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 2025 Plan Designs & Premiums for Individuals and Families* (before any subsidies)

| | | | | | | J | | | | 3 | | > / | | | | | | | | | |
|--|--|---|------------------------------------|------------------------------------|-----------------------------------|---|--|--|---|---|---|--|--|---|---|---|-----------------------------------|-------------------------------------|--|--|--|
| | | Standardized Plans (same coverage for both insurance carriers) | | | | | Standardized Plans (high deductible - can pair with HSA) | | | BCBSVT Plans Only | | | BCBSVT Plans Only (CDHP - can pair with HSA) | | | MVP Pl | MVP Plans Only | | | P Plans Only an pair with HSA) | |
| The base | ERMONT IEALTH ONNECT that's right for you. | BCBSVT Platinum Plan MVP VT | BCBSVT Gold Plan MVP VT | BCBSVT Silver Plan MVP VT | BCBSVT Bronze Plan MVP VT | BCBSVT Bronze Integrated Plan MVP VT | BCBSVT Silver CDHP Plan MVP VT | BCBSVT Bronze CDHP Plan MVP VT | 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 4 | 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 | |
| Deduct | tibles & Out-of- | Platinum 1 | Gold 1 | Silver 3 | Bronze 2 | Bronze 4 | Silver 4 HDHP | Bronze 3 HDHP | | | | | | | | | | | | | |
| Pocket Lin | | 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 / Fami | |
| eductible (Ded.) | Integrated Ded.? | N | Ν | N | N | \$9,200/\$18,400 | \$2,100/\$4,200 | \$5,800/\$11,600 | \$1,250/\$2,500 | \$3,250/\$6,500 | \$9,200/\$18,400 | \$2,950/\$5,900 | \$5,375/\$10,750 | \$7,700/\$15,400 | N | N | N | \$9,200/\$18,400 | \$3,000/\$6,000 | \$5,775/\$11,55 | |
| | Medical Ded. | \$450/\$900 | \$1,400/\$2,800 | \$3,500/\$7,000 | \$6,450/\$12,900 | See above | See above | See above | See above | See above | See above | See above | See above | See above | \$5000/\$10,000 | \$2,500/5,000 | \$7,250/\$14,500 | See above | See above | See above | |
| | Waived ¹ for: (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 ¹ Specialist OV, Den1 ¹¹ | | l Prev | Prev | Prev | Prev, UC, OV, Den1 ¹⁰ | Prev, 3 PCP/MH, Den1 | Prev, Den 1 | Prev, 3 PCP/MH OV, 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 | \$250/\$500 | \$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 ¹ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx Wellness ⁸ | Rx VBID, Rx Generic | Rx VBID | Rx VBID, Rx Generic | Rx VBID, Rx Tier 1 | Rx Wellness | Rx Wellness | |
| Max. | Integrated? | N | N | \$9,200/\$18,400 | \$9,200/\$18,400 | \$9,200/\$18,400 | \$7,050/\$14,100 | \$7,100/\$14,200 | \$5,150/\$10,300 | \$8,750/\$17,500 | \$9,200/\$18,400 | \$2,950/\$5,900 | \$5,375/\$10,750 | \$7,700/\$15,400 | N | N | \$8,400/\$16,800 | \$9,200/\$18,400 | \$3,000/\$6,000 | \$5,775/\$11,55 | |
| Out-of-Pocket | Medical | \$1,600/\$3,200 | \$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 | \$8,000/\$16,000 | \$7,600/\$15,200 | See above | See above | See above | See above | |
| (MOOP) | Prescription (Rx) | \$1,600/\$3,200 | \$1,600/\$3,200 | \$1,600/\$3,200 | \$1,600/\$3,200 | See above | \$1,650/\$3,300 | \$1,650/\$3,300 | \$1,650/\$3,300 | \$1,650/\$3,300 | See above | \$1,650/\$3,300 | \$1,650/\$3,300 | See above | \$500/\$1,000 | \$1,600/\$3,200 | See above | See above | \$1,650/\$3,300 | \$1,650/\$3,30 | |
| acked, Embeddeo | d, or Aggregated ⁶ | Stacked ⁶ | Stacked ⁶ | Stacked ⁶ | Stacked ⁶ | Stacked ⁶ | Aggregate ^{6,9} Embedded | Aggregate ^{6,9} Embedded | Aggregate Embedded Individual OOPM of \$9,200 | 6,9 Aggregate Embedded Individual OOPM of \$9,200 | Aggregate 6,9 Embedded Individual OOPM of \$9,200 | Aggregate ⁶ | Aggregate 6,9 Embedded Individual OOPM of \$9,200 | Aggregate ^{6,9} Embedded ndividual OOPM of \$9,200 | Stacked ⁶ | Stacked ⁶ | Stacked ⁶ | Stacked ⁶ | Aggregate ⁶ | Stacked ⁶ | |
| 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 | PCP or Mental | \$15* | \$20* | \$40* | Ded., then \$35 | \$40* | Ded., then 10% | Ded., then 50% | | with no cost-share; then | | Ded., then \$0 | Ded., then \$0 | Ded., then \$0 | Covered in full | 3 visits Covered in Full, | Ded., then \$40* | 3 visits Covered in Full, | Ded., then 0% | Ded., then 0% | |
| (OV) | Health (PCP/MH) Specialist ² | \$40 | \$55 | \$90 | Ded., then \$90 | \$100 | Ded., then 35% | Ded., then 50% | Ded., then \$40 ¹¹ | : \$20 (Gold), \$30 (Silver), Ded., then \$50 ¹¹ | Ded., then \$0 ¹¹ | Ded., then \$0 | Ded., then \$0 | Ded., then \$0 | Covered in full | then \$30 after Ded. Ded., then \$60 | Ded., then \$100 | then 0% after ded. Ded., then 0% | Ded., then 0% | Ded., then 0% | |
