

# Vermont Health Connect Plan Comparison

January 1, 2023 - December 31, 2023

Prepared For:

## Town of Richmond

Prepared By:



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# Vermont Health Connect 2023 Plan Design and Rate Comparison

	Current	Renewal
	Standard - Platinum	Standard - Platinum
	In-Network Only	In-Network Only
<u>Dr. Office or Virtual Visit</u>		
Primary Care Physician/OBGYN	\$15 copay	3 PCP visits per member at \$0, then \$15 copay
Specialists	\$40 copay	\$40 copay
Chiropractic Care	\$20 copay	\$20 copay
Preventative Care	Covered in full	Covered in full
Telemedicine via AmWell / UCM Digital Health	MVP: Covered in full / BCBS cost varies	MVP: Covered in full / BCBS cost varies
<u>Other Services</u>		
X-Ray / Lab	10% after deductible	10% after deductible
Outpatient Procedures	10% after deductible	10% after deductible
Inpatient Care	10% after deductible	10% after deductible
Emergency Room	\$100 copay after deductible	\$100 copay after deductible
Ambulance	\$60 copay	\$60 copay
Urgent Care	\$50 copay	\$50 copay
<u>Retail Prescription Drugs</u>		
Rx Deductible	No deductible	No deductible
Generic	\$10 copay	\$10 copay
Preferred Brand	\$50 copay	\$50 copay
Non-Preferred Brand	50% coinsurance	50% coinsurance
Rx Out of Pocket Maximum	\$1,400 / \$2,800	\$1,400 / \$2,800
Rx OOPM Integrated with Medical OOPM	No	No
<u>Annual Deductible</u>	<u>Stacked Deductible</u>	<u>Stacked Deductible</u>
Individual	\$400	\$425
Family	\$800	\$850
<u>Out-of-Pocket Maximum</u>		
Individual	\$1,400	\$1,500
Family	\$2,800	\$3,000

\*Integrated Deductible

	Standard Platinum Plan	
	2022 MVP Rates	2023 MVP Rates
Single: 1	\$810.54	\$970.41
Couple: 3	\$1,621.08	\$1,940.82
Parent & Child(ren): 0	\$1,564.34	\$1,872.89
Family: 5	\$2,277.62	\$2,726.85
<b>Total Annual Gross Premium</b>	<b>\$204,743</b>	<b>\$251,224</b>
<b>Percentage Increase from Current</b>		<b>22.70%</b>

  

	Standard Platinum Plan	
	2023 Blue Cross Rates	2023 MVP Rates
Single: 1	\$994.55	\$970.41
Couple: 3	\$1,989.10	\$1,940.82
Parent & Child(ren): 0	\$1,919.48	\$1,872.89
Family: 5	\$2,794.69	\$2,726.85
<b>Total Annual Gross Premium</b>	<b>\$251,224</b>	<b>\$245,125</b>
<b>Percentage Increase from Current</b>	<b>22.70%</b>	<b>19.72%</b>

## Gold Level Plan Comparison

Benefits	<i>HSA Compatible Plan</i>	<b>Current</b>	<i>HSA Compatible Plan</i>	<b>Renewal</b>	<i>HSA Compatible Plan</i>	<b>Renewal Option</b>
	Non-Standard - Gold 3 HDHP		Non-Standard - Gold 3 HDHP		Non-Standard - Gold CDHP VT Select	
	In-Network Only		In-Network Only		In-Network Only	
Dr. Office or Virtual Visit						
Primary Care Physician/OBGYN		0% after deductible		0% after deductible		0% after deductible
Specialists		0% after deductible		0% after deductible		0% after deductible
Chiropractic Care		0% after deductible		0% after deductible		0% after deductible
Preventative Care		Covered in full		Covered in full		Covered in full
Telemedicine via AmWell / UCM Digital Health		0% after deductible		0% after deductible		0% after deductible
Other Services						
X-Ray / Lab		0% after deductible		0% after deductible		0% after deductible
Outpatient Procedures		0% after deductible		0% after deductible		0% after deductible
Inpatient Care		0% after deductible		0% after deductible		0% after deductible
Emergency Room		0% after deductible		0% after deductible		0% after deductible
Ambulance		0% after deductible		0% after deductible		0% after deductible
Urgent Care		0% after deductible		0% after deductible		0% after deductible
Retail Prescription Drugs						
Rx Deductible (single / family)		Medical deductible applies		Medical deductible applies		Medical deductible applies
Generic		0% after deductible		0% after deductible		0% after deductible
Preferred Brand		Preventive Rx:		Preventive Rx:		Preventive Rx:
Non-Preferred Brand		\$10/\$15/5%, not subject to deductible		\$10/\$15/5%, not subject to deductible		\$5/40%/60%, not subject to deductible
Rx Out of Pocket Maximum		\$1,400/ \$2,800		\$1,500/ \$3,000		\$1,500/ \$3,000
Rx OOPM Integrated with Medical OOPM		Yes		Yes		Yes
Annual Deductible		<u>Collective Deductible*</u>		<u>Collective Deductible*</u>		<u>Collective Deductible*</u>
Individual		\$3,200		\$3,200		\$2,675
Family		\$6,400		\$6,400		\$5,350
Out-of-Pocket Maximum						
Individual		\$3,200		\$3,200		\$2,675
Family		\$6,400		\$6,400		\$5,350

