



**BlueCross
BlueShield**
of Vermont

An Independent Licensee
of the Blue Cross and
Blue Shield Association.

Questions? Contact us at:
(800) 255-4550 (TTY/TDD: 711)
consumersupport@bcbsvt.com
bluecrossvt.org/smallbusiness

2025 SMALL GROUP QUALIFIED HEALTH PLANS & PREMIUMS CHART

Blue numbers indicate a change for 2025 plans

		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)		Employee-only	Employee + Spouse	Employee + Child(ren)	Family
		Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	Medical deductible is doubled for two-person and family plans	Deductible type	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)	Employee-only	Employee + Spouse	Employee + 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%	\$1,129.14	\$2,258.28	\$2,179.24	\$3,172.88
	SILVER REFLECTIVE ○	●		\$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%	\$926.86	\$1,853.72	\$1,788.84	\$2,604.48
	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	\$816.91	\$1,633.82	\$1,576.64	\$2,295.52	
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	\$1,146.17	\$2,292.34	\$2,212.11	\$3,220.74	
	SILVER CDHP REFLECTIVE ○	●	●	\$5,400	Aggregate ⁸	\$5,400 ²	\$0	Deductible, then \$0					Combined with medical	\$1,650	\$15/\$50/60% ⁷	Deductible, then \$0	\$937.14	\$1,874.28	\$1,808.68	\$2,633.36	
	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	\$810.79	\$1,621.58	\$1,564.82	\$2,278.32	
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%		\$1,337.35	\$2,674.70	\$2,581.09	\$3,757.95	
	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%		\$1,138.18	\$2,276.36	\$2,196.69	\$3,198.29	
	SILVER REFLECTIVE ○	●		\$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%		\$937.80	\$1,875.60	\$1,809.95	\$2,635.22	
	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%		\$795.67	\$1,591.34	\$1,535.64	\$2,235.83
	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		\$845.64	\$1,691.28	\$1,632.09	\$2,376.25	
	SILVER CDHP REFLECTIVE ○	●	●	\$2,100	Aggregate ⁸	\$7,050 ²	\$0	Deductible, then 10%	Deductible, then 35%				Combined with medical	\$1,650	\$10/\$40/50% ⁷	Deductible, then \$10/\$40/50%	\$981.98	\$1,963.96	\$1,895.22	\$2,759.36	
	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%	\$844.49	\$1,688.98	\$1,629.87	\$2,373.02	

Cost-share for each health plan above is based on the employee-only coverage type. Plan benefits may change if the coverage type is different than employee-only coverage.

*To learn more about our integrated financial accounts, visit bluecrossvt.org/mymoney

○ Reflective Silver plans are available for small organizations who enroll directly through Blue Cross® and Blue Shield® of Vermont.

Pediatric vision and dental benefits are available on all plans for members 21 and younger. Hearing aid services are eligible for coverage. Additional plan details can be found in each plan's Summary of Benefits and Coverage (SBC).

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/smallbusiness

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 maximums 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 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.