2023 Enhanced Silver Plan Designs with Cost-Sharing Reductions

VERMONT HEALTH CONNECT ---

Note: Silver 73 health plans are only available to Vermonters with qualifying incomes. To see if you qualify, visit the Plan Comparison Tool at https://wt.checkbookhealth.org or call 1-85-5899-960.

VERMONT HEALTH CONNECT Silver

Silver 77 Plans

Note: Silver 77 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.



Silver 87 Plans

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Silver 94 Plans

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2023 Silver 73 Plans				an (can h HSA) E Silver 4 an pair	ICBSVT Vermont Preferred Silver Plan	BCBSVT Vermont Select CDHP Silver Plan (can pair with HSA)		MVP VT Plus Silver 2 HDHP (can pair with HSA)	2023 Silve	er 77 Plans	BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (can pair with HSA)	BCBSVT Vermont	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)	2023 Silve	er 87 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (can pair with HSA) MVP VT Silver 4 HDHP (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)	2023 Silve	er 94 Plans	BCBSVT Silver Plan MVP VT Silver 3	BCBSVT Silver CDHP Plan (not HSA Compatible) MVP VT Silver 4	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)
Deductible	Max. Out-of-Pocke	ket Individual / F	mily Individua	/ Family Ir	dividual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Max	x. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	ax. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Deductible/Ma	x. Out-of-Pocket	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.	Integrated D			/\$4,000	Y-\$2,225/\$4,450	Y-\$4,425/\$8,850		Y-\$4,725/\$9450		Integrated Ded.?	N	Y-\$1,700/\$3,400	Y-\$1,125/\$2,250	Y-\$3,250/\$6,500	\$750/\$1,500 See above		Integrated Ded.?	N	Y-\$1,500/\$3,000	Y-\$200/\$400	Y-\$1,500/\$3,000	N	Y-\$1,500/\$3,000		Integrated Ded.?	N	Y-\$550/\$1,100	Y-\$0/\$0	Y-\$550/\$1,100	N	Y-\$550/\$1,100	
	Medical De				See above	See above	\$1,500/\$3,000	See above		Medical Ded.	\$2,900/\$5,800	See above	See above	See above		See above	Deductible (Ded.)	Medical Ded.	\$1,200/\$2,400	See above	See above	See above	\$200/\$400	See above		Medical Ded.	\$250/\$500	See above	See above	See above	\$0	See above
	(see Services b			ev 4	Prev, Den1 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1 3 PCP/MH OV ⁸	Prev		Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸ , Vision	Prev	Prev, Den1 4 PCP/MH/Qualified Specialist OV	Prev		3 PCP/MH OV ⁸ Prev Deductible (Ded.)		Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸ , Vision	Prev	Prev, Den1 4 PCP/MH/Qualified Specialist OV	Prev	Prev, Den1, 3 PCP/MH OV ⁸	Prev	Deductible (Ded.)	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁷ , Vision	Prev	N/A	Prev	N/A	Prev
	Prescription Ded.) See a	bove	See above	See above	\$650/\$1,300	See above		Prescription (Rx) Ded.	\$350/\$700	See above	See above	See above	\$350/\$700		Prescription (Rx) Ded.	\$250/\$500	See above	See above	See above	\$200/\$400	See above	4 !	Prescription (Rx) Ded.	\$0	See above	See above	See above	\$0	See above	
