

**Scenario 1**

**Vermont Health Connect 2021 Plan Design and Rate Comparison**

Benefits	Current 2020 Dual Offering 1	Current 2020 Dual Offering 2	2021 Renewal	2021 Renewal
	Standard - Platinum In-Network Only	Non-Standard - Gold 3 HDHP In-Network Only	Standard - Platinum In-Network Only	Non-Standard - Gold 3 In-Network Only
<b>Dr. Office or Virtual Visit</b>				
Primary Care Physician/OBGYN	\$15 copay	0% after deductible	\$15 copay	0% after deductible
Specialists	\$40 copay	0% after deductible	\$40 copay	0% after deductible
Chiropractic Care	\$20 copay	0% after deductible	\$20 copay	0% after deductible
Preventative Care	Covered in full	Covered in full	Covered in full	Covered in full
Telemedicine via AmWell / UCM Digital Health				
<b>Other Services</b>				
X-Ray / Lab	10% after deductible	0% after deductible	10% after deductible	0% after deductible
Outpatient Procedures	10% after deductible	0% after deductible	10% after deductible	0% after deductible
Inpatient Care	10% after deductible	0% after deductible	10% after deductible	0% after deductible
Emergency Room	\$100 copay after deductible	0% after deductible	\$100 copay after deductible	0% after deductible
Ambulance	\$60 copay	0% after deductible	\$60 copay	0% after deductible
Urgent Care	\$50 copay	0% after deductible	\$50 copay	0% after deductible
<b>Retail Prescription Drugs</b>				
Rx Deductible	Deductible waived	Medical deductible applies	Deductible waived	Medical deductible applies
Generic	\$10 copay	0% after deductible	\$10 copay	0% after deductible
Preferred Brand	\$50 copay	Preventive Rx: \$5/40%/60% before deductible	\$50 copay	Preventive Rx: \$10/\$15/5%, , not subject to deductible
Non-Preferred Brand	50% coinsurance	\$1,400/ \$2,800	50% coinsurance	\$1,400/ \$2,800
Rx Out of Pocket Maximum	\$1,350 / \$2,700	\$1,400/ \$2,800	\$1,400/ \$2,800	\$1,400/ \$2,800
Rx OOPM Integrated with Medical OOPM	No	Yes	No	Yes
<b>Annual Deductible</b>	<b>Stacked Deductible</b>	<b>Collective Deductible*</b>	<b>Stacked Deductible</b>	<b>Collective Deductible*</b>
Individual	\$350	\$2,700	\$350	\$3,000
Family	\$700	\$5,400	\$700	\$6,000
<b>Out-of-Pocket Maximum</b>				
Individual	\$1,350	\$2,700	\$1,350	\$3,000
Family	\$2,700	\$5,400	\$2,700	\$6,000

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

Enrollment	Standard Platinum Plan	Non-Standard - Gold 3 HDHP	Standard Platinum Plan	HSA Compatible Plan Non-Standard - Gold 3
	2020 MVP Rates	2020 MVP Rates	2021 MVP Rates	2021 MVP Rates
Single: 2	\$784.52	\$651.82	\$798.23	\$682.62
Couple: 3	\$1,569.04	\$1,303.64	\$1,596.46	\$1,365.24
Parent & Child(ren): 0	\$1,514.12	\$1,258.01	\$1,540.58	\$1,317.46
Family: 4	\$2,204.50	\$1,831.61	\$2,243.03	\$1,918.16
<b>Total Annual Gross Premium</b>	<b>\$181,130</b>	<b>\$31,287</b>	<b>\$184,296</b>	<b>\$32,766</b>
<b>Percentage Increase from Current</b>			<b>1.75%</b>	<b>4.73%</b>

**2020 ER Cost**  
 ER HRA - Single \$800  
 ER HRA - 2P/Family \$1,600  
 ER HSA - Single \$500  
 ER HSA - 2P/Family \$1,000  
 employee out of pocket max \$1400 Indv. / \$2800 fam.  
**Total Annual Gross Premium - All Employees**  
**Percentage Increase from Current - All Employees**

\$3,200  
 \$0  
 \$2,000  
 \$0  
**\$217,617**

**2021 ER Cost - Renewal Option**  
 ER HRA - Single \$1,100  
 ER HRA - 2P/Family \$2200  
 ER HSA - Single \$500  
 ER HSA - 2P/Family \$1,000  
 employee out of pocket max \$1400 Indv. / \$2800 fam.  
**\$223,461**  
**2.69%**

