

2024 INDIVIDUAL & FAMILY PLANS & PREMIUMS CHART

Blue numbers mean a change for 2024 plans



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

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		BENEFITS		MEDICAL								PHARMACY				2024 MONTHLY PREMIUMS					
				Deductible		Out-of-pocket maximum	Medical cost-sharing						Deductible	Out-of-pocket maximum	Prescription drugs cost-sharing		Cost of monthly premiums before any premium assistance from Vermont Health Connect (VHC). Financial help may be available with VHC.				
		Health Savings Account (HSA)	deductible is doubled for two-person and family plans	deductible type ⁸	out-of-pocket maximum is doubled for two-person and family plans	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 plans	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)	Single	Two-person	Adult and child or children	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	4 zero dollar office visits per member, then deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,600	\$5/\$50/60% ⁷	Deductible, then \$5/40%/60%	\$1,017.50	\$2,035.00	\$1,963.78	\$2,859.18		
	SILVER ○	VHC BCBSVT	\$3,250	Aggregate ⁸	\$8,750 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	\$1,600	\$5/\$50/60% ⁷	Deductible, then \$5/40%/60%	\$838.89	\$1,677.78	\$1,619.06	\$2,357.28		
	BRONZE		\$9,250	Aggregate ⁸	\$9,250 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	\$747.51	\$1,495.02	\$1,442.69	\$2,100.50		
Vermont Select Plans	GOLD CDHP ●		\$2,850	Aggregate ⁸	\$2,850	\$0	Deductible, then \$0						Combined with medical	\$1,600	\$5/\$50/60% ⁷	Deductible, then \$0	\$1,023.16	\$2,046.32	\$1,974.70	\$2,875.08	
	SILVER CDHP ○	VHC BCBSVT	\$5,500	Aggregate ⁸	\$5,500 ²	\$0	Deductible, then \$0						Combined with medical	\$1,600	\$15/\$50/60% ⁷	Deductible, then \$0	\$832.04	\$1,664.08	\$1,605.84	\$2,338.03	
		\$5,475	\$5,475 ²		\$963.04												\$1,926.08	\$1,858.67	\$2,706.14		
BRONZE CDHP ●		\$7,500	Aggregate ⁸	\$7,500 ²	\$0	Deductible, then \$0						Combined with medical	Combined ¹	\$25/65%/85% ⁷	Deductible, then \$0	\$736.00	\$1,472.00	\$1,420.48	\$2,068.16		
Standard Plans	PLATINUM		\$450	Stacked ⁸	\$1,500 ⁶	\$0	3 zero dollar office visits per member, then \$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,500 ⁶	\$10/\$50/50%		\$1,276.44	\$2,552.88	\$2,463.53	\$3,586.80		
	GOLD		\$1,400	Stacked ⁸	\$5,600 ⁶	\$0	3 zero dollar office visits per member, then \$20	\$55	\$65	Deductible, then \$150	Deductible, then 30%	\$200 single/\$400 two-person & family	\$1,500 ⁶	\$15/deductible, then \$60/50%		\$1,055.04	\$2,110.08	\$2,036.23	\$2,964.66		
	SILVER ○	VHC BCBSVT	\$4,000	Stacked ⁸	\$9,300	\$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	\$1,500	\$20/deductible, then \$70/50%		\$853.28	\$1,706.56	\$1,646.83	\$2,397.72		
	BRONZE		\$6,450	Stacked ⁸	\$9,450	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		\$1,100 single/\$2,200 two-person & family	\$1,500	\$20/deductible, then \$85/60%		\$726.42	\$1,452.84	\$1,401.99	\$2,041.24		
	BRONZE INTEGRATED		\$9,400	Stacked ⁸	\$9,400	\$0	3 zero dollar office visits per member, then \$40	\$100	Deductible, then \$0			Combined with medical	Combined ¹	\$30/deductible, then \$0		\$755.39	\$1,510.78	\$1,457.90	\$2,122.65		
	SILVER CDHP ○	VHC BCBSVT	\$2,100	Aggregate ⁸	\$7,050 ²	\$0	Deductible, then 15%	Deductible, then 35%						Combined with medical	\$1,600	\$10/\$40/50% ⁷	Deductible, then \$10/\$40/50%	\$887.31	\$1,774.62	\$1,712.51	\$2,493.34
	BRONZE CDHP ●		\$5,800	Aggregate ⁸	\$7,200 ²	\$0	Deductible, then 50%						Combined with medical	\$1,600	\$12/40%/60% ⁷	Deductible, then \$12/40%/60%	\$760.98	\$1,521.96	\$1,468.69	\$2,138.35	
	CATASTROPHIC <i>must be under age 30 or income qualified</i>		\$9,450	Aggregate ⁸	\$9,450 ²	\$0	combined 3-6-9 zero dollar office visits, then deductible, then \$0	Deductible, then \$0						Combined with medical	\$1,600	Deductible, then \$0		\$309.84	\$619.68	\$597.99	\$870.65

¹ 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're interested in purchasing a Silver plan, the 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, please visit vermonthealthconnect.gov.

² This 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. ³ Regardless of all other cost-sharing, if one Individual's out-of-pocket costs reach \$9,450 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. ⁴ Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at bluecrossvt.org/QHP. ⁵ Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁶ Visit bluecrossvt.org/preventive for the full list of preventive services covered at no cost to you. ⁷ Medical and prescription out-of-pocket limits are separate. ⁸ Deductible 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. ⁹ Stacked 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.

All plans include pediatric dental and vision benefits for members up to age 21. Hearing aid services are available beginning in 2024. Plan details can be found in each plan's Summary of Benefits and Coverage (SBC).