	Waived fo	for: Rx Gener	Rx We	Iness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generic to age 10	Rx Wellness ⁷		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, Generic to age 10	Rx Wellness ⁷		Waived for:	Rx Generic	Rx Wellness ⁷	Rx Wellness ⁷	Rx Wellness ⁷	Rx VBID, 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	ed? Y-\$7,250/\$14	500 Y-\$6,000	/\$12,000 Y	-\$7,250/\$14,500	Y-\$4,425/\$8,850	N	Y-\$4,725/\$9450	Max. Out-of- Pocket (MOOP)	Integrated?	Y-\$6,300/\$12,600	Y-\$4,600/\$9,200	Y-\$6,000/\$12,100	Y-\$3,250/\$6,500	N \$3,650/\$7,300		Integrated?	Y-\$2,400/\$4,800	Y-\$1,500/\$3,000	Y-\$2,650/\$5,300	Y-\$1,500/\$3,000	N	Y-\$1,500/\$3,000		Integrated?	\$1,000/\$2,000	Y-\$550/\$1,100	Y-\$1,075/\$2,150	Y-\$550/\$1,100	N/A	Y-\$550/\$1,100	
) Medical	al See above	See a	oove	See above	See above	\$6,150/\$12,300	See above		Medical	See above	See above	See above	See above	\$5,750/\$11,500	See above	Pocket (MOOP)	Medical	See above	See above	See above	See above	\$2,600/\$5,200	See above	Max. Out-of- Pocket (MOOP)	Medical	See above	See above	See above	See above	\$1,650/\$3,300	See above
	Prescription	in (Rx) \$1,300/\$2,6		,	\$1,500/\$3,000	\$1,500/\$3,000	\$1,400/\$2,800	\$1,500/\$3,000		Prescription (Rx)	\$1,200/\$2,400	\$1,500/\$3,000 Aggregate		\$1,500/\$3,000	\$1,400/\$2,800	\$1,500/\$3,000		Prescription (Rx)	\$450/\$900	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3000	\$700/\$1,400	\$1,500/\$3,000		Prescription (Rx)	\$200/\$400	\$550/\$1,100	\$1075/\$2,150	\$550/\$1,100	\$550/\$1,100	\$550/\$1,100
Stacked, Embedded or Aggregate? ⁶		ate? ⁶ Stacked ⁶	Aggr Emb	gate dded ⁶	Aggregate Embedded ⁶	Aggregate	Stacked ⁶	Stacked ⁶	Stacked, Embedded or Aggrega		Stacked ⁶	Embedded ⁶	Aggregate Embedded ⁶	Aggregate	Stacked ⁶ Embedded/Embedded Stacked, Embedde		ded or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate ⁶	Aggregate ⁶	Stacked ⁶	Embedded/Embedded	Stacked, Embedo	ded or Aggregate? ⁶	Stacked ⁶	Aggregate ⁶	Aggregate	Aggregate	Stacked ⁶	Embedded/Embedded	
Service C	tegory (Examples)	s) Co-insurance Co-pay (\$		nce (%) / y (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co pay (\$)	Co-insurance (%) / Co-pay (\$)	Service Catego	ory (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 (\$)	Service Category (Examples)			Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Service Categor	ory (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 (\$)
Preventive (Prev)		\$0	\$)	\$0	\$0	\$0	\$0	Preventi	ve (Prev)	\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0
Office Visit (OV	PCP or Mer Health (PCP/		Ded., th	en 10% N	visits per person ombined PCP/ 1H at \$0, then eductible, then 30 co-pay	Ded., then \$0	3 visits per person at \$30, then deductible, then \$30 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$30*	Ded., then 10%	4 visits per person combined PCP/ MH at \$0, then deductible, then \$30 co-pay	Ded., then \$0	3 visits per person at \$15**; then deductible, then \$15** co-pay	Ded., then 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	3 Visits at \$5; then deductible then \$5 co-pay	Ded., then 0%	Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$5*	Ded., then 0%	4 visits per person combined PCP/ MH at \$0, then deductible, then \$15 co-pay	Ded., then \$0	\$5	Ded., then 0%
	Specialist	ist ² \$90	Ded., th	en 25% dis	4 specialist visits for heart lease & diabetes at 0, ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%		Specialist ²	\$60	Ded., then 25%	4 specialist visits for heart disease & diabetes at \$0, ded., then \$50	Ded., then \$0	Ded., then \$40	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%