## Scenario 2

Benefits	HSA Compatible Plan	Standard - Platinum
	Non-Standard - Gold 3	In-Network Only
<b>Dr. Office or Virtual Visit</b>		
Primary Care Physician/OBGYN	0% after deductible	\$15 copay
Specialists	0% after deductible	\$40 copay
Chiropractic Care	0% after deductible	\$20 copay
Preventative Care	Covered in full	Covered in full
Telemedicine via AmWell / UCM Digital Health	Covered in full	
<b>Other Services</b>		
X-Ray / Lab	0% after deductible	10% after deductible
Outpatient Procedures	0% after deductible	10% after deductible
Inpatient Care	0% after deductible	10% after deductible
Emergency Room	0% after deductible	\$100 copay after deductible
Ambulance	0% after deductible	\$60 copay
Urgent Care	0% after deductible	\$50 copay
<b>Retail Prescription Drugs</b>		
Rx Deductible (single / family)	Medical deductible applies	Deductible waived
Generic	0% after deductible	\$10 copay
Preferred Brand	Preventive Rx:	\$50 copay
Non-Preferred Brand	\$10/\$15/5%, , not subject to deductible	50% coinsurance
Rx Out of Pocket Maximum	\$1,400/ \$2,800	\$1,400/ \$2,800
Rx OOPM Integrated with Medical OOPM	Yes	No
<b>Annual Deductible</b>	<b>Collective Deductible*</b>	<b>Stacked Deductible</b>
Individual	\$3,000	\$350
Family	\$6,000	\$700
<b>Out-of-Pocket Maximum</b>		
Individual	\$3,000	\$1,350
Family	\$6,000	\$2,700

\*Integrated Deductible

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

### Enrollment

Single:	6
Couple:	3
Parent & Child(ren):	0
Family:	2

### Total Annual Gross Premium

ER HRA - Single \$1100	\$6,600
ER HRA - 2P/Family \$2200	\$11,000
ER HSA - Single \$500	\$3,000
ER HSA - 2P/Family \$1,000	\$5,000

employee out of pocket max \$1400 Indv. / \$2800 fam.

### Total Annual

\$169,933

### Total Annual Gold and Platinum

\$223,766  
2.83%

Standard Platinum Plan
2021 MVP Rates
\$798.23
\$1,596.46
\$1,540.58
\$2,243.03

\$53,833

\$53,833

### Scenario 3

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	
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	2
Couple:	3
Parent & Child(ren):	0
Family:	2

Enrollment	
Single	2
Couple:	3
Parent & Child(ren):	0
Family:	2

Standard - Platinum	
In-Network Only	
	\$15 copay
	\$40 copay
	\$20 copay
	Covered in full
	MVP: Covered in full / BCBS cost varies
	10% after deductible
	10% after deductible
	10% after deductible
	\$100 copay after deductible
	\$60 copay
	\$50 copay
	No deductible
	\$10 copay
	\$50 copay
	50% coinsurance
	\$1,400 / \$2,800
	No
	Stacked Deductible
	\$350
	\$700
	\$1,400
	\$2,800

Standard Platinum Plan	
2021 MVP Rates	
	\$798.23
	\$1,596.46
	\$1,540.58
	\$2,243.03
	<b>\$130,463</b>

Standard Platinum Plan		
ER Cost 90%	EE Cost 10%	
	\$718.41	\$79.82
	\$1,436.81	\$159.65
	\$1,386.52	\$154.06
	\$2,018.73	\$224.30
	<b>\$117,417</b>	<b>\$13,046</b>

HSA Compatible Plan	
Non-Standard - Gold 3	
In-Network Only	
	0% after deductible
	0% after deductible
	0% after deductible
	Covered in full
	Covered in full
	0% after deductible
	Medical deductible applies
	0% after deductible
	Preventive Rx: \$10/\$15/5% , not subject to deductible
	\$1,400 / \$2,800
	Yes
	Collective Deductible*
	\$3,000
	\$6,000
	\$3,000
	\$6,000

HSA Compatible Plan	
Non-Standard - Gold 3	
2021 MVP Rates	
	\$682.62
	\$1,365.24
	\$1,317.46
	\$1,918.16
	<b>\$32,766</b>

