Beyond the Basics

Introduction to Plan Selection Tools for 2024

Upcoming Webinars

Summer Series Part II: Under the Hood: Building Your Own Plan Selection Tools for 2024

August 16th, 2pm ET (11am PT)

Registration on the Beyond the Basics website: https://www.healthreformbeyondthebasics.org/upcoming-webinars/

Open Enrollment Series – Save the Dates

All webinars take place at 2pm ET (11am PT)

- Households and income: Tuesday, September 12
- The premium tax credit: Thursday, September 14
- Immigrant eligibility Part I: Tuesday, September 19
- Preventing and resolving data matching issues: Thursday, September 28
- Plan design: Tuesday, October 3
- Plan selection strategies, October 10
- Auto-renewal process on HealthCare.gov: Thursday, October 12
- Immigrant eligibility Part 2: Tuesday, October 17
- Tying it all together: Thursday, October 24
- Helping people who speak Spanish enroll in coverage (delivered in Spanish): Thursday, October 26



Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this
 presentation, and other resources. We'll also post everything to the
 Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the Show Captions icon in the meeting controls toolbar at the bottom of your screen.



- All participants are muted and in listen-only mode. If you'd like to ask a question:
 - Click on the Q&A icon at the bottom of your webinar screen and type your question into the box.
 - We will be monitoring questions and will pause for Q&A during the presentation.
 - We may not be able to answer every question asked, but we will have a record of all your questions and will use them as a guide for future resources and presentations.
 - You can also email your questions during and after the webinar to beyondthebasics@cbpp.org



Agenda

Today we'll discuss:

- Planning for Fall Open Enrollment
- Resource Building Review
 - Resources: Audience, Function, Focus
 - Building Network Overview Resources
- Using Easy Pricing Plans to Examine Specific Markets
 - Building Plan Comparison Resources



Planning for Fall Open Enrollment

2024 Open Enrollment Landscape



Record enrollment in 2023
Record number of people to renew for 2024



Medicaid renewals and terminations have resumed



New marketplace rules for 2024 affect plan design and comparison



Potential for new coverage opportunities for some immigrants



What to do right now



Outreach and simple messages for people affected by Medicaid redeterminations



Reminders for people who need to renew marketplace coverage during OE



Research changes in your state/local insurance market for 2024



Create tools to make plan comparison easier – for you and the people you serve!



Resource Building Review

- Audience, Function, Focus
- Network Overview Resources

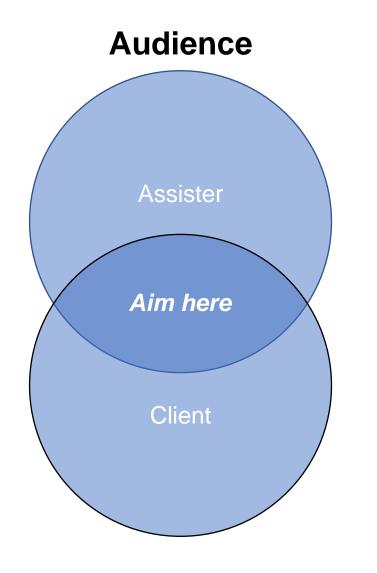
Resource-Building Recommendations

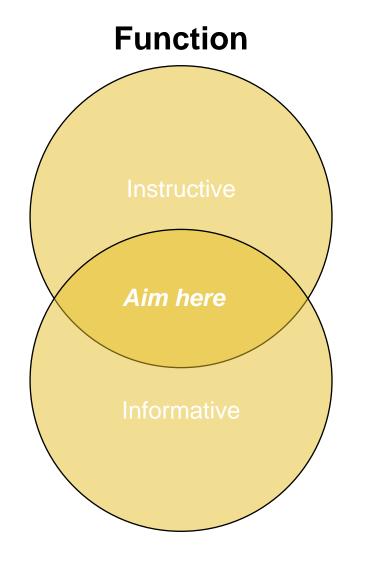
- Audience: both assister and client (double duty)
 - Cue assister to provide important coverage education
 - Reminders for issues, emergencies, and unusual situations
- Function: specific outcomes and/or end goals—instructive, not just informative (double duty)
 - If instructive for client, informative for assister;
 - if informative for client; instructive for assister
- Focus: Eligibility, or Application, or Plan Selection (stay on target!)
 - Network and Plan Selection Resources = most timeconsuming to build and maintain, but most effective investment for clients and assisters



DISCLAIMERS!

Resource-Building Recommendations





Focus

Eligibility

Application

Plan Selection



The FPL Chart

Audience: Assister

Function: Informational

Focus: Eligibility, Application & Plan

Selection

Number in Tax Household and Estimated Income for 2023

#	<100%
1	
2	
3	Limited eligibility
4	for PTC & CSR based on
5	immigration
6	status*
7	
8	
	CSR 94% (06)

100%	150%			
\$ 13,590	\$	20,385		
18,310	\$	27,465		
23,030	\$	34,545		
27,750	\$	41,625		
32,470	\$	48,705		
37,190	\$	55,785		
41,910	\$	62,865		
46,630	\$	69,945		
CSR 94% (06)				

150+%	200%			
\$ 20,386	\$ 27,180			
\$ 27,466	\$ 36,620			
\$ 34,546	\$ 46,060			
\$ 41,626	\$ 55,500			
\$ 48,706	\$ 64,940			
\$ 55,786	\$ 74,380			
\$ 62,866	\$ 83,820			
\$ 69,946	\$ 93,260			
CSR 87% (05)				

200+%	250%				
\$ 27,181	\$ 33,975				
\$ 36,621	\$ 45,775				
\$ 46,061	\$ 57,575				
\$ 55,501	\$ 69,375				
\$ 64,941	\$ 81,175				
\$ 74,381	\$ 92,975				
\$ 83,821	\$ 104,775				
\$ 93,261	\$ 116,575				
CSR 73% (04)					

#	00.00%	4	250+%					
1	54,360	\$	33,976	\$				
2	73,240	\$	45,776	\$				
3	92,120	\$	57,576	\$				
4	111,000	\$	69,376	\$				
5	129,880	\$	81,176	\$				
6	148,760	\$	92,976	\$				
7	167,640	\$	104,776	\$				
8	186,520	\$	116,576	\$				
		No CSR						

П	American Rescue Plan Act
П	extended by the
П	Inflation Reduction Act
П	
П	PTC to reduce premiums to no
П	more than 8.5% of annual hh
П	income (households above
	400% & otherwise PTC eligible)
	No CSR
i	

401% +

Eligible for Premium Tax Credits (PTC) in Bronze, Silver, or Gold Eligible for Cost Sharing Reductions (CSR) if SILVER plan is selected

Eligible for Premium Tax Credits in Bronze, Silver, or Gold

Eligible for Premium Tax Credits in Bronze, Silver, or Gold

Some Gold Plan premiums will be lower than Silver for clients in these income brackets.

<100%

150+% 200%

200+% 250%

250+% 400.00%

401% +

150%



^{*} Ask an Enrollment Manager if you may be working with a client eligible under 100%.



Yearly Guidelines & Thresholds | Coverage Year 2023

2022 Federal Poverty Guidelines (Coverage Year 2023)

# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$13,590	\$18,754	\$20,385	\$27,180	\$33,975	\$40,770	\$54,360
2	\$18,310	\$25,268	\$27,465	\$36,620	\$45,775	\$54,930	\$73,240
3	\$23,030	\$31,781	\$34,545	\$46,060	\$57,575	\$69,090	\$92,120
4	\$27,750	\$38,295	\$41,625	\$55,500	\$69,375	\$83,250	\$111,000
5	\$32,470	\$44,809	\$48,705	\$64,940	\$81,175	\$97,410	\$129,880
6	\$37,190	\$51,322	\$55,785	\$74,380	\$92,975	\$111,570	\$148,760
7	\$41,910	\$57,836	\$62,865	\$83,820	\$104,775	\$125,730	\$167,640
8	\$46,630	\$64,349	\$69,945	\$93,260	\$116,575	\$139,890	\$186,520

For households with more than 8, add \$4,720 for each additional person. Source (plus Hawaii and Alaska guidelines): aspe, hhs.gov/poverty-guidelines Eligibility for premium tax credits in coverage year 2023 is based on 2022 poverty guidelines. FPL = federal poverty line.

