

2025 INDIVIDUAL AND FAMILY QUALIFIED HEALTH PLANS & PREMIUMS CHART

Blue numbers indicate a change for 2025 plans



BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

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		BENEFITS		MEDICAL								PHARMACY				2025 MONTHLY PREMIUMS						
		Financial accounts		Deductible		Out-of-pocket maximum	Medical cost-share(s)						Deductible	Out-of-pocket maximum	Prescription drugs cost-share(s)		Cost of monthly premiums before any premium assistance from Vermont Health Connect (VHC). Financial help may be available with VHC.					
		Health Savings Account (HSA)		Medical deductible is doubled for two-person and family plans	Deductible type ⁸	Medical out-of-pocket maximum is doubled for two-person and family plans	Preventive care ⁵	Primary care, mental health, or provider visits for substance use disorder treatment	Specialist visits with diagnosis of heart disease or diabetes ⁴	Specialist visits ³	Urgent care	Emergency room care	Outpatient & inpatient hospital services	Prescription drug deductible is doubled for two-person and family plans	Prescription drug out-of-pocket maximum is doubled for two-person and family plans	Wellness drugs ⁷ (generic/preferred/non-preferred brands)	Prescription drugs (generic/preferred/non-preferred brands)	Individual-only	Individual + Spouse	Individual + Child(ren)	Family	
Vermont Preferred Plans	GOLD			\$1,250	Aggregate ⁸	\$5,150 ²	\$0	Combined 4-8-12 zero dollar office visits, then deductible, then \$20	Four, zero dollar office visits per member, then deductible, then \$40	Deductible, then \$40	\$60	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,650	\$5/\$50/60% ⁷	Deductible, then \$5/40%/60%	\$1,209.63	\$2,419.26	\$2,334.59	\$3,399.06	
	SILVER ○		VHC BCBSVT	\$3,250	Aggregate ⁸	\$8,750 ²	\$0	Combined 4-8-12 zero dollar office visits, then deductible, then \$30	Four, zero dollar office visits per member, then deductible, then \$50	Deductible, then \$50	\$70	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,650	\$5/\$50/60% ⁷	Deductible, then \$5/40%/60%	VHC BCBSVT \$993.15	\$1,986.30	\$1,916.78	\$2,790.75	
	BRONZE			\$9,200	Aggregate ⁸	\$9,200 ²	\$0	Combined 4-8-12 zero dollar office visits, then deductible, then \$0	Four, zero dollar office visits per member, then deductible, then \$0			Deductible, then \$0		Combined with medical	Combined ¹	\$15/\$50/60% ⁷	Deductible, then \$0	\$875.62	\$1,751.24	\$1,689.95	\$2,460.49	
Vermont Select Plans	GOLD CDHP ●			\$2,950	Aggregate ⁸	\$2,950	\$0	Deductible, then \$0						Combined with medical	\$1,650	\$5/\$50/60% ⁷	Deductible, then \$0	\$1,227.58	\$2,455.16	\$2,369.23	\$3,449.50	
	SILVER CDHP ○		VHC BCBSVT	\$5,400	Aggregate ⁸	\$5,400 ²	\$0	Deductible, then \$0						Combined with medical	\$1,650	\$15/\$50/60% ⁷	Deductible, then \$0	VHC BCBSVT \$1,004.00	\$2,008.00	\$1,937.72	\$2,821.24	
			\$5,375	\$5,375 ²		VHC BCBSVT \$1,391.38												\$2,782.76	\$2,685.36	\$3,909.78		
BRONZE CDHP ●			\$7,700	Aggregate ⁸	\$7,700 ²	\$0	Deductible, then \$0						Combined with medical	Combined ¹	\$25/65%/85% ⁷	Deductible, then \$0	\$868.86	\$1,737.72	\$1,676.90	\$2,441.50		
Standard Plans	PLATINUM			\$450	Stacked ⁸	\$1,600 ⁶	\$0	Three, zero dollar office visits per member, then \$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,600 ⁶	\$10/\$50/50%		\$1,432.43	\$2,864.86	\$2,764.59	\$4,025.13		
	GOLD			\$1,400	Stacked ⁸	\$5,600 ⁶	\$0	Three, zero dollar office visits per member, then \$20	\$55	\$65	Deductible, then \$150	Deductible, then 30%	\$200 individual/\$400 family	\$1,600 ⁶	\$15/deductible, then \$60/50%		\$1,219.41	\$2,438.82	\$2,353.46	\$3,426.54		
	SILVER ○		VHC BCBSVT	\$3,500	Stacked ⁸	\$9,200	\$0	Three, zero dollar office visits per member, then \$40	\$90	\$100	Deductible, then \$250	Deductible, then 50%	\$500 individual/\$1,000 family	\$1,600	\$15 /deductible, then \$70/50%		VHC BCBSVT \$1,004.91	\$2,009.82	\$1,939.48	\$2,823.80		
	BRONZE			\$6,450	Stacked ⁸	\$9,200	\$0	Deductible, then \$35	Deductible, then \$90		Deductible, then \$100	Deductible, then 50%		\$1,100 individual/\$2,200 family	\$1,600	\$15 /deductible, then \$85/60%		\$852.65	\$1,705.30	\$1,645.61	\$2,395.95	
	BRONZE INTEGRATED			\$9,200	Stacked ⁸	\$9,200	\$0	Three, zero dollar office visits per member, then \$40	\$100		Deductible, then \$0			Combined with medical	Combined ¹	\$25 /deductible, then \$0		\$906.42	\$1,812.84	\$1,749.39	\$2,547.04	
	SILVER CDHP ○		VHC BCBSVT	\$2,100	Aggregate ⁸	\$7,050 ²	\$0	Deductible, then 10%						Combined with medical	\$1,650	\$10/\$40/50% ⁷	Deductible, then \$10/\$40/50%	VHC BCBSVT \$1,052.19	\$2,104.38	\$2,030.73	\$2,956.65	
	BRONZE CDHP ●			\$5,800	Aggregate ⁸	\$7,100 ²	\$0	Deductible, then 50%						Combined with medical	\$1,650	\$12/40%/60% ⁷	Deductible, then \$12/40%/60%	\$1,457.61	\$2,915.22	\$2,813.19	\$4,095.88	
	CATASTROPHIC <i>must be under age 30 or income qualified</i>			\$9,200	Aggregate ⁸	\$9,200 ²	\$0	Combined 3-6-9 zero dollar office visits, then deductible, then \$0	Deductible, then \$0						Combined with medical	\$1,650	Deductible, then \$0		\$905.11	\$1,810.22	\$1,746.86	\$2,543.36

