

Blue Cross and Blue Shield of Vermont
2020
plans and premiums
 Qualified Health Plans

		PLAN BENEFITS		MEDICAL								PHARMACY				MONTHLY PREMIUMS				
		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		single	two person	adult and child or children	family	
		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 www.bcbstv.com/preventive for the full list of preventive services covered at \$0	primary care provider or mental health visits	specialist visits ⁴	urgent care	emergency room	outpatient/inpatient hospital care	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)
Blue Rewards Health and Wellness Plans	GOLD	●		\$1,550	aggregate	\$5,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$40	deductible, then \$40	deductible, then \$250	deductible, then \$750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05
	SILVER REFLECTIVE ³	●		\$3,000	aggregate	\$8,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$50	deductible, then \$450	deductible, then \$1,750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46
	BRONZE	●		\$7,900	aggregate	\$7,900 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	deductible, then \$0	deductible, then \$0	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66
	GOLD CDHP	●	●	\$3,250	aggregate	\$3,250	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$5/40%/60%	deductible, then \$0	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80
	SILVER CDHP REFLECTIVE ³	●	●	\$4,450	aggregate	\$4,450 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$15/40%/60%	deductible, then \$0	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52
	BRONZE CDHP	●	●	\$6,750	aggregate	\$6,750 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/40%/60%	deductible, then \$0	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11
Standard Plans	PLATINUM	●		\$350	stacked	\$1,350 medical plus \$1,350 Rx	\$0	\$15	\$40	\$50	deductible, then \$100	deductible, then 10%	\$0	\$1,350	\$10/\$50/50%	\$10/\$50/50%	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37
	GOLD	●		\$900	stacked	\$5,000 medical plus \$1,350 Rx	\$0	\$20	\$50	\$60	deductible, then \$150	deductible, then 30%	\$100 per member	\$1,350	\$10/deductible, then \$50/50%	\$10/deductible, then \$50/50%	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06
	SILVER REFLECTIVE ³	●		\$3,200	stacked	\$7,900	\$0	\$35	\$80	\$90	deductible, then \$250	deductible, then 50%	\$350 per member	\$1,350	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75
	BRONZE	●		\$6,000	stacked	\$8,150	\$0	deductible, then \$35	deductible, then \$90	deductible, then \$100	deductible, then 50%	deductible, then 50%	\$1,000 per member	\$1,350	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04
	BRONZE without Rx MOOP	●		\$7,900	stacked	\$7,900	\$0	\$40	\$100	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/deductible, then \$0/\$0	\$25/deductible, then \$0/\$0	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86
	SILVER CDHP REFLECTIVE ³	●	●	\$1,700	aggregate	\$6,750 ²	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%	deductible, then 30%	deductible, then 30%	deductible, then 30%	combined with medical	\$1,400	\$10/\$40/50%	deductible, then \$10/\$40/50%	\$663.91	\$1,327.82	\$1,281.35
BRONZE CDHP	●	●	\$5,500	aggregate	\$6,750 ²	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	combined with medical	\$1,400	\$12/40%/60%	deductible, then \$12/40%/60%	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55

¹ 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.

² Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,150 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.

³ 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.

⁴ Does not include chiropractor or outpatient physical therapy. Refer to your plan contract documents for specific co-payments.

Purple figures indicate a change for 2020 plans.

Questions? Contact us at: (800) 255-4550 | consumersupport@bcbstv.com | www.bcbstv.com/qhp



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