\*Integrated Deductible

\*\*Individual within a Family plan OOPM is \$9,100

Enrollment	<i>HSA Compatible Plan</i>	<b>2022 MVP Rates</b>	<i>HSA Compatible Plan</i>	<b>2023 MVP Rates</b>	<i>HSA Compatible Plan</i>	<b>2023 Blue Cross Rates</b>
	Non-Standard - Gold 3		Non-Standard - Gold 3		Non-Standard - Gold CDHP VT Select	
Single: 5		\$683.24		\$829.87		\$807.84
Couple: 0		\$1,366.48		\$1,659.74		\$1,615.68
Parent & Child(ren): 0		\$1,318.65		\$1,601.65		\$1,559.13
Family: 0		\$1,919.90		\$2,331.93		\$2,270.03
		<b>\$40,994</b>		<b>\$49,792</b>		<b>\$48,470</b>
				<b>21.46%</b>		<b>18.24%</b>

**Total Annual Gross Premium**

**Percentage Increase from Current**

2023 IRS HSA Contribution Annual Max

Single - \$3,850

Family - \$7,750

## Silver Non-Standard Plan Comparison

Benefits	<i>HSA Compatible Plan</i> Current Non-Standard - Silver 2 - Reflective HDHP	<i>HSA Compatible Plan</i> Renewal Non-Standard - Silver 2 - Reflective HDHP	<i>HSA Compatible Plan</i> Renewal Option Non-Standard - Silver CDHP
	In-Network Only	In-Network Only	In-Network Only
<u>Dr. Office or Virtual Visit</u>			
Primary Care Physician/OBGYN	0% after deductible	0% after deductible	0% after deductible
Specialists	0% after deductible	0% after deductible	0% after deductible
Chiropractic Care	0% after deductible	0% after deductible	0% after deductible
Preventative Care	Covered in full	Covered in full	Covered in full
Telemedicine via AmWell / UCM Digital Health	0% after deductible	0% after deductible	Cost varies
<u>Other Services</u>			
X-Ray / Lab	0% after deductible	0% after deductible	0% after deductible
Outpatient Procedures	0% after deductible	0% after deductible	0% after deductible
Inpatient Care	0% after deductible	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible	0% after deductible
<u>Retail Prescription Drugs</u>			
Rx Deductible (single / family)	Medical deductible applies	Medical deductible applies	Medical deductible applies
Generic	0% after deductible	0% after deductible	0% after deductible
Preferred Brand	Preventive Rx: Covered in full	Preventive Rx: Covered in full	Preventive Rx: Covered in full
Non-Preferred Brand	Covered in full	Covered in full	\$15/40%/60%, not subject to deductible
Rx Out of Pocket Maximum	\$1,400/ \$2,800	\$1,500/ \$3,000	\$1,500/ \$3,000
Rx OOPM Integrated with Medical OOPM	Yes	Yes	Yes
<u>Annual Deductible</u>	<u>Stacked Deductible</u>	<u>Stacked Deductible</u>	<u>Collective Deductible*</u>
Individual	\$5,100	\$5,525	\$5,150
Family	\$10,200	\$11,050	\$10,300
<u>Out-of-Pocket Maximum</u>			
Individual	\$5,100	\$5,525	\$5,150
Family	\$10,200	\$11,050	\$10,300 **

\*Integrated Deductible

\*\*Individual within a Family plan OOPM is \$9,100

Enrollment	Non-Standard - Silver 2 - Reflective HDHP 2022 MVP Rates	<i>HSA Compatible Plan</i> Non-Standard - Silver 2 - Reflective HDHP 2023 MVP Rates	<i>HSA Compatible Plan</i> Non-Standard - Silver CDHP VT Select 2023 Blue Cross Rates
	Single: 5	\$593.43	\$684.28
Couple: 0	\$1,186.86	\$1,368.56	\$1,319.64
Parent & Child(ren): 0	\$1,145.32	\$1,320.66	\$1,273.45
Family: 0	\$1,667.54	\$1,922.83	\$1,854.09
<b>Total Annual Gross Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Percentage Increase from Current</b>		<b>15.31%</b>	<b>11.2%</b>

2023 IRS HSA Contribution Annual Max

Single - \$3,850

Family - \$7,750