Expected Premium Contribution (Coverage Year 2023)

-						
	Annual Household Income (% of FPL)	Up to 150% FPL	200% FPL	250% FPL	300% FPL	400% FPL & Above
	Expected Premium Contribution (% of Income)	0%	2%	4%	6%	8.5%
-	0 4 1 5 5 50 4 10 10 1 10 10 10 10 10 10 10 10 10 10 1					

Employer-Sponsored Insurance Affordability Threshold (Coverage Year 2023)

1						
ı	Eligibility for Premium Tax Credits If Offer of Employer-Sponsored Insurance is Considered Unaffordable					
ı	Considered unaffordable if ESI offer exceeds:	Affordability of family coverage determined by:				
ı	9.12%	Cost of family coverage				
١	Source: irs.gov/irb/2022-33 IRB#REV-PROC-2022-34					

Out-Of-Pocket Maximum (Coverage Year 2023)

Plan Type	Income Level	Out-of-Pocket Maximum		
	Income Level	Individual	Family	
All plans ¹	All income levels	\$9,100	\$18,200	
CSR Silver Plan 73% AV ²	Between 201%-250% FPL	\$7,250	\$14,500	
CSR Silver Plan 87% AV ²	Between 151%-200% FPL	\$3,000	\$6,000	
CSR Silver Plan 94% AV ²	Up to 150% FPL	\$3,000	\$6,000	

For more information, see the Health Reform: Beyond the Basics Yearly Income **Guidelines and Thresholds**

Audience: Assister

Focus:

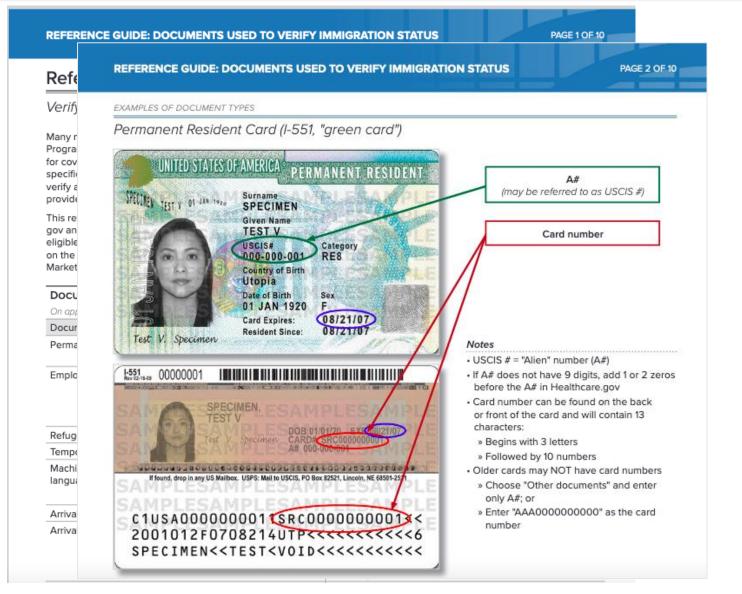
Function: Informational

Eligibility, Application, & **Plan Selection**



Resource Focus: Eligibility

For more information, see the Health Reform: Beyond the Basics Reference
Guide to Immigration
Documents



Audience: Double Duty

Function: Double Duty

Focus: Eligibility



Resource Focus: Application

For more information, see the *Health Reform: Beyond* the *Basics* <u>Troubleshooting</u> Failed Identity Verification

Guide

Troubleshooting Failed Identity Verification

When creating a new account on HealthCare.gov, individuals are required to verify their identity by answering a series of questions based on information in their credit report, such as former addresses, the bank where they have a mortgage or auto loan, or the year they signed up for a specific credit card. HealthCare.gov allows two attempts to verify identity, if the individual fails both attempts they will not be allowed to submit their application until their identity can be verified.

Follow these steps to troubleshoot a failed identity verification.



1 Step

After two failed attempts to answer the identity verification questions, you will see this screen, which will allow you to upload documents that verify your identity immediately, such as a license or green card.

If the individual didn't bring identity verification documents to the appointment and needs to come back with their documents, you can upload the documents later by logging into their account, clicking on "My Profile," and then clicking on "Verify Now."

2 Step 2

Click "Upload Documents" and then select the type of identity verification document you intend to submit from the dropdown list. Upload the document and then click "Finish."

3 Step 3

Click "Return to My Profile." On this screen, you'll see a message that says "Identity verification pending." Next, select "My Applications & Coverage."



Submit documents that prove your identit

Name Januther A floody-worker variety suppose

Focus:

Audience: Double Duty

Assister is target audience, but potentially useful for tech-savvy client

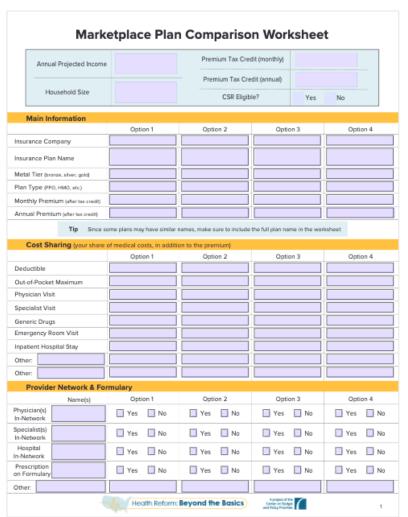
Function: Instructive

How to/Step by step

Application



Resource Focus: Enrollment



Key Terms	Definition
Premium	The amount you pay for your health insurance plan every month. If you don't pay your premium, your insurance plan might be cancelled.
Deductible	An annual dollar amount that you need to pay out-of-pocket for health care services before your plan starts to pay for services. Some health insurance plans pay for certain services before the deductible is met. Preventive services, such as annual check-ups and immunizations, are covered by your plan before the deductible is met.
Out-of-Pocket Maximum	A limit on the amount you pay for health care services in a year. Once the amount you've paid reaches the annual maximum, your insurance plan pays for 100% of covered services.
Сорву	A set dollar amount you pay for a covered health care service after you've paid your deductible Copays vary for different services. For example, you might have a \$10 copay for a medication but a \$50 copay to see a specialist.
Coinsurance	The portion you pay for covered services, after you've paid your deductible. For example, if you plan has 20% coinsurance, you pay 20% of the cost of a service and your plan pays 80%.
Provider Network	A list of doctors and hospitals your insurance company has contracts with, known as in-network providers. Doctors not on this list are out-of-network. Going to an in-network provider generally costs less, and some plans don't pay for out-of-network providers at all.
Prescription Drug Formulary	A list of medications your insurance plan will cover. These are often grouped in tiers, with some drugs costing more than others.

Cost-sharing example: Insurance plan with \$1,000 deductible, 30% coinsurance, and \$5,000 out-of-pocket maximum

If you get a \$20,000 surgery, you would pay the first \$1,000 (deductible) plus 30% of the remaining costs (coinsurance), but your total cost would be no more than \$5,000 (because of the out-of-pocket maximum). The insurance plan pays the remaining \$15,000.

Tip

- To avoid scams and junk plans, always go to HealthCare.gov to shop for health insurance.
- When picking a plan, look at the annual costs (deductible, co-pays, etc.), not just the monthly premium.
- Consider the amount of health care services you use every year and the medications you take in order to figure out the annual cost of each plan.
- Plans with low premiums will sometimes have high deductibles, while plans with high premiums will
 often have low deductibles.
- Check the network and formulary of each of the plans you're considering to make sure your doctors are in-network and your medications are covered.
- If you're getting a tax credit to help you pay for your health insurance, remember to report any changes in your income to the marketplace during the year or you may be required to pay back the tax credit.

