

2022 INDIVIDUAL & FAMILY PLANS & PREMIUMS

Vermont Preferred Plans

Vermont Select Plans

Standard Plans

CATASTROPHIC

		BENEFITS		MEDICAL									PHARMACY				2022 MONTHLY PREMIUMS																
		Financial accounts		Deductible		Out-of-pocket maximum		Medical cost-sharing					Deductible	Out-of-pocket	Prescription drugs cost-sharing		Premium before any premium assistance.																
Health Savings Account (HSA)		deductible is doubled for 2-person and family policies		deductible type		out-of-pocket maximum is doubled for 2-person and family policies		preventive care <sup>5</sup>		primary care provider or mental health visits		specialist visits with diagnosis of heart disease or diabetes <sup>4</sup>		specialist visits <sup>3</sup>		urgent care		emergency room		outpatient/inpatient hospital care		deductible is doubled for 2-person and family policies		out-of-pocket maximum is doubled for 2-person and family policies		select wellness drugs <sup>7</sup> (generic/preferred/non-preferred brands)		prescription drugs (generic/preferred/non-preferred brands)		single	two person	adult and child or children	family
Vermont Preferred Plans	GOLD			\$1,550	Aggregate	\$5,150 <sup>2</sup>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$20		3 visits per member with no cost-sharing, then deductible, then \$40		Deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,400	\$5/\$50/60% <sup>7</sup>		Deductible, then \$5/40%/60%		\$775.41	\$1,550.82	\$1,496.54	\$2,178.90								
	SILVER <sup>o</sup>		VHC BCBSVT	\$3,000	Aggregate	\$8,150 <sup>2</sup>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$30		3 visits per member with no cost-sharing, then deductible, then \$50		Deductible, then \$50	Deductible, then \$50	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,400	\$5/\$50/60%		Deductible, then \$5/40%/60%		\$661.16	\$1,322.32	\$1,276.04	\$1,857.86								
	BRONZE			\$8,700	Aggregate	\$8,700 <sup>2</sup>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$0		3 visits per member with no cost-sharing, then deductible, then \$0		Deductible, then \$0	Deductible, then \$0			Combined with medical	Combined <sup>1</sup>	\$15/\$50/60%		Deductible, then \$0		\$580.80	\$1,161.60	\$1,120.94	\$1,632.05								
Vermont Select Plans	GOLD CDHP	●		\$2,550	Aggregate	\$2,550	\$0	Deductible, then \$0									Combined with medical	\$1,400	\$5/40%/60% <sup>7</sup>		Deductible, then \$0		\$819.61	\$1,639.22	\$1,581.85	\$2,303.10							
	SILVER CDHP <sup>o</sup>	●	VHC BCBSVT	\$4,600	Aggregate	\$4,600 <sup>2</sup>	\$0	Deductible, then \$0									Combined with medical	\$1,400	\$15/40%/60% <sup>7</sup>		Deductible, then \$0		\$676.96	\$1,353.92	\$1,306.53	\$1,902.26							
		VHC	\$4,575	\$4,575 <sup>2</sup>		\$760.89																	\$1,521.78	\$1,468.52	\$2,138.10								
BRONZE CDHP	●		\$7,050	Aggregate	\$7,050 <sup>2</sup>	\$0	Deductible, then \$0									Combined with medical	Combined <sup>1</sup>	\$25/65%/85% <sup>7</sup>		Deductible, then \$0		\$574.06	\$1,148.12	\$1,107.94	\$1,613.11								
Standard Plans	PLATINUM			\$400	Stacked	\$1,400 <sup>6</sup>	\$0	\$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0				\$1,400 <sup>6</sup>	\$10/\$50/50%		\$1,007.86	\$2,015.72	\$1,945.17	\$2,832.09										
	GOLD			\$1,200	Stacked	\$5,400 <sup>6</sup>	\$0	\$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	\$150 single/\$300 2-person & family				\$1,400 <sup>6</sup>	\$12/deductible, then \$55/50%		\$840.45	\$1,680.90	\$1,622.07	\$2,361.66										
	SILVER <sup>o</sup>		VHC BCBSVT	\$3,400	Stacked	\$8,550	\$0	\$35	\$80	\$90	Deductible, then \$250	Deductible, then 50%	\$400 single/\$800 2-person & family				\$1,400	\$15/deductible, then \$60/50%		\$686.40	\$1,372.80	\$1,324.75	\$1,928.78										
	BRONZE			\$6,450	Stacked	\$8,700	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		\$1,100 single/\$2,200 2-person & family				\$1,400	\$15/deductible, then \$85/60%		\$573.09	\$1,146.18	\$1,106.06	\$1,610.38										
	BRONZE INTEGRATED			\$8,700	Stacked	\$8,700	\$0	\$40	\$100	Deductible, then \$0			Combined with medical				Combined <sup>1</sup>	\$30/deductible, then \$0		\$581.47	\$1,162.94	\$1,122.24	\$1,633.93										
	SILVER CDHP <sup>o</sup>	●	VHC BCBSVT	\$1,850	Aggregate	\$6,900 <sup>2</sup>	\$0	Deductible, then 10%		Deductible, then 30%					Combined with medical	\$1,400	\$10/\$40/50% <sup>7</sup>		Deductible, then \$10/\$40/50%		\$716.84	\$1,433.68	\$1,383.50	\$2,014.32									
	BRONZE CDHP	●		\$5,700	Aggregate	\$7,050 <sup>2</sup>	\$0	Deductible, then 50%									Combined with medical	\$1,400	\$12/40%/60% <sup>7</sup>		Deductible, then \$12/40%/60%		\$590.11	\$1,180.22	\$1,138.91	\$1,658.21							
CATASTROPHIC <i>must be under age 30 or income qualified</i>			\$8,700	Aggregate	\$8,700 <sup>2</sup>	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$0		Deductible, then \$0					Combined with medical	\$1,400	Deductible, then \$0		\$234.15	\$468.30	\$451.91	\$657.96												

<sup>o</sup> There are two separate monthly premium amounts for silver plans, Blue Cross and Blue Shield of Vermont's premium (BCBSVT) and Vermont Health Connect's premium (VHC). If you're interested in purchasing a Silver plan, the premiums are lower if you enroll in a plan directly with us, but you will not be eligible for subsidies. Please visit [vermonthealthconnect.gov](http://vermonthealthconnect.gov) to verify your eligibility before enrolling.

All plans include pediatric dental and vision benefits for members up to age 21. Additional information is included in each plan's Summary of Benefits and Coverage (SBC) at [bcbsvt.com/qhp](http://bcbsvt.com/qhp).

Blue figures indicate a change for 2022 plans.

<sup>1</sup>This plan does not include a separate prescription drug out-of-pocket maximum. All expenses accumulate to the overall out-of-pocket maximum.

<sup>2</sup>Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,700 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. <sup>3</sup>Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at [bcbsvt.com/qhp](http://bcbsvt.com/qhp). <sup>4</sup>Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. <sup>5</sup>Visit [bcbsvt.com/preventive](http://bcbsvt.com/preventive) for the full list of preventive services covered at no cost to you. <sup>6</sup>Medical and prescription out-of-pocket limits are separate. <sup>7</sup>Deductible is waived for select wellness drugs on our Vermont Preferred and Consumer-Directed Health Plans (CDHP). Visit [bcbsvt.com/formulary-lists](http://bcbsvt.com/formulary-lists) and click on National Performance Formulary Wellness List to view our select wellness drugs.