Non-Standard - Gold 3	
2021 MVP Rates	
	\$682.62
	\$1,365.24
	\$1,317.46
	\$1,918.16
	<b>\$32,766</b>

Standard - Platinum	
In-Network Only	
	\$15 copay
	\$40 copay
	\$20 copay
	Covered in full
	10% after deductible
	10% after deductible
	10% after deductible
	\$100 copay after deductible
	\$60 copay
	\$50 copay
	Deductible waived
	\$10 copay
	\$50 copay
	50% coinsurance
	\$1,400 / \$2,800
	No
	Stacked Deductible
	\$350
	\$700
	\$1,350
	\$2,700

Standard Platinum Plan	
2021 MVP Rates	
	\$798.23
	\$1,596.46
	\$1,540.58
	\$2,243.03
	<b>\$53,833</b>

Standard Platinum Plan	
2021 MVP Rates	
	\$798.23
	\$1,596.46
	\$1,540.58
	\$2,243.03
	<b>\$53,833</b>

ER HRA - Single \$1100  
 ER HRA - 2P/Family \$2200  
 ER HSA - Single \$500  
 ER HSA - 2P/Family \$1,000

employee out of pocket max \$1400 Indv. / \$2800 fam.

Total ER Cost

**\$210,415.00**

**-3.31%**

**\$4,400**

**\$0.00**

**\$2,000**

# Scenario 4

## 2020

Platinum	Premiums Per Month Per Plan	Premiums Per Year Per Plan
Single:	784.52	9,414.24
Couple:	1,569.04	18,828.48
Parent & Child(ren):	1,514.12	18,169.44
Family:	2,204.50	26,454.00

Platinum Out of Pocket Max		
	Medical	Prescription
Single OOP Max	1,350.00	1,350.00
C, P&C, Fam OOP Max	2,700.00	2,700.00

Gold Out of Pocket Max	
	Medical and Prescription
Single OOP Max	2,700.00
C, P&C, Fam OOP Max	5,400.00

Gold	Premiums Per Month Per Plan	Premiums Per Year Per Plan	Annual HRA	Annual H.S.A.	Total HRA and H.S.A.	Total cost to Town	Employee Out of pocket max After Town Funded HRA and H.S.A.	Cost Difference to Town vs. Platinum
Single:	651.82	7,821.84	800.00	500.00	1,300.00	9,121.84	1,400.00	-292.40
Couple:	1,303.64	15,643.68	1,600.00	1,000.00	2,600.00	18,243.68	2,800.00	-584.80
Parent & Child(ren):	1,258.01	15,096.12	1,600.00	1,000.00	2,600.00	17,696.12	2,800.00	-473.32
Family:	1,831.61	21,979.32	1,600.00	1,000.00	2,600.00	24,579.32	2,800.00	-1,874.68

## 2021

Platinum	Premiums Per Month Per Plan	Premiums Per Year Per Plan
Single:	798.23	9,578.76
Couple:	1,596.46	19,157.52
Parent & Child(ren):	1,540.58	18,486.96
Family:	2,243.03	26,916.36

Platinum Out of Pocket Max		
	Medical	Prescription
Single OOP Max	1,350.00	1,400.00
C, P&C, Fam OOP Max	2,700.00	2,800.00

Total Cost To Town	
Employees on each plan	Total Annual Cost
6	57,472.56
3	57,472.56
0	0.00
4	107,665.44
<b>Total Cost To Town</b>	<b>222,610.56</b>
	<b>2.29%</b>

Gold Out of Pocket Max	
	Medical and Prescription
Single OOP Max	3000
C, P&C, Fam OOP Max	6000

Gold	Premiums Per Month Per Plan	Premiums Per Year Per Plan	Annual HRA	Annual H.S.A.	Total HRA and H.S.A.	Total cost to Town	Employee Out of pocket max After Town Funded HRA and H.S.A.	Cost Difference to Town vs. Platinum
Single:	682.62	8191.44	0.00	1,387.32	1,387.32	9578.76	1,612.68	0.00
Couple:	1365.24	16382.88	0.00	2,774.64	2774.64	19157.52	3,225.36	0.00
Parent & Child(ren):	1317.46	15809.52	0.00	2,677.44	2677.44	18486.96	3,322.56	0.00
Family:	1918.16	23017.92	0.00	3,898.44	3,898.44	26916.36	2,101.56	0.00