

Vermont Health Connect 2025 Catastrophic Plan Designs & Monthly Premiums



		BCBSVT	MVP
		Catastrophic Plan	MVP VT Secure
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.	\$9,200/ \$18,400	\$9,200/ \$18,400
	Medical Ded.	See Integrated (above)	See Integrated (above)
	Waived for:	Prev, 3 PCP/MH OV per person	Prev, 3 PCP/MH OV per person
	Prescription (Rx) Ded.	See Integrated (above)	See Integrated (above)
	Waived for:	Not Waived	Not Waived
Max. Out-of-Pocket (MOOP)	Integrated	\$9,200/ \$18,400	\$9,200/ \$18,400
	Medical	See Integrated (above)	See Integrated (above)
	Rx	\$1,650/ \$3,300	\$1,650/\$3,300
Family Deductible/MOOP		Aggregate ³	Stacked ³
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0
Office Visit (OV)	Primary Care Physician or Mental Health (PCP/MH)	3, 6 or 9 combined visits with no cost-share; then deductible applies, then \$0	3 visits per person with no cost-share; then deductible applies, then \$0
	Specialist ¹	Deductible, then \$0	Deductible, then \$0
Urgent Care (UC)		Deductible, then \$0	Deductible, then \$0
Ambulance (Amb)		Deductible, then \$0	Deductible, then \$0
Emergency Room (ER)		Deductible, then \$0	Deductible, then \$0
Hospital Services ²	Inpatient	Deductible, then \$0	Deductible, then \$0
	Outpatient	Deductible, then \$0	Deductible, then \$0
Rx Drug Coverage		30-day supply	30-day supply
VBID		N/A	N/A
Rx Generic		Deductible, then \$0	Deductible, then \$0
Rx Preferred Brand		Deductible, then \$0	Deductible, then \$0
Rx Non-Preferred Brand		Deductible, then \$0	Deductible, then \$0
Premiums by Tier ³		BCBSVT	MVP
Single	BCBSVT	\$386.49	
	MVP		\$487.17
Couple	BCBSVT	\$772.98	
	MVP		\$974.34
Parent and Child(ren)	BCBSVT	\$745.93	
	MVP		\$940.24
Family	BCBSVT	\$1,086.04	
	MVP		\$1,368.95

Important
Catastrophic plans have the potential for significant out-of-pocket costs in addition to the premium. Catastrophic plans can only be purchased by people who are buying plans on their own (not through an employer) and either 1) will be under 30 years old when their plan year begins, OR 2) meet unaffordability or hardship criteria. The second group must start by applying online at VermontHealthConnect.gov, calling toll-free 1-855-899-9600, or filling out the "Application for Health Coverage and Help Paying Costs."

Are you eligible for expanded financial help? Vermonters in single plans with income up to \$180,216 may now qualify for financial help. Those in family plans with income up to \$506,407 may too. Vermonters who get financial help can usually save money by getting bronze or silver plans rather than catastrophic. See the Plan Comparison Tool for details. <http://VermontHealthConnect.gov>.

Changing Plans
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 wedding, birth, or 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.

Footnotes
1. Specialist also includes PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.
2. Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET).
3. See definitions of rate tiers, stacked, aggregate, and other terms at <http://info.healthconnect.vermont.gov/glossary>.

VT Rate Tier Definitions - Medical Coverage Only

VT Rate Tier Level	VT Tier Title	Definition: Individual
Tier I	Single	One person: the subscriber (may be an adult or a child)
Tier II	Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont.
Tier III	Single Head of Household (HoH) with one or more children	One adult subscriber and one or more dependent child(ren), up to the age of 26.
Tier IV	Family	Couple* with one or more dependent children, up to the age of 26.

* As defined in Tier II

NOTES:

- Children age 26 and older may be covered if deemed incapacitated dependents
- Dependent children include: biological children, adopted children, step-children, and children for whom subscriber is legal guardian
- Individual market spouse and/or dependents may enroll in their own unique QHPs (e.g., dad enrolls in BCBS VT Gold and mom enrolls in MVP Bronze)

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