

**2021 SMALL GROUP PLANS & PREMIUMS**

		BENEFITS		MEDICAL									PHARMACY				2021 MONTHLY PREMIUMS					
		Financial accounts*		Deductible		Out-of-pocket maximum	Medical cost-sharing						Deductible	Out-of-pocket maximum	Prescription drugs cost-sharing							
		Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	deductible is doubled for 2-person and family policies	deductible type	out-of-pocket maximum is doubled for 2-person and family policies	preventive care <sup>5</sup>	primary care provider or mental health visits	specialist visits with diagnosis of heart disease or diabetes <sup>4</sup>	specialist visits <sup>3</sup>	urgent care	emergency room	outpatient/inpatient hospital care	deductible is doubled for 2-person and family policies	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	
Vermont Preferred Plans	<b>GOLD</b>	●		\$1,550	Aggregate	\$5,150 <sup>2</sup>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$20	3 visits per member with no cost-sharing, then deductible, then \$40	Deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,400	<b>\$5/\$50/60%</b>	Deductible, then \$5/40%/60%	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25	
	<b>SILVER REFLECTIVE</b> ○	●		\$3,000	Aggregate	\$8,150 <sup>2</sup>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$30	3 visits per member with no cost-sharing, then deductible, then \$50	Deductible, then \$50	Deductible, then \$50	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,400	<b>\$5/\$50/60%</b>	Deductible, then \$5/40%/60%	\$632.21	\$1,264.42	\$1,220.17	\$1,776.51	
	<b>BRONZE</b>	●		<b>\$8,550</b>	Aggregate	<b>\$8,550<sup>2</sup></b>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$0	3 visits per member with no cost-sharing, then deductible, then \$0	Deductible, then \$0	Deductible, then \$0			Combined with medical	Combined <sup>1</sup>	<b>\$15/\$50/60%</b>	Deductible, then \$0	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79	
Vermont Select Plans	<b>CDHP GOLD</b>	●	●	<b>\$2,550</b>	Aggregate	<b>\$2,550</b>	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$5/40%/60%	Deductible, then \$0	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67	
	<b>CDHP SILVER REFLECTIVE</b> ○	●	●	<b>\$4,500</b>	Aggregate	<b>\$4,500<sup>2</sup></b>	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$15/40%/60%	Deductible, then \$0	\$649.74	\$1,299.48	\$1,254.00	\$1,825.77	
	<b>CDHP BRONZE</b>	●	●	<b>\$6,950</b>	Aggregate	<b>\$6,950<sup>2</sup></b>	\$0	Deductible, then \$0						Combined with medical	Combined <sup>1</sup>	<b>\$25/65%/85%</b>	Deductible, then \$0	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34	
Standard Plans	<b>PLATINUM</b>	●		\$350	Stacked	<b>\$1,400<sup>6</sup></b>	\$0	\$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	<b>\$1,400<sup>6</sup></b>	\$10/\$50/50%			\$939.97	\$1,879.94	\$1,814.14	\$2,641.32	
	<b>GOLD</b>	●		<b>\$1,100</b>	Stacked	<b>\$5,200<sup>6</sup></b>	\$0	\$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	<b>\$100 single/\$200 2-person &amp; family</b>	<b>\$1,400<sup>6</sup></b>	<b>\$12/</b> deductible, then <b>\$55/50%</b>			\$796.44	\$1,592.88	\$1,537.13	\$2,238.00	
	<b>SILVER REFLECTIVE</b> ○	●		\$3,200	Stacked	<b>\$8,150</b>	\$0	\$35	\$80	\$90	Deductible, then \$250	Deductible, then 50%	<b>\$350 single/\$700 2-person &amp; family</b>	<b>\$1,400</b>	\$15/deductible, then \$60/50%			\$659.14	\$1,318.28	\$1,272.14	\$1,852.18	
	<b>BRONZE</b>	●		<b>\$6,250</b>	Stacked	<b>\$8,400</b>	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		<b>\$1,000 single/\$2,000 2-person &amp; family</b>	<b>\$1,400</b>	<b>\$15/</b> deductible, then \$85/60%			\$560.45	\$1,120.90	\$1,081.67	\$1,574.86	
	<b>BRONZE without Rx MOOP</b>	●		<b>\$8,400</b>	Stacked	<b>\$8,400</b>	\$0	\$40	\$100	Deductible, then \$0			Combined with medical	Combined <sup>1</sup>	<b>\$30/</b> deductible, then \$0			\$568.00	\$1,136.00	\$1,096.24	\$1,596.08	
	<b>SILVER CDHP REFLECTIVE</b> ○	●	●	<b>\$1,750</b>	Aggregate	<b>\$6,900<sup>2</sup></b>	\$0	Deductible, then 10%	Deductible, then 30%						Combined with medical	\$1,400	\$10/\$40/50%	Deductible, then \$10/\$40/50%	\$686.16	\$1,372.32	\$1,324.29	\$1,928.11
	<b>BRONZE CDHP</b>	●	●	\$5,500	Aggregate	<b>\$6,900<sup>2</sup></b>	\$0	Deductible, then 50%						Combined with medical	\$1,400	\$12/40%/60%	Deductible, then \$12/40%/60%	\$573.62	\$1,147.24	\$1,107.09	\$1,611.87	

\*To learn more about financial accounts available, visit [bcbstv.com/mymoney](https://bcbstv.com/mymoney)

○ Reflective Silver Plans are nearly identical to Silver Plans offered through Vermont Health Connect. If you are enrolled on a Reflective Silver Plan, you will not be eligible for Premium Assistance.

Blue figures indicate a change for 2021 plans.

<sup>1</sup>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. <sup>2</sup>Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,550 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. <sup>3</sup>Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at [bcbstv.com/qhpsmallbusiness](https://bcbstv.com/qhpsmallbusiness). <sup>4</sup>Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. <sup>5</sup>Visit [bcbstv.com/preventive](https://bcbstv.com/preventive) for the full list of preventive services covered at no cost to you. <sup>6</sup>Medical and prescription out-of-pocket limits are separate.