

Blue Cross and Blue Shield of Vermont
2020 plans and premiums
 Qualified Health Plans

		PLAN BENEFITS		MEDICAL							PHARMACY				2020 MONTHLY PREMIUMS					
		Financial accounts		Individual plan deductible		Individual plan out-of-pocket maximum	Medical cost-sharing					Individual prescription deductible	Individual prescription out-of-pocket maximum	Prescription drugs cost-sharing		Premium before any premium assistance.				
		Health Savings Account (HSA)	deductible is doubled for 2-person and family policies	deductible type (see below right for definitions)	out-of-pocket maximum is doubled for 2-person and family policies	preventive care: visit www.bcbstv.com/preventive for the full list of preventive services covered at \$0	primary care provider or mental health visits	specialist visits ⁴	urgent care	emergency room	inpatient	deductible is doubled and aggregate for 2-person and family policies when combined with medical	out-of-pocket maximum is doubled for 2-person and family policies	select wellness drugs (generic/preferred/non-preferred brands)	prescription drugs (generic/preferred/non-preferred brands)	single	two person	adult and child or children	family	
Blue Rewards Health and Wellness Plans	GOLD		\$1,550	aggregate	\$5,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$40	deductible, then \$40	deductible, then \$250	deductible, then \$750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05	
	SILVER		\$3,000	aggregate	\$8,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$50	deductible, then \$450	deductible, then \$1,750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46	
	BRONZE		\$7,900	aggregate	\$7,900 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	deductible, then \$0	deductible, then \$0	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66	
	GOLD CDHP	●	\$3,250	aggregate	\$3,250	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$5/40%/60%	deductible, then \$0	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80	
	SILVER CDHP	●	\$4,450	aggregate	\$4,450 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$15/40%/60%	deductible, then \$0	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52
		\$4,425*	\$4,425 ² *		\$703.57*												\$1,407.14*	\$1,357.89*	\$1,977.03*	
	BRONZE CDHP	●	\$6,750	aggregate	\$6,750 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/40%/60%	deductible, then \$0	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11
CATASTROPHIC <i>must be under age 30 or income qualified</i>		\$8,150	aggregate	\$8,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	deductible, then \$0	deductible, then \$0	\$266.82	\$533.64	\$514.96	\$749.76	
Standard Plans	PLATINUM		\$350	stacked	\$1,350 medical plus \$1,350 Rx	\$0	\$15	\$40	\$50	deductible, then \$100	deductible, then 10%	\$0	\$1,350	\$10/\$50/50%	\$10/\$50/50%	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37	
	GOLD		\$900	stacked	\$5,000 medical plus \$1,350 Rx	\$0	\$20	\$50	\$60	deductible, then \$150	deductible, then 30%	\$100 per member	\$1,350	\$10/deductible, then \$50/50%	\$10/deductible, then \$50/50%	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06	
	SILVER		\$3,200	stacked	\$7,900	\$0	\$35	\$80	\$90	deductible, then \$250	deductible, then 50%	\$350 per member	\$1,350	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75	
	BRONZE		\$6,000	stacked	\$8,150	\$0	deductible, then \$35	deductible, then \$90	deductible, then \$100	deductible, then 50%	deductible, then 50%	\$1,000 per member	\$1,350	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04	
	BRONZE <i>without Rx MOOP</i>		\$7,900	stacked	\$7,900	\$0	\$40	\$100	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/deductible, then \$0/\$0	\$25/deductible, then \$0/\$0	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	
	SILVER CDHP	●	\$1,700	aggregate	\$6,750 ²	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%	deductible, then 30%	deductible, then 30%	deductible, then 30%	combined with medical	\$1,400	\$10/\$40/50%	deductible, then \$10/\$40/50%	\$663.91	\$1,327.82	\$1,281.35	\$1,865.59
	BRONZE CDHP	●	\$5,500	aggregate	\$6,750 ²	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	combined with medical	\$1,400	\$12/40%/60%	deductible, then \$12/40%/60%	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55

Due to reductions in federal funding, you will see two separate monthly premium amounts for silver plans. Our direct enroll Blue Cross and Blue Shield of Vermont "reflective" silver plan premiums are lower than the premiums of our silver plans available through Vermont Health Connect. While our direct enroll "reflective" silver plan rates are lower, you cannot get premium assistance if you enroll directly through us.

Please use Vermont Health Connect's plan comparison tool <https://vt.checkbookhealth.org> to verify your premium assistance eligibility before selecting a plan.

Purple figures indicate a change for 2020 plans.

¹ This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). All expenses accumulate to the overall out-of-pocket maximum.

² Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,150 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.

³ Does not include chiropractor or outpatient physical therapy. Refer to your plan contract documents for specific co-payments.



An Independent Licensee of the Blue Cross and Blue Shield Association.

Questions? Contact us at: (800) 255-4550 | consumersupport@bcbstv.com | www.bcbstv.com/qhp