

Vermont Individual 2026 Plans

Open enrollment begins November 1, 2025 for coverage starting January 1, 2026!



MVP VT Plus Plans (Non-Standard)							
Non-Standard plans contain unique features that enhance the value of the benchmark benefits.							
Gold		Reflective Silver ¹		Silver		Bronze	
3 QHDHP	4	1	2 QHDHP	1	2 QHDHP	1	5

Cost-share amounts below are the co-pay or co-insurance after the deductible is met, unless noted as not subject to deductible (NoDD). All plans include dependent care coverage until the end of the year the dependent turns 26. **Cost-shares in red indicate a change from the 2025 plan.**

Plan Deductible³ Individual/Family	\$3,200/ \$6,400 AGG	\$5,000/\$10,000	\$2,600/\$5,200	\$5,950/\$11,900	\$2,600/\$5,200	\$5,925/\$11,850	\$7,250/\$14,500	\$9,950/\$19,900
Out-of-Pocket Maximum³ Individual/Family	\$3,200/ \$6,400 AGG	\$8,000/\$16,000	\$8,000/\$16,000	\$5,950/\$11,900	\$8,000/\$16,000	\$5,925/\$11,850	\$8,800/\$17,600	\$9,950/\$19,900
HSA Eligible	Yes	No	No	Yes	No	Yes	Yes	Yes

Medical

Primary Care/Specialist Visit	0%/0%	\$0 NoDD/ \$0 NoDD	3 PCP visits per member \$0 NoDD, then \$30/\$60	0%/0%	3 PCP visits per member \$0 NoDD, then \$30/\$60	0%/0%	3 PCP visits per member \$0 NoDD, then \$40/\$100	3 PCP visits per member \$0 NoDD, then 0%/0%
Hospital Facility Inpatient/Outpatient	0%/0%	20%/\$1,000	50%/\$1,500	0%/0%	50%/\$1,500	0%/0%	50%/50%	0%/0%
Urgent Care/Emergency Room	0%/0%	\$0 NoDD/\$500	\$60/\$400	0%/0%	\$60/\$400	0%/0%	\$100/50%	0%/0%
Gia⁴ Virtual Care Services	0% NoDD⁴	\$0 NoDD ⁴	\$0 NoDD ⁴	0% NoDD⁴	\$0 NoDD ⁴	0% NoDD⁴	\$0 NoDD ⁴	\$0 NoDD ⁴
Ambulance	0%	\$150	\$105	0%	\$100	0%	\$100	0%
Chiropractic	0%	\$25 NoDD	\$45	0%	\$45	0%	\$50	0%
Acupuncture	Get up to \$500 per member, per contract for acupuncture services rendered by a licensed provider							
Pediatric Dental Class 1/Class 2/Class 3 and Orthodontia Two Dental Exams per Year	0%/0%/0%	\$0 NoDD/ 30%/50%	\$0 NoDD/ 30%/50%	0%/0%/0%	\$0 NoDD/ 30%/50%	0%/0%/0%	\$0 NoDD/ 30%/50%	\$0 NoDD/ 0%/0%
Pediatric Vision Annual Exam/Set of Eyewear	0%/0%	\$20 NoDD/ \$20 NoDD	\$20 NoDD/ \$20 NoDD	0%/0%	\$20 NoDD/ \$20 NoDD	0%/0%	\$20 NoDD/ \$20 NoDD	\$20 NoDD/ \$20 NoDD
Hearing Aid Office Visit/Equipment	0%/0%	\$0 NoDD/20%	\$60/50%	0%/0%	\$60/50%	0%/0%	\$100/50%	0%/0%

