Preferred Brand ⁵		Rx ded., then 50%	Ded., then 0% ²	Ded., then 60% ²	Ded., then \$0 ²	Ded., then \$50	Ded., then 0% ²					Rx Non-Preferred Brand ⁵		Rx Ded., then 30%	Ded., then 0%	60%	Ded., then \$0	\$40	Ded., then 0% ²				
Additional Benefits												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 ⁹	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture ⁹					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 ⁹	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture ⁹				

Footnotes
1 Abbreviations – Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan), VBD: Value-Based Insurance Design.
2 Specialist co-pay also applies to ST, 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 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.
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.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions> or contact BCBSVT (800-247-2583) or MVP (844-865-0250).
6 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-pocket of \$9,200 to prevent one individual from paying the full family maximum out-of-pocket. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
7 You 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.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions>.
8 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>.
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, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan), VBD: Value-Based Insurance Design.
2 Specialist co-pay also applies to ST, 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 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.
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.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions> or contact BCBSVT (800-247-2583) or MVP (844-865-0250).
6 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-pocket of \$9,200 to prevent one individual from paying the full family maximum out-of-pocket. With a stacked deductible, 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 Wellness prescriptions. See the BCBSVT and MVP lists of Preventive drugs at <https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions>.
8 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>.
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).