

**2021 INDIVIDUAL & FAMILY PLANS & PREMIUMS**

**Vermont Preferred Plans**

**Vermont Select Plans**

**Standard Plans**

**CATASTROPHIC**  
*must be under age 30 or income qualified*

		BENEFITS		MEDICAL								PHARMACY				2021 MONTHLY PREMIUMS																							
		Financial accounts		Deductible		Out-of-pocket maximum		Medical cost-sharing						Deductible		Out-of-pocket		Prescription drugs cost-sharing		<i>Premium before any premium assistance.</i>																			
		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 (generic/preferred/non-preferred brands)		prescription drugs (generic/preferred/non-preferred brands)		single		two person		adult and child or children		family	
Vermont Preferred Plans	<b>GOLD</b>			\$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	<b>\$5/\$50/60%</b>	Deductible, then \$5/40%/60%	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25																		
	<b>SILVER</b>		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	<b>\$5/\$50/60%</b>	Deductible, then \$5/40%/60%	VHC BCBSVT \$632.21	\$1,264.42	\$1,220.17	\$1,776.51																		
	<b>BRONZE</b>			<b>\$8,550</b>	Aggregate	<b>\$8,550<sup>2</sup></b>	\$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>	<b>\$15/\$50/60%</b>	Deductible, then \$0	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79																			
Vermont Select Plans	<b>CDHP GOLD</b>	●		<b>\$2,550</b>	Aggregate	<b>\$2,550</b>	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$5/40%/60%	Deductible, then \$0	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67																		
	<b>CDHP SILVER</b>	●	VHC BCBSVT	<b>\$4,500</b>	Aggregate	<b>\$4,500<sup>2</sup></b>	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$15/40%/60%	Deductible, then \$0	VHC BCBSVT \$649.74	\$1,299.48	\$1,254.00	\$1,825.77																		
			<b>\$4,475</b>	<b>\$4,475<sup>2</sup></b>		VHC \$730.67												\$1,461.34	\$1,410.19	\$2,053.18																			
<b>CDHP BRONZE</b>	●		<b>\$6,950</b>	Aggregate	<b>\$6,950<sup>2</sup></b>	\$0	Deductible, then \$0						Combined with medical	Combined <sup>1</sup>	<b>\$25/65%/85%</b>	Deductible, then \$0	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34																			
Standard Plans	<b>PLATINUM</b>			\$350	Stacked	<b>\$1,400<sup>6</sup></b>	\$0	\$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	<b>\$1,400<sup>6</sup></b>	\$10/\$50/50%		\$939.97	\$1,879.94	\$1,814.14	\$2,641.32																			
	<b>GOLD</b>			<b>\$1,100</b>	Stacked	<b>\$5,200<sup>6</sup></b>	\$0	\$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	\$100 single/ <b>\$200 2-person &amp; family</b>	<b>\$1,400<sup>6</sup></b>	<b>\$12/</b> deductible, then <b>\$55/50%</b>		\$796.44	\$1,592.88	\$1,537.13	\$2,238.00																			
	<b>SILVER</b>		VHC BCBSVT	\$3,200	Stacked	<b>\$8,150</b>	\$0	\$35	\$80	\$90	Deductible, then \$250	Deductible, then 50%	<b>\$350 single/\$700 2-person &amp; family</b>	<b>\$1,400</b>	\$15/deductible, then \$60/50%		VHC BCBSVT \$659.14	\$1,318.28	\$1,272.14	\$1,852.18																			
	<b>BRONZE</b>			<b>\$6,250</b>	Stacked	<b>\$8,400</b>	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		<b>\$1,000 single/\$2,000 2-person &amp; family</b>	<b>\$1,400</b>	<b>\$15/</b> deductible, then <b>\$85/60%</b>		\$742.80	\$1,485.60	\$1,433.60	\$2,087.27																			
	<b>BRONZE without Rx MOOP</b>			<b>\$8,400</b>	Stacked	<b>\$8,400</b>	\$0	\$40	\$100	Deductible, then \$0			Combined with medical	Combined <sup>1</sup>	<b>\$30/</b> deductible, then \$0		\$560.45	\$1,120.90	\$1,081.67	\$1,574.86																			
	<b>SILVER CDHP</b>	●	VHC BCBSVT	<b>\$1,750</b>	Aggregate	<b>\$6,900<sup>2</sup></b>	\$0	Deductible, then 10%	Deductible, then 30%						Combined with medical	\$1,400	\$10/\$40/50%	Deductible, then \$10/\$40/50%	VHC BCBSVT \$686.16	\$1,372.32	\$1,324.29	\$1,928.11																	
	<b>BRONZE CDHP</b>	●		\$5,500	Aggregate	<b>\$6,900<sup>2</sup></b>	\$0	Deductible, then 50%						Combined with medical	\$1,400	\$12/40%/60%	Deductible, then \$12/40%/60%	\$756.05	\$1,512.10	\$1,459.18	\$2,124.50																		
<b>CATASTROPHIC</b> <i>must be under age 30 or income qualified</i>			<b>\$8,550</b>	Aggregate	<b>\$8,550<sup>2</sup></b>	\$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		\$573.62	\$1,147.24	\$1,107.09	\$1,611.87																		
																	\$259.79	\$519.58	\$501.39	\$730.01																			

○ There are two separate monthly premium amounts for silver plans. 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 [vt.checkbookhealth.org](http://vt.checkbookhealth.org) to verify your eligibility before enrolling.

Blue figures indicate a change for 2021 plans.

<sup>1</sup>This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). 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 \$8,550 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 [bcbstv.com/ghp](http://bcbstv.com/ghp). <sup>4</sup>Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. <sup>5</sup>Visit [bcbstv.com/preventive](http://bcbstv.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.