Pharmacy

Prescription Deductible³ Individual/Family	Integrated with Medical	\$250/\$500 Brand Deductible	\$950/\$1,900	Integrated with Medical	\$950/\$1,900	Integrated with Medical	\$700/\$1,400 Brand Deductible	Integrated with Medical
Prescription Out-of-Pocket Maximum³ Individual/Family	\$1,700/ \$3,400 AGG	\$500/\$1,000	\$1,650/\$3,300	\$1,700/ \$3,400 AGG	\$1,650/\$3,300	\$1,700/ \$3,400 AGG	Integrated with Medical	Integrated with Medical
Prescription Cost-Share Tier1/Tier2/Tier3	Preventive Drugs \$10/\$15/5% NoDD All Other Drugs 0%/0%/0%	\$0 NoDD/ \$40/\$80	\$5/\$30/\$60 VBID: \$1	0%/0%/0% Preventive Drugs NoDD	\$5/\$30/\$60 VBID: \$1	0%/0%/0% Preventive Drugs NoDD	\$15/\$50/\$80 VBID: \$3	\$10 NoDD/ 0%/0% VBID: \$1
Diabetic Supplies	0%	\$80 NoDD	\$60 NoDD	0%	\$60 NoDD	0%	\$80 NoDD	0%

Premium Monthly Rates Rates effective January 1, 2026–December 31, 2026.

Single	\$1,205.15	\$1,135.39	\$935.34	\$975.71	\$1,298.94	\$1,357.13	\$862.23	\$824.14
Single + Spouse	\$2,410.30	\$2,270.78	\$1,870.68	\$1,951.42	\$2,597.88	\$2,714.26	\$1,724.46	\$1,648.28
Single + Child(ren)	\$2,325.94	\$2,191.30	\$1,805.21	\$1,883.12	\$2,506.95	\$2,619.26	\$1,664.10	\$1,590.59
Single + Spouse + Child(ren)	\$3,386.47	\$3,190.45	\$2,628.31	\$2,741.75	\$3,650.02	\$3,813.54	\$2,422.87	\$2,315.83

MVP VT Plans (Standard)								
Standard plans are based on what the state dictates must be included in benefit details.								
Platinum	Gold	Reflective Silver ¹		Silver		Bronze		
1	1	3	4 QHDHP ²	3	4QHDHP ²	2	3 QHDHP ²	4

\$500/\$1,000	\$1,500/\$3,000	\$3,500/\$7,000	\$2,300/ \$4,600 AGG	\$3,500/\$7,000	\$2,300/ \$4,600 AGG	\$6,450/\$12,900	\$6,000/ \$12,000 AGG	\$10,150/ \$20,300
\$1,600/\$3,200	\$5,700/\$11,400	\$10,150/\$20,300	\$7,250/ \$14,500 AGG	\$10,150/\$20,300	\$7,250/ \$14,500 AGG	\$10,150/\$20,300	\$7,600/ \$15,200 AGG	\$10,150/ \$20,300
No	No	No	Yes	No	Yes	Yes	Yes	Yes

3 PCP visits per member at \$0, then \$15 NoDD/ \$30 NoDD	3 PCP visits per member at \$0, then \$20 NoDD/ \$55 NoDD	3 PCP visits per member at \$0, then \$40 NoDD/ \$90 NoDD	10%/35%	3 PCP visits per member at \$0, then \$40 NoDD/ \$90 NoDD	10%/35%	\$35/\$90	50%/50%	3 PCP visits per member at \$0, then \$40 NoDD/ \$100 NoDD
10%/10%	30%/30%	50%/50%	35%/35%	50%/50%	35%/35%	50%/50%	50%/50%	0%/0%
\$40 NoDD/\$100	\$65 NoDD/\$150	\$100 NoDD/\$250	35%/35%	\$100 NoDD/\$250	35%/35%	\$100/50%	50%/50%	0%/0%
\$0 NoDD ⁴	\$0 NoDD ⁴	\$0 NoDD ⁴	0% NoDD⁴	\$0 NoDD ⁴	0% NoDD⁴	\$0 NoDD ⁴	0% NoDD⁴	\$0 NoDD ⁴
\$60 NoDD	\$75 NoDD	\$105 NoDD	40%	\$100 NoDD	35%	\$100	50%	0%
\$20 NoDD	\$35 NoDD	\$50 NoDD	35%	\$50 NoDD	35%	\$45	50%	\$50 NoDD
Not covered								
\$0 NoDD/ 30%/50%	\$0 NoDD/ 30%/50%	\$0 NoDD/ 30%/50%	0%/30%/50%	\$0 NoDD/ 30%/50%	0%/30%/50%	\$0 NoDD/ 30%/50%	\$0/30%/50%	\$0 NoDD/0%/0%
\$20 NoDD/ \$20 NoDD	\$20 NoDD/ \$20 NoDD	\$20 NoDD/ \$20 NoDD	\$20/\$20	\$20 NoDD/ \$20 NoDD	\$20/\$20	\$20 NoDD/ \$20 NoDD	\$20/\$20	\$20 NoDD/ \$20 NoDD
\$30 NoDD/10%	\$55 NoDD/30%	\$90 NoDD/50%	35%/35%	\$90 NoDD/50%	35%/35%	\$90/50%	50%/50%	\$100 NoDD/0%