Urg	Urgent Care (UC)		Ded., th	en 25%	Ded., then \$50	Ded., then \$0	Ded., then \$60	Ded., then 0%	Urgent Care (UC) \$70		\$70	Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$40	Ded., then \$40 Ded., then 0% Urgent Care (UC)		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., th	en 25%	Ded., then \$50	Ded., then \$0	d., then \$0 Ded., then \$100 Ded., then 0% Ambulance (Amb) \$100 Ded., then 25		Ded., then 25%	Ded., then \$50	Ded., then \$0	Ded., then \$150	Ded., then 0%	Ambular	nce (Amb)	\$100	Ded., then 0%	Ded., then \$50	Ded., then \$0	Ded., then \$50	Ded., then 0%	Ambular	nce (Amb)	\$50	Ded., then 0%	\$35	Ded., then \$0	\$25	Ded., then 0%			
Emerge	Emergency Room (ER) ³		500 Ded., th	en 25%	Ded., then \$400	Ded., then \$0	Ded., then \$350	Ded., then 0%	Emergency	Room (ER) 3	Ded., then \$350	Ded., then 25%	Ded., then \$400	Ded., then \$0	Ded., then \$150	Ded., then 0%	Emergency	Room (ER) 3	Ded., then \$250	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	\$25	Ded., then 0%
Hospital Service					ed., then \$1,500	Ded., then \$0	Ded., then 50%		Hospital Services ⁴	es ⁴		,	, +-,					Inpatient Hospital Services ⁴		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				ed., then \$1,500	Ded., then \$0	Ded., then \$1,400			Outpatient	Ded., then 50%	Ded., then 25%	Ded., then \$1,500	Ded., then \$0	Ded., then \$800	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	\$45	Ded., then 0%
	Prescription (Rx) Drug Coverage		oly 30-day		30-day supply	30-day supply	30-day supply	30-day supply	Prescription (Rx		30-day supply	30-day supply 30-day supply 30-day supply			30-day supply					30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	Prescription (R:		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
	Rx Generic ⁵		Ded., th		Ded., then \$5 Ded., then 40%	Ded., then \$0 Ded., then \$0	Ded., then \$5					Ded., then \$10'	Ded., then \$5	Ded., then \$0	Ded., then \$5 Ded., then 0%'			Rx Generic ⁵		Ded., then 0%'	Ded., then \$5 Ded., then 40%	Ded., then \$0	Ded., then \$5	Ded., then 0%'	Rx G		\$5	Ded., then 0%	\$5 40%	Ded., then \$0	\$5	Ded., then 0% ⁷
Rx Preferred Brand ⁵ Rx Non-Preferred Brand ⁵		Rx ded., then	\$70 Ded., th		Ded., then 40%	Ded., then \$0 Ded., then \$0	Ded., then 50%	Ded., then 0% ⁷	Rx Preferr		Rx ded., then \$60	Ded., then \$40'	Ded., then 40%	Ded., then \$0 Ded., then \$0	Ded., then 40% Ded., then 0% ⁷			Rx Preferred Brand ⁵		ded., then \$50 Ded., then 0% ⁷		Ded., then \$0 Ded., then \$0	.,,		ed., then 0% ⁷ Rx Prefer		\$20	Ded., then 0%	40%	Ded., then \$0 Ded., then \$0	5%	Ded., then 0% ⁷
	onal Benefits	nx ded., then	Ded., th	211 30%	Dea., trien 00%	Deu., trieri 30	Dea., trien 50%	bed., then 0%	Additiona		nx deu., trien 50%	Ded., then 50%	Dea., then 60%	Deu., trien 50	Ded., trien 40%	Ded., then 0% ⁷	then 0% ⁷ Rx Non-Preferred Branch		nx ded., then 50%	Ded., then 0%'	Ded., then 60%	Dea., then 30	Deu., trien 40%	Ded., then 0% ⁷		ferred Brand ^S al Benefits	30%	Dea., then 0%	60%	Deu., trieri 30	370	Ded., then 0% ⁷
Wel	Wellness Benefits		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	\$500 Allowance on	Wellness	Benefits	N/A	N/A		resources and	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture ⁹	\$500 Allowance on	n nents, on 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	\$500 Allowance on	Wellnes	s Benefits	N/A	N/A	Online wellness resources and special programs	Online wellness resources and special programs	Up to \$600 in Vell-Being Reimbursements, \$500 Allowance on Acupuncture ⁹	Up to \$600 in Well-Being Reimbursements, \$500 Allowance on Acupuncture ⁹