Beginning January 1, 2025, all Silver plans through Vermont Health Connect (VHC) will cost more than Gold plans. We encourage to shop and compare all health plan options available to determine which may be best for you or your family.
 Silver plans have different monthly premiums, depending on if you enroll through Blue Cross® and Blue Shield® of Vermont (BCBSVT) or Vermont Health Connect (VHC). If you are interested in purchasing a Silver plan, the monthly premiums are lower if you enroll in a Reflective Silver plan directly with us, but you will not be eligible for financial help. To verify your eligibility before you enroll, visit VermontHealthConnect.gov. Plan details for Enhanced Silver (cost-sharing reduction) plans are not shown in the above. For more information about these plans, visit bluecrossvt.org/QHP or VermontHealthConnect.gov.

¹This plan does not include a separate prescription drug out-of-pocket maximum. All covered medical & pharmacy expenses accumulate to the overall combined out-of-pocket maximum. ²Regardless of all other cost-share, if one person's out-of-pocket cost reaches \$9,200 in a year, we begin paying 100% of the allowed amount for that person's covered services and supplies. ³Cost-share may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at bluecrossvt.org/QHP. ⁴Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁵Visit bluecrossvt.org/preventive for the full list of preventive services covered at no cost to you. ⁶Medical and prescription drug out-of-pocket limits are separate. ⁷Deductible is waived for wellness drugs on our Vermont Preferred and Consumer-Directed Health Plans (CDHP). Visit bluecrossvt.org/formulary-lists and click on the NPF Wellness List to view our wellness drugs. ⁸Stacked deductible plans pay benefits for an individual once the individual deductible is met, even on a two-person or family plan. Aggregate deductibles, the full individual or family deductible must be satisfied before benefits are paid.