Health Reform: Beyond the Basics

		ormati	

	1 Notes
Username	
Password	
Application ID #	



For more information, see the Health Reform:
Beyond the Basics Plan
Comparison
Worksheet (Available in 8
Languages)

Audience: Double Duty

Function: Double Duty

Focus: Enrollment+



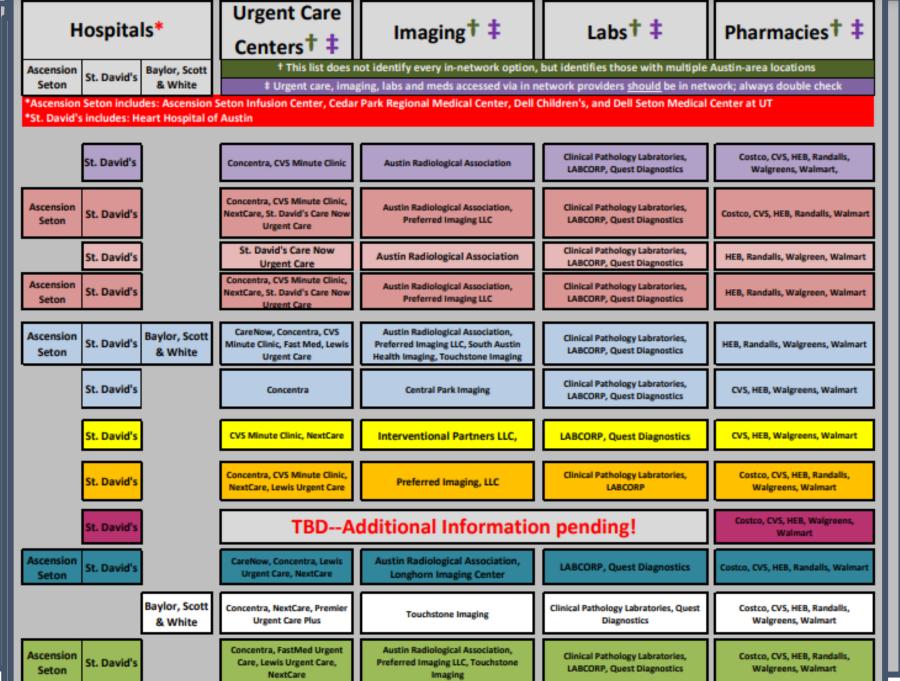
Evolution of a Network Overview Resource

2021

Austin-Area Primary and Specialty Providers BLUE CROSS SCOTT & FRIDAY AMBETTER OSCAR SENDERO **BLUE SHIELD** WHITE **Austin Diagnostic** IN-NETWORK IN-NETWORK NOT In-Network IN-NETWORK NOT In-Network NOT In-Network Clinic (Check Doctor) Austin Regional IN-NETWORK IN-NETWORK NOT In-Network NOT In-Network IN-NETWORK IN-NETWORK Clinic CommUnityCare NOT In-Network NOT In-Network IN-NETWORK IN-NETWORK IN-NETWORK IN-NETWORK Lonestar Circle of IN-NETWORK (In Progress) IN-NETWORK IN-NETWORK NOT In-Network IN-NETWORK Care People's (In Progress) IN-NETWORK NOT In-Network IN-NETWORK IN-NETWORK NOT In-Network Community Clinic Red River Family (In Progress) IN-NETWORK NOT In-Network NOT In-Network NOT In-Network NOT In-Network Practice **NOT** In-Network IN-NETWORK UT Health Austin NOT In-Network IN-NETWORK IN-NETWORK IN-NETWORK **Austin-Area Oncology Providers BLUE CROSS** SCOTT & **AMBETTER** OSCAR FRIDAY SENDERO WHITE **BLUE SHIELD Austin Cancer** (In Progress) IN-NETWORK IN-NETWORK IN-NETWORK IN-NETWORK NOT In-Network Centers IN-NETWORK IN-NETWORK IN-NETWORK IN-NETWORK Texas Oncology NOT In-Network IN-NETWORK (Select Doctors)

Evolution of a Network Overview Resource

Austin, TX, 2022

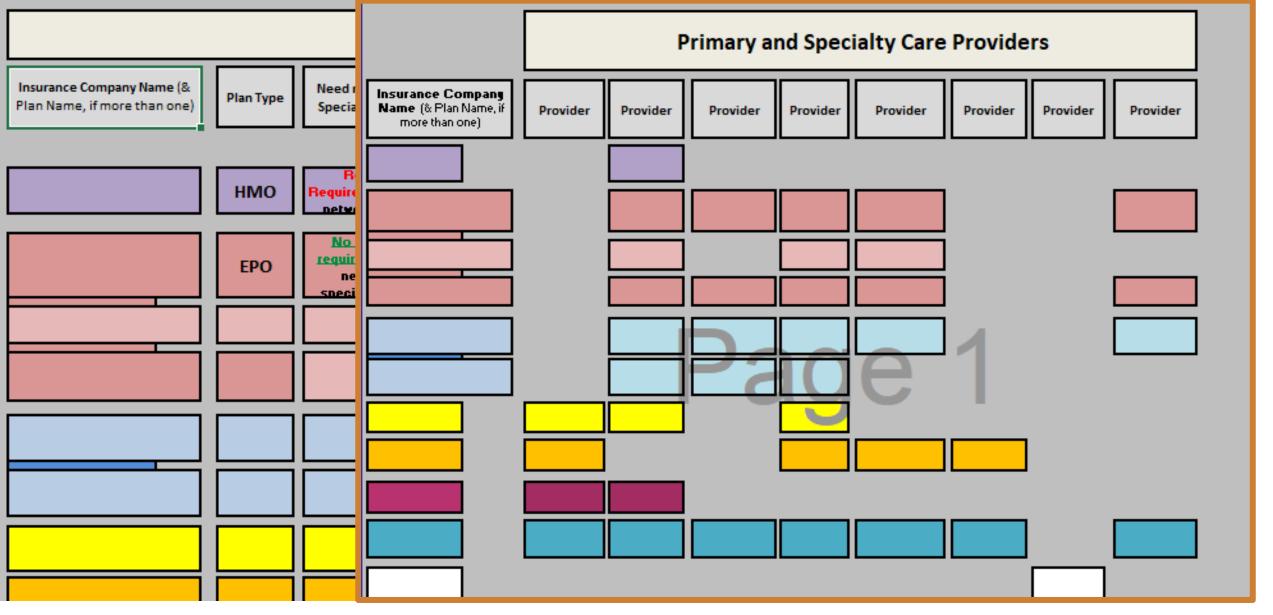


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Marketplace Plan Network Overview Note: The following Marketplace Companies are organized in order of cost for Silver plans Insurance Company Name (& Plan Name, if more than one) Plan Type Referral for Specialist Visits? **Counties Served Emergency Room Coverage Outside** NETWORK HOSPITAL. Clients should contact our program ASAP for help navigating costs and coverage for an out of network emergency event. state? NON-EMERGENCY In Person Care

Blank Template Versions for Network Overview Resource (Simple)





Blank Template Versions for Network Overview Resource (>6 plans)



Using 2023 Easy Pricing Plans to Build Quick & Easy Network Overview Resources

Standardized Plans

What is a standardized plan?

 Standard Actuarial Value, maximum out-of-pocket (MOOP), deductibles, and cost-sharing for a given metal level of coverage

Why require standardized plans on the marketplace?

- Can make it easier for shoppers to compare choices based on premiums, provider networks, and quality ratings
- Response to growing number of plan choices in HealthCare.gov states / "choice overwhelm"
- Average in 2022: >100 plans, >45 Silver plans

What's required in 2023?

