

2022 SMALL GROUP PLANS & PREMIUMS

		BENEFITS		MEDICAL									PHARMACY				2022 MONTHLY PREMIUMS				
		Financial accounts*		Deductible		Out-of-pocket maximum	Medical cost-sharing						Deductible	Out-of-pocket maximum	Prescription drugs cost-sharing		single	two person	adult and child or children	family	
		Health Reimbursement Arrangement (HRA)	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 ⁵	primary care provider or mental health visits	specialist visits with diagnosis of heart disease or diabetes ⁴	specialist visits ³	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 ⁷ (generic/preferred/non-preferred brands)					prescription drugs (generic/preferred/non-preferred brands)
Vermont Preferred Plans	GOLD	●		\$1,550	Aggregate	\$5,150 ²	\$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% ⁷	Deductible, then \$5/40%/60%	\$686.61	\$1,373.22	\$1,325.16	\$1,929.37
	SILVER REFLECTIVE ○	●		\$3,000	Aggregate	\$8,150 ²	\$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% ⁷	Deductible, then \$5/40%/60%	\$590.43	\$1,180.86	\$1,139.53	\$1,659.11
	BRONZE	●		\$8,700	Aggregate	\$8,700²	\$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 ¹	\$15/\$50/60% ⁷	Deductible, then \$0	\$522.54	\$1,045.08	\$1,008.50	\$1,468.34
Vermont Select Plans	GOLD CDHP	●	●	\$2,550	Aggregate	\$2,550	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$5/40%/60% ⁷	Deductible, then \$0	\$723.92	\$1,447.84	\$1,397.17	\$2,034.22
	SILVER CDHP REFLECTIVE ○	●	●	\$4,600	Aggregate	\$4,600²	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$15/40%/60% ⁷	Deductible, then \$0	\$603.66	\$1,207.32	\$1,165.06	\$1,696.28
	BRONZE CDHP	●	●	\$7,050	Aggregate	\$7,050²	\$0	Deductible, then \$0						Combined with medical	Combined ¹	\$25/65%/85% ⁷	Deductible, then \$0	\$516.99	\$1,033.98	\$997.79	\$1,452.74
Standard Plans	PLATINUM	●		\$400	Stacked	\$1,400 ⁶	\$0	\$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,400 ⁶	\$10/\$50/50%		\$882.05	\$1,764.10	\$1,702.36	\$2,478.56	
	GOLD	●		\$1,200	Stacked	\$5,400⁶	\$0	\$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	\$150 single/ \$300 2-person & family	\$1,400 ⁶	\$12/deductible, then \$55/50%		\$741.08	\$1,482.16	\$1,430.28	\$2,082.43	
	SILVER REFLECTIVE ○	●		\$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%		\$611.47	\$1,222.94	\$1,180.14	\$1,718.23	
	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%		\$516.08	\$1,032.16	\$996.03	\$1,450.18	
	BRONZE INTEGRATED	●		\$8,700	Stacked	\$8,700	\$0	\$40	\$100	Deductible, then \$0			Combined with medical	Combined ¹	\$30/deductible, then \$0		\$523.08	\$1,046.16	\$1,009.54	\$1,469.85	
	SILVER CDHP REFLECTIVE ○	●	●	\$1,850	Aggregate	\$6,900 ²	\$0	Deductible, then 10%	Deductible, then 30%			Combined with medical	\$1,400	\$10/\$40/50% ⁷	Deductible, then \$10/\$40/50%	\$637.05	\$1,274.10	\$1,229.51	\$1,790.11		
	BRONZE CDHP	●	●	\$5,700	Aggregate	\$7,050²	\$0	Deductible, then 50%						Combined with medical	\$1,400	\$12/40%/60% ⁷	Deductible, then \$12/40%/60%	\$530.38	\$1,060.76	\$1,023.63	\$1,490.37

*To learn more about financial accounts available, visit [bcbsvt.com/mymoney](https://www.bcbsvt.com/mymoney)

○ Reflective Silver Plans are only available to members who enroll through Blue Cross and Blue Shield of Vermont.

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](https://www.bcbsvt.com/qhp).

Blue figures indicate a change for 2022 plans.

¹ This plan does not include a separate prescription drug out-of-pocket maximum. 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 \$8,700 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. ³ Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at [bcbsvt.com/qhpsmallbusiness](https://www.bcbsvt.com/qhpsmallbusiness). ⁴ Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁵ Visit [bcbsvt.com/preventive](https://www.bcbsvt.com/preventive) for the full list of preventive services covered at no cost to you. ⁶ Medical and prescription out-of-pocket limits are separate. ⁷ Deductible is waived for select wellness drugs on our Vermont Preferred and Consumer-Directed Health Plans (CDHP). Visit [bcbsvt.com/formulary-lists](https://www.bcbsvt.com/formulary-lists) and click on National Performance Formulary Wellness List to view our select wellness drugs.