

Vermont Health Connect Plan Comparison

January 1, 2022 - December 31, 2022

Prepared For:

Town of East Montpelier

Prepared By:



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Current Plan Offering

Benefits	Standard - Platinum
<u>Dr. Office or Virtual Visit</u>	In-Network Only
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
<u>Other Services</u>	
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
<u>Retail Prescription Drugs</u>	
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
<u>Annual Deductible</u>	<u>Stacked Deductible</u>
Individual	\$400
Family	\$800
<u>Out-of-Pocket Maximum</u>	
Individual	\$1,400
Family	\$2,800

*Integrated Deductible

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

		Standard Platinum Plan	
		2022 Blue Cross Rates	2022 MVP Rates
Enrollment	Single	\$882.05	\$810.54
	Couple:	\$1,764.10	\$1,621.08
	Parent & Child(ren):	\$1,702.36	\$1,564.34
	Family:	\$2,478.56	\$2,277.62
	Total Annual Gross Premium	\$0	\$120,900
	Percentage Increase from Current	-6.2%	1.54%

Gold Level Plan Comparison - 2022 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
<u>Dr. Office or Virtual Visit</u>			
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	0% after deductible
<u>Other Services</u>			
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
<u>Retail Prescription Drugs</u>			
Rx Deductible (single / family)	\$150 / \$300	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	<u>Collective Deductible*</u>	<u>Collective Deductible*</u>
<u>Annual Deductible</u>	<u>Stacked Deductible</u>	\$2,550	\$3,200
Individual	\$1,200	\$5,100	\$6,400
Family	\$2,400		
<u>Out-of-Pocket Maximum</u>			
Individual	\$5,400	\$2,550	\$3,200
Family	\$10,800	\$5,100	\$6,400

*Integrated Deductible

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

Enrollment	Standard Gold Plan		HSA Compatible Plan Non-Standard - Gold CDHP VT Select		HSA Compatible Plan Non-Standard - Gold 3	
	2022 Blue Cross Rates	2022 MVP Rates	2022 Blue Cross Rates		2022 MVP Rates	
Single:	\$741.08	\$666.54	\$723.92		\$683.24	
Couple:	\$1,482.16	\$1,333.08	\$1,447.84		\$1,366.48	
Parent & Child(ren):	\$1,430.28	\$1,286.42	\$1,397.17		\$1,318.65	
Family:	\$2,082.43	\$1,872.98	\$2,034.22		\$1,919.90	
Percentage Increase from Current	-6.95%	-1.07%	-6.07%		0.09%	

Silver Level Plan Comparison - 2022 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	
\$400 / \$800	
\$15 copay, not subject to deductible	
\$60 copay after deductible	
50% after deductible	
\$1,400/ \$2,800	
Yes	
Stacked Deductible	
\$3,400	
\$6,800	
\$8,550	
\$17,100	

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	
Collective Deductible*	
\$1,850	
\$3,700	
\$6,900	
\$13,800**	

Standard - Silver 3 Reflective		
	2022 Blue Cross Rates	2022 MVP Rates
Single:	\$611.47	\$606.23
Couple:	\$1,222.94	\$1,212.46
Parent & Child(ren):	\$1,180.14	\$1,170.02
Family:	\$1,718.23	\$1,703.51

-7.23%

2.77%

HSA Compatible Plan		
	Standard - Silver 4 Reflective - HDHP	2022 MVP Rates
	2022 Blue Cross Rates	2022 MVP Rates
Single:	\$637.05	\$589.67
Couple:	\$1,274.10	\$1,179.34
Parent & Child(ren):	\$1,229.51	\$1,138.06
Family:	\$1,790.11	\$1,656.97

-7.16%

2.05%