

Vermont Health Connect Plan Comparison

January 1, 2024 - December 31, 2024

Prepared For:

Town of Richmond

Prepared By:



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**2024 Small Group - Blue Cross vs MVP
(APPROVED RATES)**

STANDARD PLANS	BLUE CROSS BLUE SHIELD				MVP				SAVINGS MVP over BCBS
	Single	Single + Spouse	Single + Child(ren)	Single + Family	Single	Single + Spouse	Single + Child(ren)	Single + Family	
PLATINUM	\$1,132.59	\$2,265.18	\$2,185.90	\$3,182.58	\$1,094.86	\$2,189.72	\$2,113.08	\$3,076.56	3%
GOLD	\$938.54	\$1,877.08	\$1,811.38	\$2,637.30	\$912.32	\$1,824.64	\$1,760.78	\$2,563.62	3%
SILVER REFLECTIVE 3	\$761.82	\$1,523.64	\$1,470.31	\$2,140.71	\$720.03	\$1,440.06	\$1,389.66	\$2,023.28	6%
SILVER REFLECTIVE 4 HDHP	\$791.64	\$1,583.28	\$1,527.87	\$2,224.51	\$733.96	\$1,467.92	\$1,416.54	\$2,062.43	8%
BRONZE 2	\$650.77	\$1,301.54	\$1,255.99	\$1,828.66	\$631.98	\$1,263.96	\$1,219.72	\$1,775.86	3%
BRONZE 3 HDHP	\$680.95	\$1,361.90	\$1,314.23	\$1,913.47	\$641.13	\$1,282.26	\$1,237.38	\$1,801.58	6%
BRONZE 4	\$675.95	\$1,351.90	\$1,304.58	\$1,899.42	\$653.19	\$1,306.38	\$1,260.66	\$1,835.46	3%

NON-STANDARD PLANS	BLUE CROSS BLUE SHIELD				MVP				SAVINGS MVP over BCBS
	Single	Single + Spouse	Single + Child(ren)	Single + Family	Single	Single + Spouse	Single + Child(ren)	Single + Family	
GOLD	\$905.72	\$1,811.44	\$1,748.04	\$2,545.07	\$944.14	\$1,888.28	\$1,822.19	\$2,653.03	-4%
SILVER REFLECTIVE	\$749.21	\$1,498.42	\$1,445.98	\$2,105.28	\$720.03	\$1,440.06	\$1,389.66	\$2,023.28	4%
BRONZE	\$669.06	\$1,338.12	\$1,291.29	\$1,880.06	\$638.01	\$1,276.02	\$1,231.36	\$1,792.81	5%
GOLD HDHP	\$910.92	\$1,821.84	\$1,758.08	\$2,559.69	\$947.82	\$1,895.64	\$1,829.29	\$2,663.37	-4%
SILVER REFLECTIVE HDHP	\$743.58	\$1,487.16	\$1,435.11	\$2,089.46	\$740.27	\$1,480.54	\$1,428.72	\$2,080.16	0%
BRONZE CDHP	\$659.13	\$1,318.26	\$1,272.12	\$1,852.16	\$637.04	\$1,274.08	\$1,229.49	\$1,790.08	3%

Vermont Health Connect 2024 Plan Design and Rate Comparison

	Current Plan 1 Standard - Platinum	Renewal Option 1 Standard - Platinum	HSA Compatible Plan Current Plan 2 Non-Standard - Gold 3	HSA Compatible Plan Renewal Option 2 Non-Standard - Gold CDHP VT Select
Dr. Office or Virtual Visit	In-Network Only	In-Network Only	In-Network Only	In-Network Only
Primary Care Physician/OBGYN	3 PCP visits per member at \$0, then \$15 copay	3 PCP visits per member at \$0, then \$15 copay	0% after deductible	0% after deductible
Specialists	\$40 copay	\$40 copay	0% after deductible	0% after deductible
Chiropractic Care	\$20 copay	\$20 copay	0% after deductible	0% after deductible
Preventative Care	Covered in full	Covered in full	Covered in full	Covered in full
Hearing Aid	\$40 copay/10% after deductible	\$40 copay/10% after deductible	0% after deductible	0% after deductible
Telemedicine via AmWell / UCM Digital Health	MVP: Covered in full / BCBS cost varies	MVP: Covered in full / BCBS cost varies	0% after deductible	0% after deductible
Other Services				
X-Ray / Lab	10% after deductible	10% after deductible	0% after deductible	0% after deductible
Outpatient Procedures	10% after deductible	10% after deductible	0% after deductible	0% after deductible
Inpatient Care	10% after deductible	10% after deductible	0% after deductible	0% after deductible
Emergency Room	\$100 copay after deductible	\$100 copay after deductible	0% after deductible	0% after deductible
Ambulance	\$60 copay	\$60 copay	0% after deductible	0% after deductible
Urgent Care	\$50 copay	\$50 copay	0% after deductible	0% after deductible
Retail Prescription Drugs				
Rx Deductible	No deductible	No deductible	Medical deductible applies	Medical deductible applies
Generic	\$10 copay	\$10 copay	0% after deductible	0% after deductible
Preferred Brand	\$50 copay	\$50 copay	Preventive Rx: \$10/\$15/5%, not subject to deductible	Preventive Rx: \$5/50%/60%, not subject to deductible
Non-Preferred Brand	50% coinsurance	50% coinsurance	\$1,600 / \$3,200	\$1,600 / \$3,200
Rx Out of Pocket Maximum	\$1,500 / \$3,000	\$1,500 / \$3,000	Yes	Yes
Rx OOPM Integrated with Medical OOPM	No	No	Collective Deductible*	Collective Deductible*
Annual Deductible	Stacked Deductible	Stacked Deductible	\$3,000	\$2,850
Individual	\$450	\$450	\$6,000	\$5,700
Family	\$900	\$900		
Out-of-Pocket Maximum				
Individual	\$1,500	\$1,500	\$3,000	\$2,850
Family	\$3,000	\$3,000	\$6,000	\$5,700