- Issuers must offer standardized plans at every product network type, at every metal level, and throughout every service area that they offer non-standardized options
- Plans labeled as "Easy Pricing" and included as separate filter
- Immediate result: more net plans (but possibly easier comparisons between standardized plans)



U.S. Department of Health and Human Services (HHS) Standardization Parameters for 2023 Easy Pricing Plans TABLE 12: 2023 Final Standardized Plan Options Set One (For All FFE and SBE-FP Issuers, Excluding Issuers in Delaware, Louisiana, and Oregon)

		— 						
	Bronze	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Actuarial Value	59.86%	64.18%	70.06%	73.11%	87.05%	94.02%	78.00%	88.00%
Deductible	\$9,100	\$7,500	\$5,800	\$5,700	\$800	\$0	\$2,000	\$0
Annual Limitation on	\$9,100	\$9,000	\$8,900	\$7,200	\$3,000	\$1,700	\$8,700	\$3,000
Cost Sharing					'	'		
Emergency Room	No charge after	50%	40%	40%	30%	25%*	25%	\$100*
Services	deductible							
Inpatient Hospital	No charge after	50%	40%	40%	30%	25%*	25%	\$350*
Services (Including	deductible	1			<u> </u>	[1
Mental Health and	1	1			<u> </u>	[1
Substance Use	1	1			<u> </u>			1
Disorder)								
Primary Care Visit	No charge after deductible	\$50*	\$40*	\$30*	\$20*	\$0*	\$30*	\$10*
Urgent Care	No charge after deductible	\$75*	\$60*	\$45*	\$30*	\$5*	\$45*	\$15*
Specialist Visit	No charge after deductible	\$100*	\$80*	\$60*	\$40*	\$10*	\$60*	\$20*
Mental Health and	No charge after	\$50*	\$40*	\$30*	\$20*	\$0*	\$30*	\$10*
Substance Use Disorder	deductible	1			<u> </u>			
Outpatient Office Visit					'	'		
Imaging (CT/PET	No charge after	50%	40%	40%	30%	25%*	25%	\$100*
Scans, MRIs)	deductible			/		'		
						_	4	





U.S. Department of Health and Human Services (HHS) Standardization Parameters for 2023 Easy Pricing Plans

	Bronze	Expanded Bronze	Standard Silver	Silver 73 CSR	Silver 87 CSR	Silver 94 CSR	Gold	Platinum
Speech Therapy	No charge after deductible	\$50*	\$40*	\$30*	\$20*	\$0*	\$30*	\$10*
Occupational, Physical Therapy	No charge after deductible	\$50*	\$40*	\$30*	\$20*	\$0*	\$30*	\$10*
Laboratory Services	No charge after deductible	50%	40%	40%	30%	25%*	25%	\$30*
X-rays and Diagnostic Imaging	No charge after deductible	50%	40%	40%	30%	25%*	25%	\$30*
Skilled Nursing Facility	No charge after deductible	50%	40%	40%	30%	25%*	25%	\$150*
Outpatient Facility Fee (Ambulatory Surgery Center)	No charge after deductible	50%	40%	40%	30%	25%*	25%	\$150*
Outpatient Surgery Physician and Services	No charge after deductible	50%	40%	40%	30%	25%*	25%	\$150*
Generic Drugs	No charge after deductible	\$25*	\$20*	\$20*	\$10*	\$0*	\$15*	\$5*
Preferred Brand Drugs	No charge after deductible	\$50	\$40*	\$40*	S20*	\$15*	\$30*	\$10*
Non-Preferred Brand Drugs	No charge after deductible	\$100	\$80	\$80	\$60	\$50*	\$60*	\$50*
Specialty Drugs	No charge after deductible	\$500	\$350	\$350	\$250	\$150*	\$250*	\$150*

^{*}Benefit category not subject to the deductible

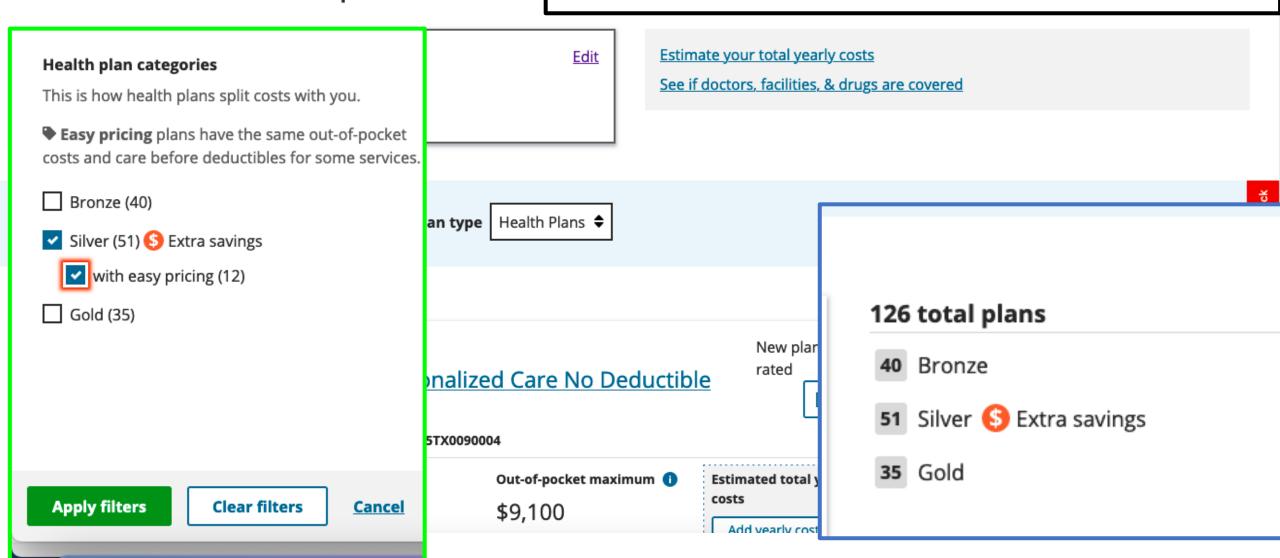




Optional step: View health & dental plans View steps

View health & dental plans

Easy Pricing Plans & Non-Standardized Silver Plan Comparison Austin, Texas Zip, Female, 38 yrs old, \$25K income



Baylor Scott and White Health Plan New plan -Estimated monthly Not rated BSW Prime Silver HMO 003 (CMS Standardized Plan premium ☐ Compare with \$0 Pediatric PCP copay) \$20.08 S Extra savings Easy pricing Including a \$426 tax credit Silver | HMO | Plan ID: 40788TX0460003 Was \$446.08 **Aetna CVS Health** New plan -Estimated monthly Not rated Silver S: Aetna network of doctors & hospitals + \$0 premium ☐ Compare Walk-in clinic + \$0 Telehealth 24/7 \$60.25 S Extra savings Easy pricing Including a \$426 tax credit Silver | HMO | Plan ID: 58840TX0110055 Was \$486.25 New plan - Not rated 1 US Health and Life Estimated monthly Ascension Personalized Care Standard Silver ☐ Compare premium (5) Extra savings | (5) Easy pricing \$67.38 Silver | EPO | Plan ID: 57125TX0090009 Including a \$426 tax credit Was \$493.38 Moda Health, Inc. New plan - Not rated 1 Estimated monthly Moda Select Texas Standard Silver ☐ Compare premium S Extra savings Easy pricing \$78.00 Silver | EPO | Plan ID: 17933TX0010008 Including a \$426 tax credit Was \$504.00 Deductible 1 Out-of-pocket maximum 1 Estimated total yearly costs \$800 \$3,000 Add yearly cost Individual total Individual total (health & drug combined)

