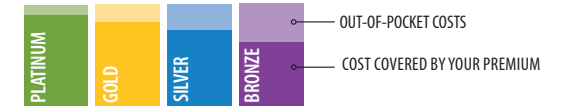


# The Value of Our Blue Plans at a Glance

To learn more about these plans, call our exchange specialists at (800) 255-4550.

## GUIDE TO THE FOUR METALS OF COVERAGE

Each plan has up to four metal options to choose from. The higher the metal category, the more you'll pay in a monthly premium, and the less you'll pay out-of-pocket for medical expenses.



All Plans Include: Freedom to Choose Strength of Our Worldwide Network Vermonters Serving Vermonters Local Deals and Discounts

You may qualify for financial help paying your premiums and other medical costs, thanks to state and federal assistance programs.

### Blue Rewards Non-Standard Plans on Vermont Health Connect

	Gold	Silver	Bronze	Catastrophic
<b>Blue Rewards</b>				
Up to \$300 per adult in health and wellness rewards	●	●	●	●
<b>Financial Accounts</b>				
Health Savings Account (HSA)			●	
Health Reimbursement Arrangement (HRA) <small>available only through employer</small>	●	●	●	
<b>Individual Plan Deductible</b> <small>Deductible is doubled for 2-person and family policies</small>				
	\$1,250	\$2,000	\$5,000	\$6,350
<b>Deductible Type</b>				
	Aggregate	Aggregate	Aggregate	Aggregate
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Physician or Mental Health Visits	\$20**	\$30**	50%*	\$0**
Specialist Visits	\$30*	\$50*	50%*	\$0*
Emergency Room	\$250*	\$250*	50%*	\$0*
Inpatient/Outpatient	\$500*	\$1,750*	50%*	\$0*
<b>Individual Plan Out-of-Pocket Maximum</b> <small>Maximum is doubled for 2-person and family policies</small>				
	\$4,250	\$6,250	\$6,250	\$6,350
<b>Individual Prescription Drug Deductible</b> <small>Deductible is doubled for 2-person and family policies</small>				
	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
<b>Individual Prescription Drug Maximum</b> <small>Maximum is doubled for 2-person and family policies</small>				
	\$1,250	\$1,250	\$1,250	\$1,250
Wellness Drugs (Generic/Preferred/Non-preferred Brands)	\$5*/40%/60%*	\$5*/40%/60%*	\$25/40%/60%	\$0*
Other Drugs (Generic/Preferred/Non-preferred Brands)	\$5*/40%/60%*	\$5*/40%/60%*	\$25*/40%/60%*	\$0*
<b>Premiums</b>				
Single	\$460.37	\$395.26	\$341.15	\$213.68
Two Person	\$920.74	\$790.52	\$682.30	\$427.36
Adult and Child or Children	\$888.51	\$762.85	\$658.42	\$412.40
Family	\$1,293.64	\$1,110.68	\$958.63	\$600.44

**Aggregate:** For a family contract, the family deductible must be met before the plan pays benefits.  
**Stacked:** The plan pays benefits when an individual or the family meets the deductible.

\* Member amount applied after deductible is met.

### BCBSVT Standard Plans on Vermont Health Connect

	Platinum	Gold	Silver	Bronze	Silver	Bronze
<b>Consumer-Directed Health Plan (CDHP)</b> <small>These plans are qualified High-Deductible Health Plans (HDHP)</small>						
					●	●
	●	●	●	●	●	●
	\$150	\$750	\$1,900	\$3,500	\$1,550	\$2,000
	Stacked	Stacked	Stacked	Stacked	Aggregate	Aggregate
	\$0	\$0	\$0	\$0	\$0	\$0
	\$10	\$15	\$20	\$35*	10%*	50%*
	\$20	\$25	\$40	\$80*	20%*	50%*
	\$100	\$150	\$250*	50%*	20%*	50%*
	10%*	20%*	40%*	50%*	20%*	50%*
	\$1,250 Medical plus \$1,250 Rx	\$4,250 Medical plus \$1,250 Rx	\$5,100 Medical plus \$1,250 Rx	\$6,350	\$5,750	\$6,250
	\$0	\$50	\$100	\$200	Combined with Medical	Combined with Medical
	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
	\$5/\$40/50%	\$5/\$40*/50%*	\$12/\$50*/50%*	\$20*/\$80*/60%*	\$10/\$40/50%	\$12/40%/60%
	\$5/\$40/50%	\$5/\$40*/50%*	\$12/\$50*/50%*	\$20*/\$80*/60%*	\$10*/\$40*/50%*	\$12*/40%*/60%*
	\$582.79	\$497.06	\$425.19	\$359.47	\$412.83	\$362.34
	\$1,165.58	\$994.12	\$850.38	\$718.94	\$825.66	\$724.68
	\$1,124.78	\$959.33	\$820.62	\$693.78	\$796.76	\$699.32
	\$1,637.64	\$1,396.74	\$1,194.78	\$1,010.11	\$1,160.05	\$1,018.18

\*\* First three Primary Care Physician or Mental Health office visits and labs received during these visits will process at no cost on a single policy. A two-person or adult/child policy will receive six visits before the deductible and a family policy will receive nine visits.