| Urgent C | Care (UC) | \$50 | \$65 | \$100 | Ded., then \$100 | Ded., then \$0 | Ded., then 35% | Ded., then 50% | \$60 | \$70 | Ded., then \$0 | Ded., then \$0 | Ded., then \$0 | Ded., then \$0 | Covered in full | 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 \$0 | Ded., then \$150 | Ded., then \$100 | Ded., then \$100 | Ded., then 0% | Ded., then 0% | Ded., then 0% | |
| Emergency I | Room (ER) ³ | Ded, then \$100 | Ded, then \$150 | Ded., then \$250 | 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 \$0 | Ded., then \$500 | Ded., then \$400 | Ded., then 50% | Ded., then 0% | Ded., then 0% | Ded., then 0% | |
| | 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 \$0 | Ded., then 20% | Ded., then 50% | Ded., then 50% | Ded., then 0% | Ded., then 0% | Ded., then 0% | |
| ospital Services* | 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 \$0 | Ded., then \$1000 | Ded, then \$1,500 | Ded., then 50% | Ded., then 0% | Ded., then 0% | Ded., then 0% | |
| Prescription (Rx) | () Drug Coverage | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | 30-day | |
| Rx Generic⁵ | | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | supply | |
| Rx Generic ^o Rx Preferred Brand ⁵ | | \$10 \$50 | \$15 Dod then \$60 | \$15 Ded., then \$70 | \$15 Ded., then \$85 | \$25 Ded., then \$0 | Ded. ⁸ , then \$10 Ded. ⁸ , then \$40 | Ded. ⁸ , then \$12 | Ded., then \$5 | Ded., then \$5 | Ded. ⁸ , then \$0 | Ded. ⁸ , then \$0 Ded. ⁸ , then \$0 | Ded. ⁸ , then \$0 Ded. ⁸ , then \$0 | Ded. ⁸ , then \$0 | Covered in Full | Ded., then \$5 | \$10 Ded., then \$50 | \$10 Dod_then.0% | Ded., then 0% | Ded. ⁸ , then 0% Ded. ⁸ , then 0% | |
| Rx Non-Prefe | - | 50% | Ded., then \$60 Ded., then 50% | Ded., then 50% | Ded., then 60% | Ded., then \$0 | Ded. ⁸ , then 50% | Ded. ⁸ , then 40% Ded. ⁸ , then 60% | Ded., then 40% Ded., then 60% | Ded., then 40% Ded., then 60% | Ded. ⁸ , then \$0 Ded., then \$0 | Ded. ⁸ , then \$0 | Ded. ⁸ , then \$0 | Ded. ⁸ , then \$0 Ded. ⁸ , then \$0 | Ded., then \$40 Ded., then \$80 | Ded, then \$30 Ded, then \$60 | Ded., then \$80 | Ded., then 0% Ded., then 0% | Ded., then 0% Ded., then 0% | Ded. ⁸ , then 09 | |
| | al Benefits | 30/1 | bed., then 50% | bed., then solve | | bedi) then yo | Dea. , then 50% | bed. , then box | Deal, then book | Deal, then ook | Deal, then yo | bea. , then so | bea. , then so | Bed. , then 50 | Deal, then 300 | Dea, men șoo | Bea, men 900 | bed., then over | bed., then on | Dea. , men of | |
| Wellness/Other Benefits | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Individualized onli | | | ine wellness portal | | | Up to \$600 in Well-Being Reimbursements Gold and Silv pay \$1; Bronze VBID RX Co-pay \$3; \$0 Generics to age 1 Virtual Care Services; \$500 Acupuncture Allowance | | | ge 10. Gia [®] \$0 | 10. Gia [®] \$0 Gia [®] \$0 Virtual Care Services; \$500 | | |
| 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 | |
| · · · | BCBSVT | \$1,432.43 | \$1,219.41 | \$1,390.77 | \$852.65 | \$906.42 | \$1,457.61 | \$905.11 | \$1,209.63 | \$1,374.11 | \$875.62 | \$1,227.58 | \$1,391.38 | \$868.86 | N/A | N/A | N/A | N/A | N/A | N/A | |
| Single | MVP | \$1,366.60 | \$1,145.36 | \$1,276.53 | \$807.97 | \$825.19 | \$1,289.82 | \$815.25 | N/A | N/A | N/A | N/A | N/A | N/A | \$1,138.55 | \$1,275.11 | \$819.01 | \$813.43 | \$1,194.48 | \$1,303.12 | |
| Counte | BCBSVT | \$2,864.86 | \$2,438.82 | \$2,781.54 | \$1,705.30 | \$1,812.84 | \$2,915.22 | \$1,810.22 | \$2,419.26 | \$2,748.22 | \$1,751.24 | \$2,455.16 | \$2,782.76 | \$1,737.72 | N/A | N/A | N/A | N/A | N/A | N/A | |
| Couple | MVP | \$2,733.20 | \$2,290.72 | \$2,553.06 | \$1,615.94 | \$1,650.38 | \$2,579.64 | \$1,630.50 | N/A | N/A | N/A | N/A | N/A | N/A | \$2,277.10 | \$2,550.22 | \$1,638.02 | \$1,626.86 | \$2,388.96 | \$2,606.24 | |
| Parent and | BCBSVT | \$2,764.59 | \$2,353.464 | \$2,684.19 | \$1,645.61 | \$1,749.39 | \$2,813.19 | \$1,746.86 | \$2,334.59 | \$2,652.03 | \$1,689.95 | \$2,369.23 | \$2,685.36 | \$1,676.90 | N/A | N/A | N/A | N/A | N/A | N/A | |
| Child(ren) | MVP | \$2,637.54 | \$2,210.54 | \$2,463.70 | \$1,559.38 | \$1,592.62 | \$2,489.35 | \$1,573.43 | N/A | N/A | N/A | N/A | N/A | N/A | \$2,197.40 | \$2,460.96 | \$1,580.69 | \$1,569.92 | \$2,305.35 | \$2,515.02 | |
| Family | BCBSVT | \$4,025.13 | \$3,426.54 | \$3,908.06 | \$2,395.95 | \$2,547.04 | \$4,095.88 | \$2,543.36 | \$3,399.06 | \$3,861.25 | \$2,460.49 | \$3,449.508 | \$3,909.78 | \$2,441.50 | N/A | N/A | N/A | N/A | N/A | N/A | |
| | MVP | \$3,840.15 | \$3,218.46 | \$3,587.05 | \$2,270.40 | \$2,318.78 | \$3,624.39 | \$2,290.85 | N/A | N/A | N/A | N/A | N/A | N/A | \$3,199.33 | \$3,583.06 | \$2,301.42 | \$2,285.74 | \$3,356.49 | \$3,661.77 | |

