

Blue Cross and Blue Shield of Vermont
2019
plans and premiums
 Qualified Health Plans

		PLAN BENEFITS		MEDICAL							PHARMACY				MONTHLY PREMIUMS					
		Blue Rewards Health & Wellness Plans	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.					
				deductible is doubled for 2-person and family policies	deductible type (see below right for definitions)		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	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
Blue Rewards Health and Wellness Plans	GOLD	●		\$1,550	aggregate	\$5,150**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$30	deductible, then \$250	deductible, then \$750	combined with medical	\$1,350	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%		\$657.64	\$1,315.28	\$1,269.25	\$1,847.97
	SILVER	●		\$2,850	aggregate	\$7,900**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$450	deductible, then \$1,750	combined with medical	\$1,350	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	VHC BCBSTV	\$568.63*	\$1,137.26*	\$1,097.46*	\$1,597.85*
	BRONZE	●		\$7,900	aggregate	\$7,900**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	deductible, then \$0	deductible, then \$0		\$499.40	\$998.80	\$963.84	\$1,403.31
	GOLD CDHP	●	●	\$3,000	aggregate	\$3,000	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,350	\$5/40%/60%	deductible, then \$0		\$625.62	\$1,251.24	\$1,207.45	\$1,757.99
	SILVER CDHP	●	●	\$4,125*	aggregate	\$4,125**	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,350	\$15/40%/60%	deductible, then \$0	VHC BCBSTV	\$566.47*	\$1,132.94*	\$1,093.29*	\$1,591.78*
		\$4,100*	\$4,100**	VHC		\$639.80*										\$1,279.60*	\$1,234.81*	\$1,797.84*		
	BRONZE CDHP	●	●	\$6,650	aggregate	\$6,650**	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	\$25/40%/60%	deductible, then \$0		\$504.10	\$1,008.20	\$972.91	\$1,416.52
CATASTROPHIC <i>specific qualifications apply</i>	●		\$7,900	aggregate	\$7,900**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,350	deductible, then \$0	deductible, then \$0		\$244.60	\$489.20	\$472.08	\$687.33	
Standard Plans	PLATINUM			\$350	stacked	\$1,350 medical plus \$1,350 Rx	\$0	\$10	\$30	deductible, then \$100	deductible, then 10%	\$0	\$1,350	\$5/\$50/50%	\$5/\$50/50%		\$786.86	\$1,573.72	\$1,518.64	\$2,211.08
	GOLD			\$850	stacked	\$4,700 medical plus \$1,350 Rx	\$0	\$15	\$30	deductible, then \$150	deductible, then 30%	\$100 per member	\$1,350	\$10/deductible, then \$50/50%	\$10/deductible, then \$50/50%		\$674.23	\$1,348.46	\$1,301.26	\$1,894.59
	SILVER			\$2,800	stacked	\$7,500	\$0	\$30	\$75	deductible, then \$250	deductible, then 40%	\$300 per member	\$1,350	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	VHC BCBSTV	\$570.96*	\$1,141.92*	\$1,101.95*	\$1,604.40*
																VHC	\$645.34*	\$1,290.68*	\$1,245.51*	\$1,813.41*
	BRONZE			\$5,500	stacked	\$7,900	\$0	deductible, then \$35	deductible, then \$90	deductible, then 50%	deductible, then 50%	\$900 per member	\$1,350	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%		\$496.39	\$992.78	\$958.03	\$1,394.86
	BRONZE <i>without Rx MOOP</i>			\$7,600	stacked	\$7,600	\$0	\$40	\$100	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	\$25/deductible, then \$0/\$0	\$25/deductible, then \$0/\$0		\$512.57	\$1,025.14	\$989.26	\$1,440.32
	SILVER CDHP		●	\$1,550	aggregate	\$6,650**	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%	deductible, then 30%	combined with medical	\$1,350	\$10/\$40/50%	deductible, then \$10/\$40/50%	VHC BCBSTV	\$585.80*	\$1,171.60*	\$1,130.59*	\$1,646.10*
BRONZE CDHP		●	\$5,250	aggregate	\$6,650**	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	combined with medical	\$1,350	\$12/40%/60%	deductible, then \$12/40%/60%	VHC	\$650.23*	\$1,300.46*	\$1,254.94*	\$1,827.15*	
																\$507.44	\$1,014.88	\$979.36	\$1,425.91	

⚙ In 2019, 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.

* 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.

** Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$7,900 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.



BlueCross BlueShield of Vermont
 An Independent Licensee of the Blue Cross and Blue Shield Association.

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