BlueCross BlueShield of Vermont

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

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2026 INDIVIDUAL & FAMILY QUALIFIED HEALTH PLANS & PREMIUMS CHART

Orange numbers indicate a change for 2026 plans

		BENEFITS		MEDICAL											PHARMACY					2026 MONTHLY PREMIUMS			
		Health spending 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 financial help from Vermont Health Connect (VHC). Subsidies may be available with VHC.			
		Health Savings Account (HSA)*		Medical deductible is doubled for two-person and family plans	Deductible type[1]	Medical out-of-pocket maximum is doubled for two-person and family plans	Preventive care[2]	Primary care, mental health, or provider visits for substance use disorder treatment	Specialist visits with diagnosis of heart disease or diabetes[3]	Specialist visits[4]	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[5] (generic/preferred/non-preferred brands)	Prescription drugs (generic/preferred/non-preferred brands)		Individual-only	Individual + Spouse	Individual + Child(ren)	Family
Vermont Preferred Plans	GOLD			$1,350	Aggregate[1]	$5,150[6]	$0	Combined 4, 8, or 12 $0 office visits, then deductible, then $20	Four $0 office visits per member, then deductible, then $40	Deductible, then $40	$60	Deductible, then $250	Deductible, then $750	Combined with medical	$1,700	$5/$50/60%[5]	Deductible, then $5/40%/60%		$1,334.51	$2,669.02	$2,575.60	$3,749.97
Vermont Preferred Plans	SILVER ○		BCBSVT	$3,750	Aggregate[1]	$9,250[6]	$0	Combined 4, 8, or 12 $0 office visits, then deductible, then $30	Four $0 office visits per member, then deductible, then $50	Deductible, then $50	$70	Deductible, then $450	Deductible, then $1,750	Combined with medical	$1,700	$5/$50/60%[5]	Deductible, then $5/40%/60%	BCBSVT	$1,080.37	$2,160.74	$2,085.11	$3,035.84
Vermont Preferred Plans	SILVER ○		VHC															VHC	$1,498.26	$2,996.52	$2,891.64	$4,210.11
Vermont Preferred Plans	BRONZE	●		$9,950	Aggregate[1]	$9,950[6]	$0	Combined 4, 8, or 12 $0 office visits, then deductible, then $0	Four $0 office visits per member, then deductible, then $0	Deductible, then $0				Combined with medical	Combined[8]	$15/$50/60%[5]	Deductible, then $0		$951.49	$1,902.98	$1,836.38	$2,673.69
Vermont Select Plans	GOLD CDHP	●		$3,200	Aggregate[1]	$3,200	$0	Deductible, then $0						Combined with medical	$1,700	$5/$50/60%[5]	Deductible, then $0		$1,335.43	$2,670.86	$2,577.38	$3,752.56
Vermont Select Plans	SILVER CDHP ○	●	BCBSVT	$6,000	Aggregate[1]	$6,000[6]	$0	Deductible, then $0						Combined with medical	$1,700	$15/$50/60%[5]	Deductible, then $0	BCBSVT	$1,084.88	$2,169.76	$2,093.82	$3,048.51
Vermont Select Plans	SILVER CDHP ○		VHC	$5,975		$5,975[6]												VHC	$1,506.04	$3,012.08	$2,906.66	$4,231.97
Vermont Select Plans	BRONZE CDHP	●		$8,200	Aggregate[1]	$8,200[6]	$0	Deductible, then $0						Combined with medical	Combined[8]	$25/65%/85%[5]	Deductible, then $0		$945.29	$1,890.58	$1,824.41	$2,656.26
Standard Plans	PLATINUM			$500	Stacked[1]	$1,600[7]	$0	Three $0 office visits per member, then $15	$30	$40		Deductible, then $100	Deductible, then 10%	$0	$1,600[7]	$10/$50/50%			$1,579.72	$3,159.44	$3,048.86	$4,439.01
Standard Plans	GOLD			$1,500	Stacked[1]	$5,700[7]	$0	Three $0 office visits per member, then $20	$55	$65		Deductible, then $150	Deductible, then 30%	$250 individual/ $500 family	$1,650[7]	$15/deductible, then $60/50%			$1,345.45	$2,690.90	$2,596.72	$3,780.71
Standard Plans	SILVER ○		BCBSVT	$3,500	Stacked[1]	$10,150	$0	Three $0 office visits per member, then $40	$90	$100		Deductible, then $250	Deductible, then 50%	$500 individual/ $1,000 family	$1,650	$15/deductible, then $70/50%		BCBSVT	$1,104.14	$2,208.28	$2,130.99	$3,102.63
Standard Plans	SILVER ○		VHC															VHC	$1,531.88	$3,063.76	$2,956.53	$4,304.58
Standard Plans	BRONZE	●		$6,450	Stacked[1]	$10,150	$0	Deductible, then $35	Deductible, then $90	Deductible, then $100		Deductible, then 50%		$1,100 individual/ $2,200 family	$1,650	$15/deductible, then $85/60%			$933.15	$1,866.30	$1,800.98	$2,622.15
Standard Plans	BRONZE INTEGRATED	●		$10,150	Stacked[1]	$10,150	$0	Three $0 office visits per member, then $40	$100	Deductible, then $0				Combined with medical	Combined[8]	$25/deductible, then $0			$986.53	$1,973.06	$1,904.00	$2,772.15
Standard Plans	SILVER CDHP ○	●	BCBSVT	$2,300	Aggregate[1]	$7,250[9]	$0	Deductible, then 10%	Deductible, then 35%					Combined with medical	$1,700	$10/$40/50%[5]	Deductible, then $10/$40/50%	BCBSVT	$1,149.39	$2,298.78	$2,218.32	$3,229.79
Standard Plans	SILVER CDHP ○		VHC															VHC	$1,595.88	$3,191.76	$3,080.05	$4,484.42
Standard Plans	BRONZE CDHP	●		$6,000	Aggregate[1]	$7,600[9]	$0	Deductible, then 50%						Combined with medical	$1,700	$12/40%/60%[5]	Deductible, then $12/40%/60%		$988.06	$1,976.12	$1,906.96	$2,776.45

