

2022 Individual & Family Silver Plans and Premiums with Cost-Sharing Reductions

Enhanced Silver plans are only available through Vermont Health Connect (VHC). Please visit, VermontHealthConnect.gov to learn more. **Because of new federal legislation, many Vermonters will experience a reduction in their monthly costs as well as access to more zero-premium plans in 2022.** Cost-sharing reduction levels are based on eligibility of household size and household income. This financial help is available to reduce some out-of-pocket medical expenses on the silver plans Blue Cross and Blue Shield of Vermont offers through VHC.

Enhanced Silver 73 Plans				
	Vermont Preferred Silver 73	Vermont Select Silver CDHP 73	Standard Silver 73	Standard Silver CDHP 73
Medical				
Deductible ¹	\$2,100	\$3,850	\$3,100	\$1,750
Out-of-pocket maximum ¹	\$6,200 ²	\$3,850	\$6,750	\$5,200 ²
Plan Type	Aggregate ³	Aggregate ³	Stacked ³	Aggregate ³
Preventive Care ⁴	\$0	\$0	\$0	\$0
Primary care provider or mental health visits	Combined 3-6-9 visits with no cost-sharing, then deductible, then \$30	Deductible, then \$0	\$35	Deductible, then 10%
Select Chronic Care Specialist visits with diagnosis of heart disease or diabetes ⁵	3 visits per member with no cost-sharing, then deductible, then \$50		\$70	Deductible, then 25%
Specialist visits	Deductible, then \$50			
Chiropractic/physical therapy visits	Deductible, then \$40		\$45	
Urgent care	Deductible, then \$50		\$80	
Emergency room	Deductible, then \$400		Deductible, then \$250	
Outpatient/inpatient hospital care	Deductible, then \$1,500		Deductible, then 50%	
Pharmacy				
Prescription deductible ¹	Combined with medical	Combined with medical	\$350 single / \$700 two-person+	Combined with medical
Prescription out-of-pocket maximum ¹	\$1,400	\$1,400	\$1,250	\$1,400
Select wellness drugs (generic/preferred brand/non-preferred brand) ⁶	\$5 / \$50 / 60%	\$15 / 40% / 60%	\$12 / Rx deductible, then \$60 / 50%	\$10 / \$40 / 50%
Prescription drugs (generic /preferred brand/non-preferred brand) ⁶	Deductible, then \$5 / 40% / 60%	Deductible, then \$0		Deductible, then \$10 / \$40 / 50%
2022 Monthly Premiums				
Premium before any premium assistance				
Single	\$757.46	\$760.89	\$772.90	\$789.15
Two-person	\$1,514.92	\$1,521.78	\$1,545.80	\$1,578.30
Adult and child or children	\$1,461.90	\$1,468.52	\$1,491.70	\$1,523.06
Family	\$2,128.46	\$2,138.10	\$2,171.85	\$2,217.51

¹ Deductible and out-of-pocket maximum is doubled for plans with two or more members enrolled.

² Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,700 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.

³ **Stacked:** The plan pays benefits for an individual once the individual deductible is met, even on a two-person or family plan. **Aggregate:** The full single or family deductible must be satisfied before benefits are paid.

⁴ Visit bluecrossvt.org/preventive for the full list of preventive services covered at no cost to you.

⁵ Select Chronic Care specialist visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only.

⁶ For more information about our National Performance Formulary (NPF) visit bluecrossvt.org/vermontbluerx.