

2023 Individual & Family Silver Plans and Premiums with Cost-Sharing Reductions

Enhanced Silver plans are only available through Vermont Health Connect. Please visit VermontHealthConnect.gov to learn more. Cost-sharing reduction levels are based on eligibility of household size and household income. This financial help is available to reduce some out-of-pocket medical expenses on the silver plans Blue Cross and Blue Shield of Vermont offers through Vermont Health Connect.

Enhanced Silver 73 Plans				
	Vermont Preferred Silver 73	Vermont Select Silver CDHP 73	Standard Silver 73	Standard Silver CDHP 73
Medical				
Deductible ¹	\$2,225	\$4,425	\$3,700	\$2,000
Out-of-pocket maximum ¹	\$7,250 ²	\$4,425	\$7,250	\$6,000 ²
Plan type	Aggregate ³	Aggregate ³	Stacked ³	Aggregate ³
Preventive care ⁴	\$0	\$0	\$0	\$0
Primary care, mental health, or substance use disorder treatment provider visits	combined 4-8-12 zero dollar office visits, then deductible, then \$30	Deductible, then \$0	3 zero dollar office visits per member, then \$40	Deductible, then 10%
Select chronic care specialist visits with diagnosis of heart disease or diabetes ⁵	4 zero dollar office visits per member, then deductible, then \$50		\$90	Deductible, then 25%
Specialist visits	Deductible, then \$50			
Chiropractic/physical therapy visits	Deductible, then \$40		\$50	
Urgent care	Deductible, then \$50		\$100	
Emergency room care	Deductible, then \$400		Deductible, then \$500	
Outpatient/inpatient hospital services	Deductible, then \$1,500		Deductible, then 50%	
Pharmacy				
Prescription deductible ¹	Combined with medical	Combined with medical	\$450 single / \$900 two-person & family	Combined with medical
Prescription out-of-pocket maximum ¹	\$1,500	\$1,500	\$1,300	\$1,500
Wellness drugs (generic/preferred/non-preferred brand) ⁶	\$5/\$50/60%	\$15/40%/60%	\$20/deductible, then \$70/50%	\$10/\$40/50%
Prescription drugs (generic/preferred/non-preferred brand) ⁶	Deductible, then \$5/40%/60%	Deductible, then \$0		Deductible, then \$10/\$40/50%
2023 Monthly Premiums				
<i>Cost of monthly premiums before any premium assistance from Vermont Health Connect</i>				
Single	\$841.08	\$837.38	\$848.31	\$875.58
Two-person	\$1,682.16	\$1,674.76	\$1,696.62	\$1,751.16
Adult and child or children	\$1,623.28	\$1,616.14	\$1,637.24	\$1,689.87
Family	\$2,363.43	\$2,353.04	\$2,383.75	\$2,460.38

¹ Deductible and out-of-pocket maximum is doubled for two-person and family policies.

² Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$9,100 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.

³ **Stacked:** The plan pays benefits for an individual once the individual deductible is met, even on a two-person or family plan.

Aggregate: The full single or family deductible must be satisfied before benefits are paid.

⁴ Visit bluecrossvt.org/preventive for the full list of preventive services covered at no cost to you.

⁵ Select chronic care specialist visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only.

⁶ For more information about our National Performance Formulary (NPF) drug list, visit bluecrossvt.org/formulary-lists.

CDHP - Consumer-Directed Health Plan

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Enhanced Silver 77 Plans				
	Vermont Preferred Silver 77	Vermont Select Silver CDHP 77	Standard Silver 77	Standard Silver CDHP 77
Medical				
Deductible ¹	\$1,125	\$3,250	\$2,900	\$1,700
Out-of-pocket maximum ¹	\$6,050 ²	\$3,250	\$6,300	\$4,600 ²
Plan type	Aggregate ³	Aggregate ³	Stacked ³	Aggregate ³
Preventive care ⁴	\$0	\$0	\$0	\$0
Primary care, mental health, or substance use disorder treatment provider visits	combined 4-8-12 zero dollar office visits, then deductible, then \$30	Deductible, then \$0	3 zero dollar office visits per member, then \$30	Deductible, then 10%
Select chronic care specialist visits with diagnosis of heart disease or diabetes ⁵	4 zero dollar office visits per member, then deductible, then \$50		\$60	Deductible, then 25%
Specialist visits	Deductible, then \$50			
Chiropractic/physical therapy visits	Deductible, then \$40		\$35	
Urgent care	Deductible, then \$50		\$70	
Emergency room care	Deductible, then \$400		Deductible, then \$350	
Outpatient/inpatient hospital services	Deductible, then \$1,500		Deductible, then 50%	
Pharmacy				
Prescription deductible ¹	Combined with medical	Combined with medical	\$350 single / \$700 two-person & family	Combined with medical
Prescription out-of-pocket maximum ¹	\$1,500	\$1,500	\$1,200	\$1,500
Wellness drugs (generic/preferred/non-preferred brand) ⁶	\$5/\$50/60%	\$15/40%/60%	\$15/deductible, then \$60/50%	\$10/\$40/50%
Prescription drugs (generic/preferred/non-preferred brand) ⁶	Deductible, then \$5/40%/60%	Deductible, then \$0		Deductible, then \$10/\$40/50%
2023 Monthly Premiums				
<i>Cost of monthly premiums before any premium assistance from Vermont Health Connect</i>				
Single	\$841.08	\$837.38	\$848.31	\$875.58
Two-person	\$1,682.16	\$1,674.76	\$1,696.62	\$1,751.16
Adult and child or children	\$1,623.28	\$1,616.14	\$1,637.24	\$1,689.87
Family	\$2,363.43	\$2,353.04	\$2,383.75	\$2,460.38

