



**BlueCross
BlueShield**
of Vermont

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

Blue numbers mean a change for 2023 plans

2023 SMALL GROUP PLANS & PREMIUMS CHART

		BENEFITS		MEDICAL									PHARMACY				2023 MONTHLY PREMIUMS			
				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 two-person and family policies	deductible type	out-of-pocket maximum is doubled for two-person and family policies	preventive care ⁵	primary care, mental health, or substance use disorder treatment provider visits	specialist visits with diagnosis of heart disease or diabetes ⁴	specialist visits ³	urgent care	emergency room care	outpatient/inpatient hospital services	deductible is doubled for two-person and family policies	out-of-pocket maximum is doubled for two-person and family policies	wellness drugs ⁷ (generic/preferred/non-preferred brands)				
Vermont Preferred Plans	GOLD	●		\$1,250	Aggregate ⁸	\$5,150 ²	\$0	combined 4-8-12 zero dollar office visits, then deductible, then \$20	4 zero dollar office visits per member, then deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,500	\$5/\$50/60% ⁷	Deductible, then \$5/40%/60%	\$791.42	\$1,582.84	\$1,527.44	\$2,223.89
	SILVER REFLECTIVE ○	●		\$3,200	Aggregate ⁸	\$8,550 ²	\$0	combined 4-8-12 zero dollar office visits, then deductible, then \$30	4 zero dollar office visits per member, then deductible, then \$50	Deductible, then \$50	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,500	\$5/\$50/60% ⁷	Deductible, then \$5/40%/60%	\$657.24	\$1,314.48	\$1,268.47	\$1,846.84
	BRONZE	●		\$8,950	Aggregate ⁸	\$8,950 ²	\$0	combined 4-8-12 zero dollar office visits, then deductible, then \$0	4 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	\$587.78	\$1,175.56	\$1,134.42	\$1,651.66
Vermont Select Plans	GOLD CDHP	●	●	\$2,675	Aggregate ⁸	\$2,675	\$0	Deductible, then \$0				Combined with medical	\$1,500	\$5/40%/60% ⁷	Deductible, then \$0	\$807.84	\$1,615.68	\$1,559.13	\$2,270.03	
	SILVER CDHP REFLECTIVE ○	●	●	\$5,150	Aggregate ⁸	\$5,150 ²	\$0	Deductible, then \$0				Combined with medical	\$1,500	\$15/40%/60% ⁷	Deductible, then \$0	\$659.82	\$1,319.64	\$1,273.45	\$1,854.09	
	BRONZE CDHP	●	●	\$7,150	Aggregate ⁸	\$7,150 ²	\$0	Deductible, then \$0				Combined with medical	Combined ¹	\$25/65%/85% ⁷	Deductible, then \$0	\$581.44	\$1,162.88	\$1,122.18	\$1,633.85	
Standard Plans	PLATINUM	●		\$425	Stacked ⁸	\$1,500 ⁴	\$0	3 zero dollar office visits per member, then \$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,400 ⁶	\$10/\$50/50%		\$994.55	\$1,989.10	\$1,919.48	\$2,794.69
	GOLD	●		\$1,400	Stacked ⁸	\$5,600 ⁴	\$0	3 zero dollar office visits per member, then \$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	\$200 single/ \$400 two-person & family	\$1,400 ⁶	\$12/deductible, then \$55/50%		\$831.51	\$1,663.02	\$1,604.81	\$2,336.54
	SILVER REFLECTIVE ○	●		\$4,000	Stacked ⁸	\$9,100	\$0	3 zero dollar office visits per member, then \$40	\$90	\$100	Deductible, then \$500	Deductible, then 50%	\$500 single/ \$1,000 two-person & family	\$1,400	\$20 /deductible, then \$70 /50%		\$667.15	\$1,334.30	\$1,287.60	\$1,874.69
	BRONZE	●		\$6,450	Stacked ⁸	\$9,100	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		\$1,100 single/\$2,200 two-person & family	\$1,400	\$15/deductible, then \$85/60%		\$577.51	\$1,155.02	\$1,114.59	\$1,622.80
	BRONZE INTEGRATED	●		\$9,000	Stacked ⁸	\$9,000	\$0	3 zero dollar office visits per member, then \$40	\$100	Deductible, then \$0		Combined with medical	Combined ¹	\$30/deductible, then \$0		\$594.37	\$1,188.74	\$1,147.13	\$1,670.18	
	SILVER CDHP REFLECTIVE ○	●	●	\$2,100	Aggregate ⁸	\$7,050 ²	\$0	Deductible, then 10%	Deductible, then 30%			Combined with medical	\$1,500	\$10/\$40/50% ⁷	Deductible, then \$10/\$40/50%	\$704.25	\$1,408.50	\$1,359.20	\$1,978.94	
	BRONZE CDHP	●	●	\$5,800	Aggregate ⁸	\$7,100 ²	\$0	Deductible, then 50%				Combined with medical	\$1,500	\$12/40%/60% ⁷	Deductible, then \$12/40%/60%	\$596.43	\$1,192.86	\$1,151.11	\$1,675.97	

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

○ Reflective Silver plans are available for small businesses 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 bluecrossvt.org/smallbusiness

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-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. ³Cost-sharing 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 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 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.