Copayments / Coinsurance 1

Generic drugs

\$10

Primary doctor

\$20

Emergency room care

30% Coinsurance after

deductible

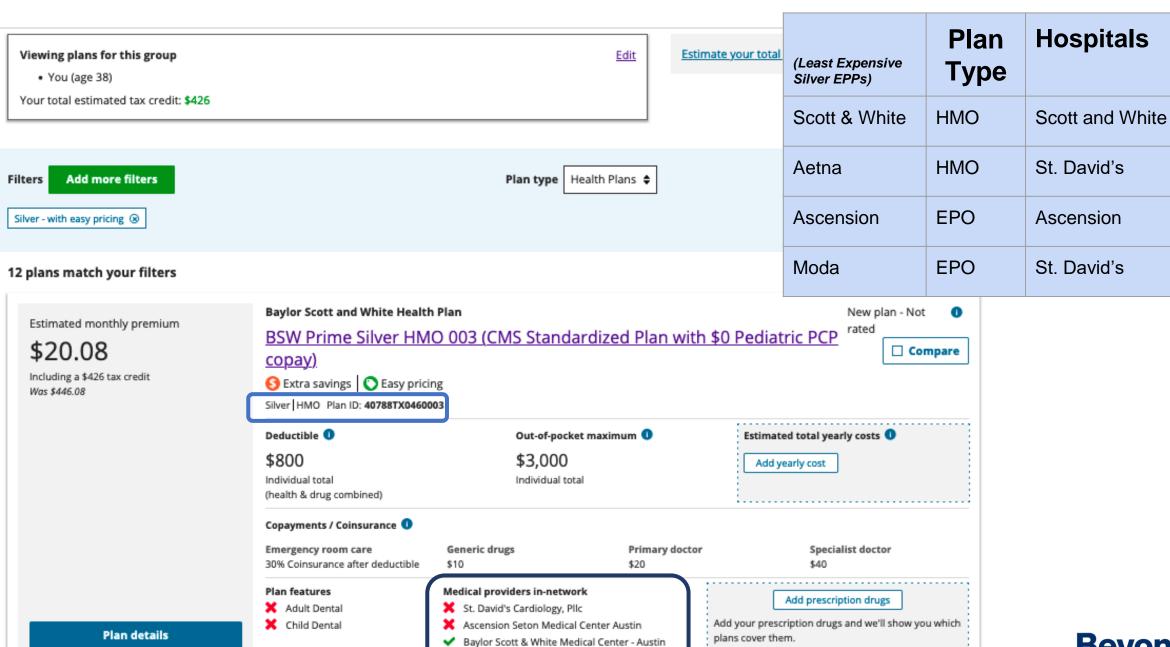
4 Least Expensive Silver Easy Pricing Plans

Austin, Texas 38 yr old, female, \$25K income *87% CSR



Specialist doctor

\$40



Edit medical providers

Like this plan



Optional step: View health & dental plans View steps

View health & dental plans

Easy Pricing Plans & Non-Standardized Silver Plan Comparison Austin, Texas Zip, Female, 38 yrs old, \$25K income

Viewing plans for this group

You (age 38)

Your total estimated tax credit: \$426

Estimate your total yearly costs

Edit

See if doctors, facilities, & drugs are covered

Health plan categories

This is how health plans split costs with you.

- Easy pricing plans have the same out-of-pocket costs and care before deductibles for some services.
- Bronze (40)
- Silver (51) S Extra savings
 - with easy pricing (12)
- Gold (35)



126 total plans

- 40 Bronze
- 51 Silver (5) Extra savings
- Gold

Scott & White Easy Pricing Plan Silver, & Non-Standardized Silver Plan Silver Austin, Texas Zip, Female, 38 yrs old, \$25K income

Baylor Scott and White Health Plan Estimated monthly Not rated BSW Prime Silver HMO 003 (CMS Standardized Plan premium ☐ Compare with \$0 Pediatric PCP copay) \$20.08 S Extra savings Easy pricing Including a \$426 tax credit Silver | HMO | Plan ID: 40788TX0460003 Was \$446.08 Deductible 1 Out-of-pocket maximum 1 Estimated total yearly \$800 \$3,000 Add yearly cost Individual total Individual total (health & drug combined) Copayments / Coinsurance 1 Specialist doctor **Emergency room care** Generic drugs Primary doctor 30% Coinsurance after \$10 \$20 \$40 deductible

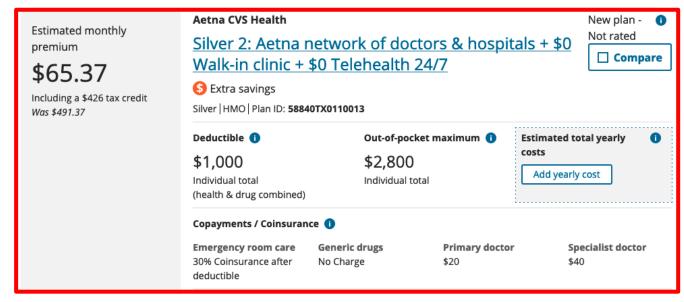




Aetna Easy Pricing Plan Silver, & Non-Standardized Silver Plan

Austin, Texas Zip, Female, 38 yrs old, \$25K income

Aetna CVS Health New plan - 1 Estimated monthly Not rated Silver S: Aetna network of doctors & hospitals + \$0 premium Compare Walk-in clinic + \$0 Telehealth 24/7 \$60.25 S Extra savings Easy pricing Including a \$426 tax credit Silver | HMO | Plan ID: 58840TX0110055 Was \$486.25 Deductible 1 Out-of-pocket maximum 1 Estimated total yearly \$800 \$3,000 Add yearly cost Individual total Individual total (health & drug combined) Copayments / Coinsurance ① **Emergency room care** Generic drugs **Primary doctor** Specialist doctor 30% Coinsurance after \$10 \$20 deductible





Building Quick Network Overviews: Vermont Health Connect

SBMs that Require Standardized Plans

California	Only SPs are offered
Colorado	Introduced SPs for 2023 plan year, coupled with requirement to lower premiums annually and by 15% by 2025
Connecticut	Limits number of non-SPs; SPs labeled "standard"
Washington, D.C.	Only SPs are offered
Maine	Limits number of non-SPs; SPs are labeled "Clear Choice"
Maryland	SPs are labeled "Value Plans"
Massachusetts	Limits number of non-SPs and majority of plans offered are SPs; SPs are labeled "standard"
New Jersey	Only SPs are offered
New York	Limits number of non-SPs; SPs are labeled "ST"; minimizes deductible and applies to all benefits
Vermont	Only SPs are offered
Washington	Limits number of non-SPs; SPs are labeled "Cascade"



Click plan name for DETALLS or DEMOLI Cost in an Average Year © Click plan name for DETALLS or DEMOLI SECOLO PLAN Name for DEMOLI PLAN SECOLO PLAN Name for DEMOLI PLAN SECOLO PLAN Name for PLAN N	Cost in a Good Year @	Plan @	Yearly Cost Estimates (Includes premiums and estimated out-of-pocket costs)						
Monthly Premium: \$4.31 - after \$844.00 subsidy \$52 \$812 \$2,452	\$0 - \$3600 Cost in an Average Year ❷	Click plan name for DETAILS or to ENROLL Click checkboxes to compare		Average Year @ 🛎					
MVP Health Care - HMO - ○ Silver Monthly Premium: \$10.37 - after \$844.00 subsidy	Cost in a Bad Year ②	Monthly Premium: \$4.31 - after \$844.00 subsidy Deductible: Medical: \$1,200 / Drug: \$250 Max Out-of-Pocket : \$2,400	\$52	\$812	\$2,452				
MVP VT PIDHP Sliver Monthly Premium: \$23.56 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500 Quality Rating ☑: ★★★★☆ MVP VT Plus HDHP Silver 2 MVP Health Care - HMO - ○ Silver Monthly Premium: \$28.57 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500 Quality Rating ☑: ★★★☆ BCBSVT Silver CDHP Plan Blue Cross and Blue Shield of Vermont - EPO - ○ Silver Monthly Premium: \$31.58 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ③: \$1,500 subsidy Deductible: \$1,500 Max Out-of-Pocket ④: \$1,500 Max Out-of-Pocket ④: \$1,500	\$0 - \$9250	MVP Health Care - HMO - ○ Silver Monthly Premium: \$10.37 - after \$844.00 subsidy Deductible: Medical: \$1,200 / Drug: \$250 Max Out-of-Pocket ②: \$2,400	\$124	\$764	\$2,524				
MVP Health Care - HMO - ○ Silver Monthly Premium: \$28.57 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500 Quality Rating ☑: ★★★★☆ BCBSVT Silver CDHP Plan Blue Cross and Blue Shield of Vermont - EPO - ○ Silver Monthly Premium: \$31.58 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500	Filter Results	MVP Health Care - HMO - ○ Silver Monthly Premium: \$23.56 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500	\$283	\$1,113	\$1,783				
Blue Cross and Blue Shield of Vermont - EPO - O Silver Monthly Premium: \$31.58 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500		MVP Health Care - HMO - ○ Silver Monthly Premium: \$28.57 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket ②: \$1,500	\$343	\$1,173	\$1,843				
		Blue Cross and Blue Shield of Vermont - EPO - Silver Monthly Premium: \$31.58 - after \$844.00 subsidy Deductible: \$1,500 Max Out-of-Pocket : \$1,500	\$379	\$1,209	\$1,879				



