

Vermont Health Connect Plan Comparison

January 1, 2021 - December 31, 2021

Prepared For:

Town of East Montpelier

Prepared By:



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Current Plan Offering

Benefits	Standard - Platinum
In-Network Only	
<u>Dr. Office or Virtual Visit</u>	
Primary Care Physician/OBGYN	\$15 copay
Specialists	\$40 copay
Chiropractic Care	\$20 copay
Preventative Care	Covered in full
Telemedicine via AmWell / UCM Digital Health	MVP: Covered in full / BCBS cost varies
Other Services	
X-Ray / Lab	10% after deductible
Outpatient Procedures	10% after deductible
Inpatient Care	10% after deductible
Emergency Room	\$100 copay after deductible
Ambulance	\$60 copay
Urgent Care	\$50 copay
Retail Prescription Drugs	
Rx Deductible	No deductible
Generic	\$10 copay
Preferred Brand	\$50 copay
Non-Preferred Brand	50% coinsurance
Rx Out of Pocket Maximum	\$1,400 / \$2,800
Rx OOPM Integrated with Medical OOPM	No
Annual Deductible	
Individual	\$350
Family	\$700
Out-of-Pocket Maximum	
Individual	\$1,400
Family	\$2,800

*Integrated Deductible

**Individual within a Family plan OOPM is \$8,550

	Standard Platinum Plan	
	2021 Blue Cross Rates	2021 MVP Rates
Single	\$939.97	\$798.23
Couple:	\$1,879.94	\$1,596.46
Parent & Child(ren):	\$1,814.14	\$1,540.58
Family:	\$2,641.32	\$2,243.03
Total Annual Gross Premium		
	\$0	\$119,064
Percentage Increase from Current		
	4.0%	1.7%

Gold Level Plan Comparison - 2021 Renewal Options

Benefits	Standard - Gold In-Network Only	HSA Compatible Plan Non-Standard - Gold CDHP In-Network Only	HSA Compatible Plan Non-Standard - Gold 3 In-Network Only
Dr. Office or Virtual Visit			
Primary Care Physician/OBGYN	\$20 copay	0% after deductible	0% after deductible
Specialists	\$50 copay	0% after deductible	0% after deductible
Chiropractic Care	\$30 copay	0% after deductible	0% after deductible
Preventative Care	Covered in full	Covered in full	Covered in full
Telemedicine via AmWell / UCM Digital Health	MVP: Covered in full / BCBS cost varies	Cost varies	Covered in full
Other Services			
X-Ray / Lab	30% after deductible	0% after deductible	0% after deductible
Outpatient Procedures	30% after deductible	0% after deductible	0% after deductible
Inpatient Care	30% after deductible	0% after deductible	0% after deductible
Emergency Room	\$150 copay after deductible	0% after deductible	0% after deductible
Ambulance	\$70 copay	0% after deductible	0% after deductible
Urgent Care	\$60 copay	0% after deductible	0% after deductible
Retail Prescription Drugs			
Rx Deductible (single / family)	\$100 / \$200	Medical deductible applies	Medical deductible applies
Generic	\$12 copay, not subject to deductible	0% after deductible	0% after deductible
Preferred Brand	\$55 copay after deductible	Preventive Rx: \$5/40%/60%, not subject to deductible	Preventive Rx: \$10/\$15/5%, , not subject to deductible
Non-Preferred Brand	50% coinsurance after deductible	\$1,400 / \$2,800	\$1,400 / \$2,800
Rx Out of Pocket Maximum	\$1,400 / \$2,800	Yes	Yes
Rx OOPM Integrated with Medical OOPM	No	Collective Deductible*	Collective Deductible*
Annual Deductible	Stacked Deductible		
Individual	\$1,100	\$2,550	\$3,000
Family	\$2,200	\$5,100	\$6,000
Out-of-Pocket Maximum			
Individual	\$5,200	\$2,550	\$3,000
Family	\$10,400	\$5,100	\$6,000

*Integrated Deductible

**Individual within a Family plan OOPM is \$8,550

Enrollment	Standard Gold Plan		HSA Compatible Plan Non-Standard - Gold CDHP		HSA Compatible Plan Non-Standard - Gold 3	
	2021 Blue Cross Rates	2021 MVP Rates	2021 Blue Cross Rates		2021 MVP Rates	
Single:	\$796.44	\$673.78	\$770.70		\$682.62	
Couple:	\$1,592.88	\$1,347.56	\$1,541.40		\$1,365.24	
Parent & Child(ren):	\$1,537.13	\$1,300.40	\$1,487.45		\$1,317.46	
Family:	\$2,238.00	\$1,893.32	\$2,165.67		\$1,918.16	
Percentage Increase from Current	2.4%	1.5%	11.0%		4.7%	

Silver Level Plan Comparison - 2021 Renewal Options

Benefits
Dr. Office or Virtual Visit
Primary Care Physician/OBGYN
Specialists
Chiropractic Care
Preventative Care
Telemedicine via AmWell / UCM Digital Health
Other Services
X-Ray / Lab
Outpatient Procedures
Inpatient Care
Emergency Room
Ambulance
Urgent Care
Retail Prescription Drugs
Rx Deductible (single / family)
Generic
Preferred Brand
Non-Preferred Brand
Rx Out of Pocket Maximum
Rx OOPM Integrated with Medical OOPM
Annual Deductible
Individual
Family
Out-of-Pocket Maximum
Individual
Family

*Integrated Deductible

**Individual within a Family plan OOPM is \$8,550

Enrollment	
Single:	
Couple:	
Parent & Child(ren):	
Family:	

Percentage Increase from Current

Standard - Silver 3 Reflective	
In-Network Only	
\$35 copay	
\$80 copay	
\$45 copay	
Covered in full	
MVP: Covered in full / BCBS cost varies	
50% after deductible	
50% after deductible	
50% after deductible	
\$250 copay after deductible	
\$105 copay	
\$90 copay	
\$350 / \$700	
\$15 copay, not subject to deductible	
\$60 copay after deductible	
50% after deductible	
\$1,400/ \$2,800	
Yes	
<u>Stacked Deductible</u>	
\$3,200	
\$6,400	
\$8,150	
\$16,300	

HSA Compatible Plan	
Standard - Silver 4 Reflective - HDHP	
In-Network Only	
10% after deductible	
30% after deductible	
30% after deductible	
Covered in full	
MVP: Covered in full / BCBS cost varies	
30% after deductible	
30% after deductible	
30% after deductible	
30% after deductible	
30% after deductible	
30% after deductible	
Medical deductible applies	
\$10 copay after deductible	
\$40 copay after deductible	
50% after deductible	
\$1,400/ \$2,800	
Yes	
<u>Collective Deductible*</u>	
\$1,750	
\$3,500	
\$6,900	
\$13,800**	

Standard - Silver 3 Reflective		
	2021 Blue Cross Rates	2021 MVP Rates
	\$659.14	\$589.88
	\$1,318.28	\$1,179.76
	\$1,272.14	\$1,138.47
	\$1,852.18	\$1,657.56

2.2%

0.9%

HSA Compatible Plan		
	Standard - Silver 4 Reflective - HDHP	2021 MVP Rates
	2021 Blue Cross Rates	2021 MVP Rates
	\$686.16	\$577.81
	\$1,372.32	\$1,155.62
	\$1,324.29	\$1,115.17
	\$1,928.11	\$1,623.65

3.4%

1.2%