

**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					
		up to \$300 per adult in health and wellness rewards	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA) (available only through an employer)	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 <a href="http://www.bcbsvt.com/preventive">www.bcbsvt.com/preventive</a> 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	family
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%	\$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	\$566.47	\$1,132.94	\$1,093.29	\$1,591.78
	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
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%	\$570.96	\$1,141.92	\$1,101.95	\$1,604.40
	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 without Rx MOOP			●	\$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%	\$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%	\$507.44	\$1,014.88	\$979.36	\$1,425.91

\* 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.