2023 Enhanced Silver Plan Designs with Cost-Sharing Reductions

TRANS 2023 Silver 73 Plans

Note: Silver TS beside plans are only available to Memorines with qualifying incomes. To see if you 1-011-011-1603

HEALTH

2023 Silver 77 Plans Note: More T7 bealth plans are only available in Newtoniers with qualifying incorner. To see if you qualify, this five Plan Comparison Tool at https://co.checklookinalith.org or call 1 at 16 are 8 and 10 and

€ HALH 2023

Silver 87 Plans

Note: Short 87 health plans are only available to Vermoniers with qualifying incomes. To see if you 1411-991-966

€ HEALTH 2023

Silver 94 Plans

Note: Silver NS health plans are only available to Vermonters with qualifying incomes. To see if you 1-911-991-9601

2023 SI	ver 73 Plans	BORDT Blood Floor	BCMAT Bloor CDRF Flor juan pair with HEE) MEP STERVE & HEMF (pan pair with HEE)	BORRAT Revenued	BCSENT Vermond Select CD-P Silver Pare joan pair with HEAI	MOP UT Plan Share 2	MANUTATION Show 3 HEAP Juan pair with HEAJ	2023 Silve	er 77 Plans	BORF IT Sheet 2	BCHINT Blood CORP Plan (san pair with HEX) BNP ST Blood of HEXP (san pair with HEX)	ROBBAT Street	BCROVT Vermond Indext CD-P Silver Plan (per poly with MAA)	Blood 1	MAP KT Plan Silver 1 HDBP (sen pair with HSS)	2023 Silv	er 87 Plans	ECREPT Silver Plan	BCSINT Silver (DISP Non (pan- pals with HEA) BNP ST Silver A HEAP (pan-pals with HEA)	BORNT Serveral	BCBD/TVermond Select CENT Bliver Plan (panyadr with HEA)		MAP IT Flan Liber 2 HD-P Juan pair with HLA	2023 Silw	er 94 Plans	BCSEST Blver Flor BBVF KT Slore S	BCROAT Bluer CORP Plan (not BEA Compatible)		BCROVT Vermont Infect CDAP Bluer Plant (not BIA compatible)	MUP VT Plea Silver 3	MRP #1 Plus Eller 2 Jaci HE sempetitis
Selection/	Max. Quirel Posteri	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Indicated / Family	Indicated / Family	Seduditie/Ma	n. Gut of Posteri	Individual / Partity	Individual / Family	Individual / Femily	Individual / Family	Individual / Family	individual / Namily	Designation of Ma	ss. Gut-of-Feeliet	Individual / Family	individual / Family	Individual / Feeling	Individual / Femily	Individual / Results	Individual / Family	Enterthin/Ma	a. Guirot Posteri	Individual / Partity	Individual / Family	Individual / Family	Individual / Family	individual / Femily	Indicated / family
	Integrated End 7	н	¥82,880,64,088	1-(2,221/)4,410	1-\$4,425,78,850		1-54,725,79450		Integrated Desl.7		F-\$1,799/\$3,400	11 (51,129)/(11,210	1-(11,210)/(0,100		7-51,610/57,800		Integrated Desl.7	N .	¥ (1,000/(1,000	¥ (280/5400	100,41,004,15+		¥ (12,000/\$1,000		Integrated Ded.7		1-\$110/\$1,200	V-(60/90	V-(0100)\$1,188		1-5110/52,200
	Medical Deci.	\$8,780/\$1,600	les alove	See alcove	See allowe	\$1,000/\$1,000	See alone		Hedical Sect.	\$2,480/\$1,400	lensione	See already	line above	\$790/\$1,908	See alsour		Hirdical Decl.	\$1,280/\$1,600	ler since	See above	See above	\$200/\$488	See alone		Hirdical Decl.	\$290,6900	ler-since	ler alove	line above	ju	See alone
Designatible Sec	Waived for (see liervises below)	Press, GN, MC, Amile, Stand ² , Value	Press	a recognition of the contract	Prev	Pres, Denil 3 PCRYMH DV ⁴	Prev	Destructible (Sect.)	Waived for (see lievises below)	Pres, GV, SC, Smile Send ² , Vision	Press	Pers, Clerc 1 6 PCFylidir/Qualified Specialist CV	Prev	Pers, Denil I PCR/MH DV ⁶	hev	Deskuri ble (Sed.)	Waiven ^a for (see liervises below)	Pres, GV, SC, Smile Send ² , Vision	Pers	Peru Desil s PO/Min/Qualified Specialist QV	Prev	Press, Dend., 3 PCP/MH CN ²	Prev	Desturbible (Sed.)	Waived for (see Services below)	Pres, GV, SC, Sells, Sent ² , Valen	Press	N/S	Prev	14/4.	Prev
	Prescription (flu) Ded.	\$490/\$800	lensione	Services	Service	\$414)11,360	See above		Prescription (flu) Desi.	\$800,6100	lendove	let alove	line already	\$10,5700	See alone		Prescription (flo) Ded.	\$290,69000	lendove	Beralow	Seculose	\$200/\$48E	See alone		Prescription (flu) Desi	pa	Irraine	lerainve	leratove	şa.	See alone
	Waterlife	Fa Generia	Ra Welmen ¹	Re Wellness ²	In Welmen	Ra VIIID, Generio in ager 30	Schoolines."		Waterlife	Ra Generia	Fa Welmess ²	Fa Welma ¹	h Websel	Fa VBID, Semeric to age 30	Schoolsen."		Waterlife	Ra Generio	Ra Welmen ²	Re Welmen	In Welmen	for 1980, Generics to age 10	to Melson?		Waterline	168.	Ra Welmen ²	N/M.	to Welness*	14/4.	In Welters
	Integrated?	V\$2,250,614,108	*-\$4,000,721,000	1-07,210,534,100	7-54,421/58,810	N	V-61/21/199430		Integrated?	V (A, NIC) (12, ADE	V (LL,600/94,200	1-64,000,513,100	1-\$1,210,51,100	N.	\$1,410/17,000		Integrated?	V (2,400/64,800	V-(12,000)(11,000	1-(2,410/01,100	1-61,588,93,000	М	V-(£1,100/\$1,800		Integrated?	\$1,000/\$2,800	1-\$110/\$2,200	Y-\$1,075,53,310	V-\$110(\$1,280	8/4.	Y-\$100(\$1,100
Man. Date of Persons IMPORT	Medical	Irrainer	ler above	les alongs	ler slove	(8,180/\$12,800	See above	Man. Date of - Persons (MCCO)	Medical	ler dince	Intellige	les above	let alone	91,710/\$11,500	See alone	Man. Date of: People (MDDP)	Medical	lerature	lendove	ler above	Service	\$1,409/\$5,200	See alone	Man. Oak of: Peologi SACOM	Medical	Service	Irrainer	Intellige	let alone	\$1,610/\$3,800	See alone
	Prescription (fla)	\$1,580/\$1,400	(1,588/93,000	\$1,000/\$3,000	\$1,500/\$5,000	\$1,400/\$2,800	\$1,000/\$1,000		Prescription (fig.)	\$1,280/\$1,600	\$1,588/\$1,000	\$1,100/51,000	\$1,100/53,000	\$1,400/\$2,800	(1,100)(1,000		Prescription (fig.)	5410/5900	\$1,000/\$1,000	\$1,400/\$3,000	\$1,100/53000	\$780/\$1,400	\$1,000/\$1,000		Prescription (flu)	\$200(19400	\$110/\$1,180	\$1011/\$2,310	(0100/EL,100	\$110/52,200	\$880/\$1,200
Stantoni, Decis	rided or Spyrogal of a	States*	Signeyaler Emission ^a	Aggregate Smiresters*	Aggregate	Suiter."	Sasted	Started, Delients	ini or liggraph of a	liated*	Approprie Ententies*	Aggregate Embeddeni [®]	Aggregate	Sector's	Emission/Seriusited	Started, Delient	ded or liggrapate?	States*	Approprie*	Appropriate	Aggregate*	Seeter."	Emissisted/Tertunitied	Started, Driveti	ini or liggregates ^a	Started*	Sagregate*	Agengala	Agengale	Standard*	Embanikah/Embanika
Service Cal	egory (Saampled	Colonovano (K) / Colony (C)	Gerinaurunau (KS) / Gerjaan (KS)	Contemporary (KI) / Conpany (KI	Colonovanos (AQ) (Corpus (A)	Colonovene (N) / Co per (N)	Colmonoros(N),/ Colpay(S)	Estratus Cating	ony (Casmples)	Colemnator (N)/ Colemn(II)	Gerinauranan (15) / Gerpan (15)	Garlenovanos (14) / Garpen (6)	Colourance (N) (* Corpus (N)	Colourana (KG) (Copuși (K)	Colomorano (N), / Copay (S)	Earnius Colog	pany (Staamplen)	Continuence (N)/ Content (E)	Colonorana (N) / Colony (II)	Garinacranas (N) / Garpas (N)	Continuence (KG) / Content (K)	Colourana (N) (Copus (N)	Colourance (N) (Copus (S)	Earnal se Casing	on (Saamples)	Colonamore (N)/ Colony(S)	Colonovano (N)/ Colony (II)	Commune (4) / Copes (4)	Contemporary (N) / Contemporary (N)	Contractor (N) (Contract (N)	Colomorana (A) (Colomoral)