Cost-share for each health plan above is based on the individual-only coverage type. Plan benefits may change for individual + spouse, individual + child(ren), or family coverage types.

*Explore pairing a Health Savings Account (HSA) with your health plan, visit **bluecrossvt.org/QHP-HSA**.

○ **Silver plans through Vermont Health Connect (VHC) now cost more than Gold plans. We encourage you to shop and compare all health plan options available to determine which plan 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're interested in purchasing a Silver plan, the monthly premiums are lower if you enroll in a Silver Reflective plan directly with us, but you will not be eligible for financial help (subsidies). To verify your eligibility before you enroll, visit **VermontHealthConnect.gov**. Plan details for Enhanced Silver (cost-sharing reduction) plans through VHC are not shown in the above. For more information about these plans, visit **bluecrossvt.org/QHP** or **VermontHealthConnect.gov**.

[1]For **Stacked** deductibles, once a member meets their deductible, the health plan pays accordingly, even for an individual + spouse or family plan. For **Aggregate** deductibles, once all members on the health plan meet their collective deductible, the health plan pays accordingly. [2]Visit **bluecrossvt.org/preventive** for the full list of preventive services covered at $0 cost to you. [3]Specialist visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. [4]Cost-share may vary for chiropractic and outpatient physical therapy. See the Summary of Benefits and Coverage (SBC) at **bluecrossvt.org/QHP**. [5]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 available wellness drugs. [6]Regardless of all other cost-share, if one person's out-of-pocket cost reaches $10,150 in a year, we begin paying 100% of the allowed amount for that person's covered services and supplies. [7]Medical and prescription drug out-of-pocket limits are separate. [8]This plan does not include a separate prescription drug out-of-pocket maximum. All covered medical and pharmacy expenses accumulate to the overall combined out-of-pocket maximum. [9]Regardless of all other cost-share, if one person's out-of-pocket cost reaches $10,600 in a year, we begin paying 100% of the allowed amount for that person's covered services and supplies.