None	\$250/\$500 Brand Deductible	\$500/\$1,000 Brand Deductible	Integrated with Medical	\$500/\$1,000 Brand Deductible	Integrated with Medical	\$1,100/\$2,200 Brand Deductible	Integrated with Medical	Integrated with Medical
\$1,600/\$3,200	\$1,650/\$3,300	\$1,650/\$3,300	\$1,700/ \$3,400 AGG	\$1,650/\$3,300	\$1,700/ \$3,400 AGG	\$1,650/\$3,300	\$1,700/ \$3,400 AGG	Integrated with Medical
\$10 NoDD/ \$50 NoDD/ 50% NoDD	\$15 NoDD/ \$60/50%	\$15 NoDD/ \$70/50%	\$10/\$40/50% Preventive Drugs NoDD	\$15 NoDD/ \$70/50%	\$10/\$40/50% Preventive Drugs NoDD	\$15 NoDD/ \$85/60%	\$12/40%/60% Preventive Drugs NoDD	\$25 NoDD/ 0%/0%
50% NoDD	50% NoDD	50% NoDD	50%	50% NoDD	50%	60% NoDD	60%	0%

\$1,365.59	\$1,144.62	\$928.05	\$938.36	\$1,288.59	\$1,303.40	\$830.73	\$847.83	\$841.60
\$2,731.18	\$2,289.24	\$1,856.10	\$1,876.72	\$2,577.18	\$2,606.80	\$1,661.46	\$1,695.66	\$1,683.20
\$2,635.59	\$2,209.12	\$1,791.14	\$1,811.03	\$2,486.98	\$2,515.56	\$1,603.31	\$1,636.31	\$1,624.29
\$3,837.31	\$3,216.38	\$2,607.82	\$2,636.79	\$3,620.94	\$3,662.55	\$2,334.35	\$2,382.40	\$2,364.90

¹ Reflective Silver plans are only available through purchase directly from MVP Health Care.

² These plans have a per person OOPM.

³ Unless otherwise noted, all plan deductibles and/or out-of-pocket maximums are embedded.

⁴ Gia virtual care services include 24/7 primary and urgent care, nutrition, and some behavioral health services. Beginning January 1, 2026, Gia virtual care services are \$0 before the deductible on qualified high-deductible health plans. Some specialty virtual care providers included in Gia, in-person visits, and referrals may be subject to the plan's applicable co-pay/cost-share. Estimated visit costs will be listed in Gia at the time of service.

NoDD: Not subject to deductible.

VBID: Value-Based Insurance Design. VBID maintenance Medications are not subject to the deductible. The MVP Secure plan is only available for purchase through Vermont Health Connect (VHC) to individuals under the age of 30. Visit vermonthealthconnect.gov to learn more. All MVP VT Individual plans are pending Medicare Creditable Coverage determination review. These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request.

Aggregate (AGG): For any policy with two or more members, the family deductible must be met by any one or any combination of members before the plan will make payment. **Embedded (EMB):** Each member pays toward, but never exceeds, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met, after which, the plan makes payments for all members on the Contract. The term *Stacked* is used on Vermont Health Connect materials to define this deductible and/or OOPM structure. Health benefit plans are issued and administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

\$600 Well-Being Reimbursement

Included on all MVP VT Plus plans! Members can get reimbursed up to \$600 per contract, per calendar year for well-being items, programs, and activities.

Questions? We're here to help!

Call **1-844-865-0250** or visit mvphealthcare.com/vermont to learn more. For subsidy information, visit VermontHealthConnect.gov.