Peru	mile (Frey)	90	2	ja	ja	ţa	\$0	Present	ice (Prev)	po po	2	şa .	ju	ţa.	to to	Prevent	ios (Pres)	go.	jo	ju	ju	ja	şa	Prevent	ine (Presi)	10	po po	2	ju .	ļa	şa
Office/Act (Of	PCP or literal Brack (PCE)MHQ	540*	Deal, then 18%	d while per person combined PCP/ MH at SI, then deducable, then \$10 cm pay	Dank, irlano (60	I shifts per-pareau at \$100, there deduct life, there \$100 corpay	Sed, then Oil.	Office Vall (OII)	PCP or fillential featib (PCP/MH)	510*	Deal, then 18%	Svisits per person combined PCP/ MH at SC, then deductible, then SSS corpsy	Direk, Here (ID	I while per person as (2011) then deductible, then (2011) or pay	Best, then ON	Office/Act (OII)	PCF or Mental Realth (PCF/MH)	£10°	Ded, then ES	d visits per person combined PCP/MH at 10, then deduct bile, then 1,00 or year	Deal, shee (ID	2 Visits at \$5; then deductible then \$5 on pay	Sed, shanON	OfferVer (Ol)	PCP or Mental Bookin [PCP/MH]	81*	Ded, then E%	Enistis per person combined PCF/ 109 at 50, then declarable, then \$15 or pay	Desi, shere \$0	şa.	Sed, than Oili
	Specialist ²	pic		Supersialist visits for head Survey & Salories at SE, steel, then SEO	Deal, then \$0	Deal, then \$60	Ini., then Oil.		Specialist ²	pico	Deal, then 20%	6 specialish station for Parasi sharater & distortion at \$0, steel, then \$10	Deal, there (ID	Desi, then \$40	Sed, then Oil.		Specialist ²	\$10	Deal, then IN	S specialist visits for Report disease Exhibiteiro a (O, dest., short \$10)	Desi, Here (ID	Deal, then \$80	Emil, shan ON		Specialist ²	f28.	Deal, then IN	A specialist visita for heart disease & cluderies as (6), then (1)).	Deal, there (ID	124	Sed, thenON
Lingus	e Care (SC)	£200	Deal, then 25%	Ded, then \$10	Ded, Hen SD	Ded, then \$80	Sed, then Oil.	Linguistic	Care (SIC)	\$10	Ded, then 25%	Sed., Here \$90	Ded., Herr (0)	Ded., then \$40	East, then Oil.	Linguist	Care (SC)	540	Ded, then ES	Sest, then \$10	Ded., then SO	Ded, Hen \$30	East, then ON	Degrado	Carre (UC)	(2)	Ded, then ES	531	Ded, then \$0	524	Sed, thenON
il-rela	Auror (Amis)	\$100	Ded, then 20%	Ded, then \$10	Ded, Here SD	Ded, then \$380	Sed, than Oil.	imbular	rue (Amil)	\$100	Ded, then 20%	Sed, then \$10	Ded, then \$0	Ded., then (110)	Deal, then Oil.	ilminia	rue (Jark)	\$100	Ded, Hen ES	Sed., then \$10	Ded, then S0	Ded., then (SD)	Sed, then ON	Aminia	nar (Jarok)	810	Ded, Hen ES	in.	Ded, then (0	1211	Sed, thenON
Emerger	ny fisan (SF) *	Sed., than (550)	Deal, then 20%	Desi, then \$400	Ded, Hen SD	Ded, then \$350	Sel, then Oil.	Energency	Boom (UP.) *	Del, then \$350	Ded., then 2016	Ded, then \$400	Deal, they (0)	Ded., then \$150	Sed, than Oil.	Energency	Americal .	Ont., then (210)	Deal, then ISS	Deal, Here (230)	Died., then SD	Ded, then (SD	Sed, then ON	Energency	Form EN *	Int, ten (7)	Deal, then ES	\$350	Deal, they (0)	1211	Sed, thenOS
Healtd Sevice	Inputions	Ded, ther 90%	Del., then 20%	Sed, then \$1,680	Ded, they (0)	Sed, they list	Deli, than Oil.	Healtal Sevices*	Inputions	Ded., then 50%	Ded, Hen 20%	Sed., then \$1,680	Desk, then (0)	Deal, then 10%	Sed, than Oil.	Hespital Services*	Inputions	Sed, then 60%	Ded, then IN	Ded., then \$100	Desk, trices (60	Sed, then 13%	Sed, then ON	Hespital Services*	Inputions	Sed., then 20%	Designment (See 1986)	șo	Ded, they (0)	196	Desi, thenON
	Dutpatient	Ded, they 50%	Ded., then 20%	Decl., then \$1,500	Ded, Here SD	Ded., then \$1,400	Ded., then Oil.	,	Dutya tient	Desk, Mere 90%	Dest, Hen 2016	Bed., than \$1,000	Ded., Here (0)	Ded., then \$800	Sed, than Oil.		Dulyatien	Sed, then 60%	Ded, Hen IS	Ded., then \$100	Desit, trises (60	Ded., then \$380	Best, then ON		Outputient	Ded., then 20%	Ded, then ES	90	Ded., Here (0)	SWS	Sed, thenON
Penadpilan	(Maji Sirug Coverage	Minks supply	Make supply	10-day supply	10 day neggty	Minterproperty	30 day supply	Penadpilan (A	d) Strug Coverage	Minkey supply	Minkey supply	Military mapping	10 day neggty	10 day mapping	10 day supply	President (8.	d) Drug Coverage	Modes supply	Make supply	Markey mapping	10 day nepply	Makey mapping	10 day supply	Personiption (A.	() Brug Coverage	30 day sapply	Minkey supply	Minkey supply	10 day neggiy	10-day nepply	Minday supply
Fig.	General ^a	(DO	Det, then $\S10^{\prime}$	Send., I form (SS	Ded, Hen SD	Ded., then \$5	Deal, than St. ²	No De	enerio ¹	pa.	Seed, then $\$10^{\prime\prime}$	Desi, then \$1	Ded., Herr (0)	Ded, then (S	Ded., Hen St."	6-0	meric ¹	\$10	Sed, then DS	Desi, then \$1	Desit, trians (ID	Ded, then (II	Deal, then DIS'	6- E-	marks"	ps.	Ded, then ES	ps	Deal, there (0)	ja:	Deal, then DIS
Ro Ped	lewed Brand ⁴	Raded, then \$70	$1 \mathrm{min}, 4 \mathrm{min} 510^{\prime}$	Deal, then 1895	Designation (80	Sed, then 50%	Deal., then \$85°	So Profes	red Brand ⁴	Raded, then \$80	$1ml, 4mn 140^{\prime\prime}$	Deal, then SEK	Desk, then (0)	Sed, then 63%	Deal, then $38^{\prime\prime}$	So Profes	vest tiraval	Rasimi, then \$50	Sed, then DS ¹	Deal, then SEN	Desk, then \$0	Sed, then 10%	Deal, then $200^{\prime\prime}$	So Poeles	red Brand ^b	(30	Del., then IS	40%	Desk, then (0)	19.	Deal, then DIST
Relien P	referred frame"	No deck, show 50%.	Died., Marc 50%	Deal., then 60%	Ded, Here SD	East, than 10%	Deal, than 3%	Sa Sun Prei	leved frame	Reded, then 10%	Deal, then 50%	Ded., then BIN	Ded., Here (0)	Deal, then 60%	Ded., then Stiff	Salken Pre	ferred Brand [*]	Roded, then 50%	Sed, then DS	Ded., then SIN	Desit, there (60	Decl., then 10%	Deal, then SIG	Sa San Prei	lered Brand [*]	SON	Ded, then I'S	60%	Deal, there (0)	116.	Deal, then SN ²
Addition	onal Benefits							Addition	al Basellia							Addition	al Benefits							Addition	d Benefits						
Wells	es lendis	N/A	N/A.	Ordinarueliness ensources and openial programs	Online welfers resources and special programs.	lip to 9000 in that heap formular services, 9000 differences on Jacquent uno*	\$100 Allegaries on	Welnes	o limetia	N/A	N/A	resources and		Sip to \$500 in ten berg ten browners. \$500 Alleman er on Scraperstiere*	(SOO Allemanum on	Welnes	o limelia	N/A	N/A.	and the second	Deline sedines. renouron and special programs.	WARRANCE CO.	Lighter \$800 in Harmony fundamental \$100 Allmanner on Scopperstant [®]	Walnes	a Benefits	NS	NA		Online sections: renounces and special programs	SASS REPRESENTED IN	Alprin SECO10 STATEMENT TO THE ADDRESS SECONDO TO THE ADDRESS OF SECONDO TO THE ADDRESS OF THE A

