

## Vermont Health Connect Plan Designs & Monthly Premiums

For a glossary of health insurance terms visit:  
[http://healthconnect.vermont.gov/about\\_us/glossary](http://healthconnect.vermont.gov/about_us/glossary)

	Standard Plans						Non-Standard Plans					
	Deductible Plans				High Deductible Health Plans Can be paired with a Health Savings Account		BCBS			MVP		
	Platinum	Gold	Silver	Bronze	Silver	Bronze	Gold	Silver	Bronze	Gold	Silver	Bronze
Deductible/Out of Pocket Maximum						Blue for You	Blue for You	Blue for You CDHP	HMO 500	HMO 1700	HMO 3000	
Medical Deductible (Individual/Family)	\$150/\$300	\$750/\$1500	\$1900/\$3800	\$3500/\$7000	\$1550/\$3100	\$2000/\$4000	\$1250 (Individual)	\$2000 (Individual)	\$5000 (Individual)	\$500 (Individual)	\$1700 (Individual)	\$3000 (Individual)
Rx Deductible	\$0	\$50/\$100	\$100/\$200	\$200/\$400	\$1250/\$2500	\$1250/\$2500	N/A	N/A	N/A	\$75	\$200	\$200
Integrated Deductible	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Medical Out of Pocket Maximum (Individual/Family)	\$1250/\$2500	\$4250/\$8500	\$5100/\$10,300	\$6350/\$12,700	\$5750/\$11,500	\$6250/12,500	\$4,250	\$6,250	\$6,250	\$5,100	\$5,100	\$6,350
Rx Out of Pocket Maximum (Individual/Family)	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Integrated Out of Pocket Maximum	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes	Yes	No	No	Yes
Medical Deductible <sup>1</sup> waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive	Preventive	Preventive	Preventive, 3 PCP/MH OV	Preventive, 3 PCP/MH OV	Preventive	Preventive, OVs, Urgent Care, Amb	Preventive, OVs, Urgent Care, Amb	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Wellness scripts	Wellness scripts	N/A	N/A	Wellness Drugs	VBID, Generic Drugs	VBID, Generic Drugs	N/A
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Emergency Room <sup>3</sup>	\$100	\$150	\$250	50%	20%	50%	\$250	\$250	50%	20%	\$400	50%
Preventive	\$0	\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0
Office visit w/PCP or Mental Health	\$10	\$15	\$20	\$35	10%	50%	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$20 copay	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	50%	\$5	\$10	\$30
Specialist Office Visit <sup>4</sup>	\$20	\$25	\$40	\$80	20%	50%	\$30	\$50	50%	\$30	\$40	\$100
Urgent Care	\$40	\$45	\$60	\$100	20%	50%	\$30	\$50	50%	\$45	\$60	\$100
Ambulance	\$50	\$50	\$100	\$100	20%	50%	\$30	\$50	50%	\$50	\$100	\$100
Rx Drug Coverage												
Rx Generic	\$5	\$5	\$12	\$20	\$10	\$12	\$5	\$5	\$25	\$5	\$12	\$20
Rx Preferred Brand	\$40	\$40	\$50	\$80	\$40	\$40	40%	40%	40%	\$50	\$60	\$90
Rx Non-Preferred Brand	50%	50%	50%	60%	50%	60%	60%	60%	60%	50%	50%	60%
BCBSVT Premiums							Blue for You CDHP	Blue for You	Blue for You CDHP			
Single	\$582.79	\$497.06	\$425.19	\$359.47	\$412.83	\$362.34	\$460.37	\$395.26	\$341.15			
Couple	\$1,165.58	\$994.12	\$850.38	\$718.94	\$825.66	\$724.68	\$920.74	\$790.52	\$682.30			
Parent and Child(ren)	\$1,124.78	\$959.33	\$820.62	\$693.78	\$796.76	\$699.32	\$888.51	\$762.85	\$658.42			
Family	\$1,637.64	\$1,396.74	\$1,194.78	\$1,010.11	\$1,160.05	\$1,018.18	\$1,293.64	\$1,110.68	\$958.63			
MVP Premiums										HMO 500	HMO 1700	HMO 3000
Single	\$594.30	\$513.83	\$427.51	\$336.13	\$428.58	\$366.22				\$521.59	\$419.17	\$341.95
Couple	\$1,188.60	\$1,027.66	\$855.02	\$672.26	\$857.16	\$732.44				\$1,043.18	\$838.34	\$683.90
Parent and Child(ren)	\$1,147.00	\$991.69	\$825.09	\$648.73	\$827.16	\$706.80				\$1,006.67	\$809.00	\$659.96
Family	\$1,669.98	\$1,443.86	\$1,201.30	\$944.53	\$1,204.31	\$1,029.08				\$1,465.67	\$1,177.87	\$960.88

**Integrated Deductible** - Rx drugs and medical expenses both contribute toward the deductible

**Aggregate Deductible** - Full individual or family deductible must be satisfied before benefits are paid.

**Stacked Deductible** - Plans pay benefits for an individual after they have met the individual deductible

<sup>1</sup> Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan)

<sup>2</sup> 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.

<sup>3</sup> ER copay is waived if admitted.

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

Updated 7/30/13