*Integrated Deductible

**Individual within a Family plan OOPM is \$9,450

Enrollment	Standard Platinum Plan		Standard Platinum Plan		HSA Compatible Plan Non-Standard - Gold 3		HSA Compatible Plan Non-Standard - Gold CDHP VT Select	
	2023 MVP Rates	2024 MVP Rates	2024 Blue Cross Rates	2023 MVP Rates	2024 MVP Rates	2023 MVP Rates	2024 MVP Rates	
Single: 1	\$970.41	\$1,094.86	\$1,132.59	\$829.87	\$947.82	\$910.92	\$910.92	
Couple: 3	\$1,940.82	\$2,189.72	\$2,265.18	\$1,659.74	\$1,895.64	\$1,821.84	\$1,821.84	
Parent & Child(ren): 0	\$1,872.89	\$2,113.08	\$2,185.90	\$1,601.65	\$1,829.29	\$1,758.08	\$1,758.08	
Family: 3	\$2,726.85	\$3,076.56	\$3,182.58	\$2,331.93	\$2,663.37	\$2,559.69	\$2,559.69	
Total Annual Gross Premium	\$179,681	\$202,724	\$209,710	\$29,875	\$34,122	\$32,793	\$32,793	
Percentage Increase from Current		12.8%	16.71%		14.2%	9.8%	9.8%	

Silver Non-Standard Plan Comparison

Benefits	HSA Compatible Plan	Current Plan 3	HSA Compatible Plan	Renewal Option 3
	Non-Standard - Silver 2 - Reflective HDHP		Non-Standard - Silver CDHP	
	In-Network Only		In-Network Only	
<u>Dr. Office or Virtual Visit</u>				
Primary Care Physician/OBGYN		0% after deductible		0% after deductible
Specialists		0% after deductible		0% after deductible
Chiropractic Care		0% after deductible		0% after deductible
Preventative Care		Covered in full		Covered in full
Hearing Aid Office Visit/Equipment		0% after deductible/ 0% after deductible		0% after deductible/ 0% after deductible
Telemedicine via AmWell / UCM Digital Health		0% after deductible		Cost varies
<u>Other Services</u>				
X-Ray / Lab		0% after deductible		0% after deductible
Outpatient Procedures		0% after deductible		0% after deductible
Inpatient Care		0% after deductible		0% after deductible
Emergency Room		0% after deductible		0% after deductible
Ambulance		0% after deductible		0% after deductible
Urgent Care		0% after deductible		0% after deductible
<u>Retail Prescription Drugs</u>				
Rx Deductible (single / family)		Medical deductible applies		Medical deductible applies
Generic		0% after deductible		0% after deductible
Preferred Brand		Preventive Rx: Covered in full		Preventive Rx: \$15/\$50/60%, not subject to deductible
Non-Preferred Brand				
Rx Out of Pocket Maximum		\$1,600/ \$3,200		\$1,600/ \$3,200
Rx OOPM Integrated with Medical OOPM		Yes		Yes
<u>Annual Deductible</u>		<u>Stacked Deductible</u>		<u>Collective Deductible*</u>
Individual		\$5,800		\$5,500
Family		\$11,600		\$11,000
<u>Out-of-Pocket Maximum</u>				
Individual		\$5,800		\$5,500
Family		\$11,600		\$11,000 **

*Integrated Deductible

**Individual within a Family plan OOPM is \$9,450

Enrollment

	HSA Compatible Plan		HSA Compatible Plan	
	Non-Standard - Silver 2 - Reflective HDHP		Non-Standard - Silver CDHP VT Select	
	2023 MVP Rates	2024 MVP Rates	2024 Blue Cross Rates	
Single:	\$684.28	\$740.27	\$743.58	
Couple:	\$1,368.56	\$1,480.54	\$1,487.16	
Parent & Child(ren):	\$1,320.66	\$1,428.72	\$1,435.11	
Family:	\$1,922.83	\$2,080.16	\$2,089.46	
Total Annual Gross Premium	\$0	\$0	\$0	
Percentage Change from 2023		8.18%	8.67%	