i Bragital Berlins an Institute (industry ranges, ICL/BCL), materials, Sef and MRUU), Department (including articulatory-carper, centers), and Ballinbay (BRL CE, PET). This

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plans/qualified health plans/summaries benefits and coverage. It favorian documents for more information about those templity.

First is state, per mantaneau motivale.
 Man details: Different plans source que fix drugs and services in different sups. For specifics, contain MEMOT (NO. 247-266), or 600-708.

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1 debendation: Over Enductride, the Processories Brogs, DV Office Wide, SC Oppos Gen, Anto Andreksen, Cond-Pellanti-Overal Class I Series ja Indicated by Male Series Instituted Report Response on Brogs.

2 dependation on your despites on C. Opins, and any alternative mentions benefits, as appropriate PT and third how respects and drive.

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Not details: Officent place cover qualify drugs and services indifferent maps. For specifies, contact MEMV (MO 241 2000) or MVP (MA 881 0200).

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plans/qualified toucht plans/communies terrefits and coverage. It has plansificaments for more information aloust those boundits.

* Final 3 visits per marrier sovered in fail.

Plan details : After red plans core specific drags and services in different maps. For specifies, somices 6586/F(600.017.080) or 669 (600.000.000).



2022 Silve	er 87 Plans	BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (can pair with HSA)
2023 31146	er of Platis	MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)
Deductible/Ma	x. Out-of-Pocket	Individual / Family	Individual / Family
	Integrated Ded.?	N	Y-\$1,500/\$3,000
	Medical Ded.	\$1,200/\$2,400	See above
Deductible (Ded.)	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, Den1 ⁸ , Vision	Prev
	Prescription (Rx) Ded.	\$250/\$500	See above
	Waived for:	Rx Generic	Rx Wellness ⁷
	Integrated?	Y-\$2,400/\$4,800	Y-\$1,500/\$3,000
Max. Out-of- Pocket (MOOP)	Medical	See above	See above
	Prescription (Rx)	\$450/\$900	\$1,500/\$3,000

(Least Expensive Silver EPPs)	Deductible	Out of Pocket Maximum
BCBSVT Silver Plan	\$1,200	\$2,400
BCBSVT Silver CDHP Plan	\$1,500	\$1,500
MVP VT Silver 3	\$1,200	\$2,400
MVP VT SIlver 4 HDHP	\$1,500	\$1,500



2023 Silver 87 Plans

BCBSVT Silver Plan	BCBSVT Silver CDHP Plan (can pair with HSA)
MVP VT Silver 3	MVP VT Silver 4 HDHP (can pair with HSA)

			with HSA)		
Service Catego	ory (Examples)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)		
Preventi	ve (Prev)	\$0	\$0		
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10*	Ded., then 0%		
	Specialist ²	\$30	Ded., then 0%		
Urgent C	are (UC)	\$40	Ded., then 0%		
Ambulan	ce (Amb)	\$100	Ded., then 0%		
Emergency	Room (ER) ³	Ded., then \$250	Ded., then 0%		
Usersteel Comits 4	Inpatient	Ded., then 40%	Ded., then 0%		
Hospital Services ⁴	Outpatient	Ded., then 40%	Ded., then 0%		

(Least Expensive Silver EPPs)	PCP/Mental Health Visit	Specialist Visit
BCBSVT Silver Plan	\$10	\$30
BCBSVT Silver CDHP Plan	Covered after deductible	Covered after deductible
MVP VT Silver 3	\$10	\$30
MVP VT SIlver 4 HDHP	Covered after deductible	Covered after deductible

(Least Expensive Silver EPPs)	Urgent Care	Ambulance
BCBSVT Silver Plan	\$40	\$100
BCBSVT Silver CDHP Plan	Covered after deductible	Covered after deductible
MVP VT Silver 3	\$40	\$100
MVP VT SIlver 4 HDHP	Covered after deductible	Covered after deductible



A&P

Bio & Contact

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- In Person Counselor (2014: Heartland Alliance, Chicago, Illinois)
- Certified Application Counselor, Navigator, Community Health Worker and Program Manager (2014-2022 Foundation Communities, Austin, Texas)

Jenny Sullivan: jsullivan@cbpp.org

General inquiries: beyondthebasics@cbpp.org

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Upcoming Webinars

Summer Series Part II: Under the Hood: Building Your Own Plan Selection Tools for 2024

August 16th, 2pm ET (11am PT)

Registration on the Beyond the Basics website: https://www.healthreformbeyondthebasics.org/upcoming-webinars/

Open Enrollment Series – Save the Dates

All webinars take place at 2pm ET (11am PT)

- Households and income: Tuesday, September 12
- The premium tax credit: Thursday, September 14
- Immigrant eligibility Part I: Tuesday, September 19
- Preventing and resolving data matching issues: Thursday, September 28
- Plan design: Tuesday, October 3
- Plan selection strategies, October 10
- Auto-renewal process on HealthCare.gov: Thursday, October 12
- Immigrant eligibility Part 2: Tuesday, October 17
- Tying it all together: Thursday, October 24
- Helping people who speak Spanish enroll in coverage (delivered in Spanish): Thursday, October 26

