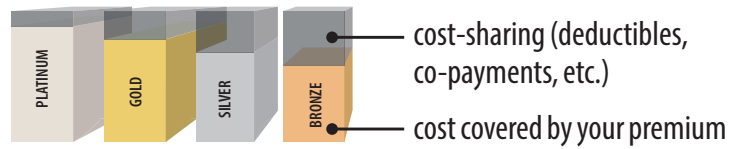


Blue Cross and Blue Shield of Vermont 2017 plans and premiums



Qualified Health Plans

Blue Rewards Health and Wellness Plans					Standard Plans					
GOLD	SILVER	GOLD CDHP (HDHP)	BRONZE CDHP*	PLATINUM	GOLD	SILVER	BRONZE	SILVER CDHP (HDHP)	BRONZE CDHP (HDHP)	

PLAN BENEFITS

Blue Rewards Health and Wellness Plans	up to \$300 per adult in health and wellness rewards	●	●	●	●					
Financial accounts	Health Savings Account (HSA)			●				●	●	
	Health Reimbursement Arrangement (HRA) (available only through an employer)	●	●	●	●	●	●	●	●	

Blue Rewards Health and Wellness Plans All BCBSVT Blue Rewards plans include a \$300 reward for completing a health assessment, setting a personal health goal, getting an annual preventive check-up and getting a dental check-up or vision exam.

High Deductible Health Plans (HDHP)
An employer may pair any account with an HRA.

Deductible types—In many plans, you get coverage for most services only after you have met deductibles, which you pay once in a calendar year. You may have aggregate or stacked family deductibles. With an **aggregate** family deductible, a two-person plan or family must meet the family deductible before any family member receives

post-deductible benefits. With a **stacked** deductible, a member on a family plan may meet an individual deductible and begin receiving post-deductible benefits. When the family meets the family deductible, all family members receive post-deductible benefits.

MEDICAL

Individual plan deductible	deductible is doubled for 2-person and family policies deductible type (see above right for definitions)	\$1,250 aggregate	\$2,300 aggregate	\$2,500 aggregate	\$7,150 aggregate	\$250 stacked	\$850 stacked	\$2,150 stacked	\$4,600 stacked	\$1,550 aggregate	\$5,050 aggregate
Individual plan out-of-pocket maximum	out-of-pocket maximum is doubled for 2-person and family policies	\$4,250**	\$7,150**	\$2,500	\$7,150**	\$1,300 medical plus \$1,300 Rx	\$4,500 medical plus \$1,300 Rx	\$6,000	\$7,150	\$6,400**	\$6,550**
Medical cost-sharing	preventive care: visit www.bcbsvt.com/preventive for the full list of preventive services covered at \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	primary care provider or mental health visits	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$0	deductible, then \$0	\$10	\$15	\$25	deductible, then \$35	deductible, then 10%	deductible, then 50%
	specialist visits	deductible, then \$30	deductible, then \$50	deductible, then \$0	deductible, then \$0	\$30	\$30	\$65	deductible, then \$90	deductible, then 25%	deductible, then 50%
	emergency room	deductible, then \$250	deductible, then \$400	deductible, then \$0	deductible, then \$0	\$100	\$150	deductible, then \$250	deductible, then 50%	deductible, then 25%	deductible, then 50%
	inpatient	deductible, then \$500	deductible, then \$1,500	deductible, then \$0	deductible, then \$0	deductible, then 10%	deductible, then 20%	deductible, then 40%	deductible, then 50%	deductible, then 25%	deductible, then 50%

PHARMACY

Individual prescription deductible	deductible is doubled and aggregate for 2-person and family policies when combined with medical	combined with medical	combined with medical	combined with medical	combined with medical	\$0	\$100 per member	\$150 per member	\$700 per member	combined with medical	combined with medical
Individual prescription out-of-pocket maximum	out-of-pocket maximum is doubled for 2-person and family policies	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Prescription drugs cost-sharing	select wellness drugs (generic/preferred/non-preferred brands)	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$5/40%/60%	\$25/40%/60%	\$5/\$50/50%	\$5/ deductible, then \$50/50%	\$15/ deductible, then \$60/50%	deductible, then \$20/\$85/60%	\$10/\$40/50%	\$12/40%/60%
	prescription drugs (generic/preferred/non-preferred brands)	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	deductible, then \$0	deductible, then \$0	\$5/\$50/50%	\$5/ deductible, then \$50/50%	\$15/ deductible, then \$60/50%	deductible, then \$20/\$85/60%	deductible, then \$10/\$40/50%	deductible, then \$12/40%/60%

Monthly premiums <i>Premium before any premium assistance.</i>	single	\$582.30	\$507.01	\$553.14	\$438.18	\$686.76	\$603.29	\$520.92	\$440.84	\$515.81	\$442.96
	two person	\$1,164.60	\$1,014.02	\$1,106.28	\$876.36	\$1,373.52	\$1,206.58	\$1,041.84	\$881.68	\$1,031.62	\$885.92
	adult and child or children	\$1,123.84	\$978.53	\$1,067.56	\$845.69	\$1,325.45	\$1,164.35	\$1,005.38	\$850.82	\$995.51	\$854.91
	family	\$1,636.26	\$1,424.70	\$1,554.32	\$1,231.29	\$1,929.80	\$1,695.24	\$1,463.79	\$1,238.76	\$1,449.43	\$1,244.72

*Please note that the Blue Rewards Bronze CDHP no longer meets federal requirements to be paired with a Health Savings Account (HSA).

**Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$7,150 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.