Footnotes

1. Albreviations – Ded: Deductible, Rc: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBIID: 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 waveled fladmitted.

4. Hospital Services are Inparient (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 anaesthesia 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, wew the formularies at https://info.hanthonenct.veremon/gov/compare-plans/gualifiefs-health-plans/covered-prescriptions concatate (ESBNYT (800-247-2583) or MVP (844-855-0250).

5. With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDHP aggregate family deductible have an embedded individual maximum out-of-pocket. With a stacked trible, the value on individual from pays plans the fill standard in the pays the deductible, the plan pays benefits some volume teither your individual deductible for Verlans prescriptions. See the BCESVT and MVP lists of Preventive drugs at https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.

qualified-health-plans/covered-prescriptions.

8 This plan include deductible-wady vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.gov/compare-plans/gualified-health-plans/jummaries-benefits and-coverage.

5 See plan documents for more information about these benefits.

First 3 visits per membercovered in full.

Plan details – Oliferent plans cover specific drugs and services in different ways. For specificx, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footnotes

1 Abbreviations — Ded: Deductible, Ric Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1. Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.
2 Specialist co-pay also applies to \$17, vision, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.
3 ER co-pay is warved if admitted.
4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/AS), 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.vermonic.gov/compare-plans/qualified-health-plans/covered-prescriptions or contact RESSYT (800-347-2583) or MVP (844-865-0250). Was also because the contact of the Compared Compared

Footnotes

1 Abbreviations — Ded: Deductible, R.c Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1: Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist Co-pay is walved if admitted.

4 Rospital Services are inparted 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. P Tand Christopharing ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate. S Each insurance carrier classifies froit pack according to its own formulary. To see if a specific drug qualifies for the Generic or Brand co-pay, view the formularies at https://linfo.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions or contact BCSDYT (80-247-2583) or NAVI) (844-856-0250). Which are supported from individual maximum out-of-pocket. With a stacked deductible, the plan pays benefits once 7 You might have be pay the deductible for Wellness prescriptions. Service osci-shares apply, See the BCSDYT and MAY lists of Preventive drugs at https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.

into hearmconnect vermonic gov/compare-planty/qualimed-heartin-planty/covered-prescriptions.

8 This plan includes deductable-wavele vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.gov/compare-plant/qualified-health-plants/summaries-benefits-and-coverage.

9 See plan documents for more information about these benefits.

* First 3 visits per member covered in full.

Plant details— Oliverent plants covere specific drugs and services in different ways. For specifics, contact BCBSVT (800-247-2583) or MVP (844-865-0250).

Footnotes

1 Abbreviations — Ded: Deductible, Rt: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, Den1:Pediatric Dental Class 1 Series (as indicated by plan), VBID: Value-Based Insurance Design.

2 Specialist co-pay also applies to \$71, vision, and any alternative medicine benefits, as appropriate. PT and chiro have separate cost share.

3 Rt: On-pay is waived if admitted.

4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, DNF and MM/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and annesthesia costs, as appropriate

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific orug qualifies for the Generic or Brand co-pay, view the formularies at https://info.healthconnect.vermonic.gov/compare-plani/qualified-health-plani/Covered-prescriptionsor contact EGDSY (1802-437-253) or tho? (944-865-0250).

5 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. Some HDIP aggregate family deductible have an embedded individual maximum out-of-pocker of \$9,010 to prevent on individual form paying the full family maximum out-of-pocker With a stacked deductible, when a physical deductible or your family deductible.

7 You do not have to pay the deductible for Welness prescriptions. See the BCBSVT and MVP lists of Preventive drugs at https://info.healthconnect.vermont.gov/compare-plans/qualified-health-plans/covered-prescriptions.

quamen-health-piant/covere-prescriptions.

8 This plan includes deductible-waved vision care for qualifying children. See Summary of Benefits and Coverage for details: https://info.healthconnect.vermont.griplant/qualified-health-plans/summaris-benefits-and-coverage.

9 See plan documents for more information about these benefits.

* First sixts per member covered in full.

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First advantage of the price plans covered for full.