



**BlueCross
BlueShield**
of Vermont


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

Questions? Contact us at:
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284.516 (09.2025)

2026 SMALL GROUP QUALIFIED HEALTH PLANS & PREMIUMS CHART

Orange numbers indicate a change for 2026 plans

<div><div><div><div><div></div><div>BlueCross BlueShield</div><div>of Vermont</div></div><div><div>An Independent Licensee of the Blue Cross and Blue Shield Association.</div><div>Questions? Contact us at: (800) 255-4550 (TTY/TDD: 711) consumersupport@bcbsvt.com bluecrossvt.org/smallbusiness</div><div>284.516 (09.2025)</div></div></div></div></div>				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)						
				Health Reimbursement Arrangement (HRA)	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)	Employee-only	Two-person	Employee + 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%	\$1,188.53	\$2,377.06	\$2,293.86	\$3,339.77				
	SILVER REFLECTIVE○	●		\$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%	\$959.56	\$1,919.12	\$1,851.95	\$2,696.36				
	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	\$843.35	\$1,686.70	\$1,627.67	\$2,369.81				
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	\$1,189.80	\$2,379.60	\$2,296.31	\$3,343.34				
	SILVER CDHP REFLECTIVE○	●	●	\$6,000	Aggregate ¹	\$6,000 ⁶	\$0	Deductible, then \$0						Combined with medical	\$1,700	\$15/\$50/60% ⁵	Deductible, then \$0	\$963.65	\$1,927.30	\$1,859.84	\$2,707.86				
	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	\$838.03	\$1,676.06	\$1,617.40	\$2,354.86				
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%		\$1,409.43	\$2,818.86	\$2,720.20	\$3,960.50				
	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%		\$1,198.19	\$2,396.38	\$2,312.51	\$3,366.91					
	SILVER REFLECTIVE○	●		\$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%		\$980.80	\$1,961.60	\$1,892.94	\$2,756.05					
	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%		\$826.99	\$1,653.98	\$1,596.09	\$2,323.84				
	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		\$874.65	\$1,749.30	\$1,688.07	\$2,457.77				
	SILVER CDHP REFLECTIVE ○	●	●	\$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%	\$1,021.58	\$2,043.16	\$1,971.65	\$2,870.64				
	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%	\$876.14	\$1,752.28	\$1,690.95	\$2,461.95				

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

*Explore pairing health spending accounts with your organization's group health plan, visit bluecrossvt.org/HSA-HRA.

○Silver Reflective 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).

¹For **Stacked** deductibles, once a member meets their deductible, the health plan pays accordingly, even for a two-person or family plan. For **Aggregate** deductibles, once all members on the health plan meet their collective deductible, the health plan pays accordingly. ²Visit bluecrossvt.org/preventive for the full list of preventive services covered at \$0 cost to you. ³Specialist visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁴Cost-share may vary for chiropractic and outpatient physical therapy. See the Summary of Benefits and Coverage at bluecrossvt.org/smallbusiness. ⁵Deductible 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 available wellness drugs. ⁶Regardless 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. ⁷Medical and prescription drug out-of-pocket maximums are separate. ⁸This 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. ⁹Regardless 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.