Abbreviations-- Ded: Deductible, Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Design, Den1: Pedatric Dental Class 1 Series, ER: Emergency Room.

Glossary -- Find definitions for VBID, Stacked, Aggregated, Integrated, and other terms at https://info.healthconnect.vermont.gov/learn-more/health-insurancebasics/list-terms

Plan details -- Different plans cover specific drugs and services in different ways.

*n 2025, 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 2025 Small Group Qualified Health
 Plans & Premiums Chart

MVP Health Care® MVP Product Placemat Vermont Small Group 2025 Plans •

To enroll in small group plans, contact BCBSVT or MVP

Footnotes

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Vision, Pediatric Dental Class 1 Series (as indicated by plan).

2 Specialist co-pay also applies to ST, OT, and any alternative medicine benefits, as appropriate. PT/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 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).

6 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.

7 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 and click on "Compare Plans."
8 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

9 Some 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 when it exceeds the federal maximum out-of-pocket of \$9,200 for an individual 10 This plan includes deductible-waived vision care for qualifying children. See Summary of Benefits and Coverage for details: https://inf nect.vermont.gov/compare-plans/qualified-health-plans/summaries-benefits-and-coverag

11 BCBSVT VT Preferred provides 4 additional pre-deductible visits with certain specialists, plus unlimited nutritional counseling for heart disease & diabetes patients.

12 Benefit covers three (3) visits at indicated cost share, for each plan member, before the deductible. 13 Preventive drugs on the MVP VT Plus Gold 3 HDHP plan are 10/15/5% before the deductible.

14 See plan documents for more information about these benefits.

* First 3 visits per member covered in full

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.