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Aggregate: The full single or family deductible must be satisfied before benefits are paid.

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Enhanced Silver 87 Plans				
	Vermont Preferred Silver 87	Vermont Select Silver CDHP 87	Standard Silver 87	Standard Silver CDHP 87
Medical				
Deductible ¹	\$200	\$1,500	\$1,200	\$1,500
Out-of-pocket maximum ¹	\$2,650	\$1,500	\$2,400	\$1,500
Plan type	Aggregate ²	Aggregate ²	Stacked ²	Aggregate ²
Preventive care ³	\$0	\$0	\$0	\$0
Primary care, mental health, or substance use disorder treatment provider visits	combined 4-8-12 zero dollar office visits, then deductible, then \$30	Deductible, then \$0	3 zero dollar office visits per member, then \$10	Deductible, then 0%
Select chronic care specialist visits with diagnosis of heart disease or diabetes ⁴	4 zero dollar office visits per member, then deductible, then \$50		\$30	
Specialist visits	Deductible, then \$50		\$12	
Chiropractic/physical therapy visits	Deductible, then \$40		\$40	
Urgent care	Deductible, then \$50		Deductible, then \$250	
Emergency room care	Deductible, then \$250		Deductible, then 40%	
Outpatient/inpatient hospital services	Deductible, then \$500			
Pharmacy				
Prescription deductible ¹	Combined with medical	Combined with medical	\$250 single / \$500 two-person & family	Combined with medical
Prescription out-of-pocket maximum ¹	\$1,500		\$450	
Wellness drugs (generic/preferred/non-preferred brand) ⁵	\$5/\$50/60%	\$15/40%/60%	\$10/deductible, then \$50/50%	\$0
Prescription drugs (generic/preferred/non-preferred brand) ⁵	Deductible, then \$5/40%/60%	Deductible, then \$0		Deductible, then \$0
2023 Monthly Premiums				
<i>Cost of monthly premiums before any premium assistance from Vermont Health Connect</i>				
Single	\$841.08	\$837.38	\$848.31	\$875.58
Two-person	\$1,682.16	\$1,674.76	\$1,696.62	\$1,751.16
Adult and child or children	\$1,623.28	\$1,616.14	\$1,637.24	\$1,689.87
Family	\$2,363.43	\$2,353.04	\$2,383.75	\$2,460.38

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Enhanced Silver 94 Plans				
	Vermont Preferred Silver 94	Vermont Select Silver CDHP 94*	Standard Silver 94	Standard Silver CDHP 94*
Medical				
Deductible ¹	\$0	\$550	\$250	\$550
Out-of-pocket maximum ¹	\$1,075	\$550	\$1,000	\$550
Plan type	Aggregate ²	Aggregate ²	Stacked ²	Aggregate ²
Preventive care ³	\$0	\$0	\$0	\$0
Primary care, mental health, or substance use disorder treatment provider visits	combined 4-8-12 zero dollar office visits, then \$15	Deductible, then \$0	3 zero dollar office visits per member, then \$5	Deductible, then 0%
Select chronic care specialist visits with diagnosis of heart disease or diabetes ⁴	4 zero dollar office visits per member, then \$35		\$15	
Specialist visits	\$35		\$6	
Chiropractic/physical therapy visits	\$20		\$25	
Urgent care	\$35		Deductible, then \$75	
Emergency room care	\$250		Deductible, then 10%	
Outpatient/inpatient hospital services	\$0			
Pharmacy				
Prescription deductible ¹	Combined with medical	Combined with medical	\$0 single, two-person, & family	Combined with medical
Prescription out-of-pocket maximum ¹	\$1,075		\$200	
Wellness drugs (generic/preferred/non-preferred brand) ⁵	\$5/\$50/60%	\$15/40%/60%	\$5/deductible, then \$20/30%	\$0
Prescription drugs (generic/preferred/non-preferred brand) ⁵	\$5/40%/60%	Deductible, then \$0		Deductible, then \$0
2023 Monthly Premiums <i>Cost of monthly premiums before any premium assistance from Vermont Health Connect</i>				
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*Enhanced Silver 94 CDHP plans aren't eligible to contribute into a Health Savings Account (HSA).