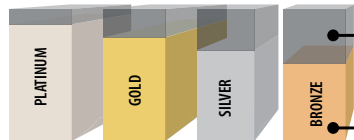


		PLAN BENEFITS		MEDICAL							PHARMACY				MONTHLY PREMIUMS				
		Blue Rewards Health & Wellness Plans	Financial accounts	Individual plan deductible		Individual plan out-of-pocket maximum	Medical cost-sharing					Individual prescription deductible	Individual prescription out-of-pocket maximum	Prescription drugs cost-sharing		Premium before any premium assistance.			
				deductible is doubled for 2-person and family policies	deductible type (see above right for definitions)	out-of-pocket maximum is doubled for 2-person and family policies	preventive care: visit www.bcbsvt.com/preventive for the full list of preventive services covered at \$0	primary care provider or mental health visits	specialist visits	emergency room	inpatient			deductible is doubled and aggregate for 2-person and family policies when combined with medical	out-of-pocket maximum is doubled for 2-person and family policies	select wellness drugs (generic/preferred/non-preferred brands)	prescription drugs (generic/preferred/non-preferred brands)	single	two person
Blue Rewards Health and Wellness Plans	GOLD	●		\$1,500	aggregate	\$4,500**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$30	deductible, then \$250	deductible, then \$500	combined with medical	\$1,350	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$633.59	\$1,267.18	\$1,222.83	\$1,780.39
	SILVER	●		\$2,750	aggregate	\$7,350**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$400	deductible, then \$1,500	combined with medical	\$1,350	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$549.55	\$1,099.10	\$1,060.63	\$1,544.24
	BRONZE	●		\$7,350	aggregate	\$7,350**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	deductible, then \$0	deductible, then \$0	\$484.78	\$969.56	\$935.63	\$1,362.23
	GOLD CDHP	●	●	\$2,750	aggregate	\$2,750	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,350	\$5/40%/60%	deductible, then \$0	\$607.36	\$1,214.72	\$1,172.20	\$1,706.68
	BRONZE CDHP	●	●	\$6,650	aggregate	\$6,650**	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	\$25/40%/60%	deductible, then \$0	\$484.56	\$969.12	\$935.20	\$1,361.61
	CATASTROPHIC <i>specific qualifications apply</i>	●		\$7,350	aggregate	\$7,350**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,350	deductible, then \$0	deductible, then \$0	\$246.14	\$492.28	\$475.05	\$691.65
Standard Plans	PLATINUM			\$300	stacked	\$1,300 medical plus \$1,300 Rx	\$0	\$10	\$30	deductible, then \$100	deductible, then 10%	\$0	\$1,300	\$5/\$50/50%	\$5/\$50/50%	\$751.92	\$1,503.84	\$1,451.21	\$2,112.90
	GOLD			\$850	stacked	\$4,500 medical plus \$1,300 Rx	\$0	\$15	\$30	deductible, then \$150	deductible, then 30%	\$100 per member	\$1,300	\$5/deductible, then \$50/50%	\$5/deductible, then \$50/50%	\$657.15	\$1,314.30	\$1,268.30	\$1,846.59
	SILVER			\$2,600	stacked	\$6,800	\$0	\$25	\$75	deductible, then \$250	deductible, then 40%	\$300 per member	\$1,300	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	\$561.02	\$1,122.04	\$1,082.77	\$1,576.47
	BRONZE			\$5,000	stacked	\$7,350	\$0	deductible, then \$35	deductible, then \$90	deductible, then 50%	deductible, then 50%	\$900 per member	\$1,300	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%	\$488.26	\$976.52	\$942.34	\$1,372.01
	BRONZE <i>without Rx MOOP</i>			\$7,350	stacked	\$7,350	\$0	\$40	\$100	deductible, then \$0	deductible, then \$0	\$0	n/a*	\$25/deductible, then \$0	\$25/deductible, then \$0	\$499.22	\$998.44	\$963.49	\$1,402.81
	SILVER CDHP		●	\$1,550	aggregate	\$6,400**	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%	deductible, then 30%	combined with medical	\$1,350	\$10/\$40/50%	deductible, then \$10/\$40/50%	\$571.48	\$1,142.96	\$1,102.96	\$1,605.86
	BRONZE CDHP		●	\$5,250	aggregate	\$6,550**	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	combined with medical	\$1,350	\$12/40%/60%	deductible, then \$12/40%/60%	\$492.22	\$984.44	\$949.98	\$1,383.14



● cost-sharing (deductibles, co-payments, etc.)
● cost covered by your premium

Blue Rewards Health and Wellness Plans All BCBSVT Blue Rewards plans include a \$300 reward for completing a health assessment, attending a workshop, getting an annual preventive check-up and getting a dental check-up or vision exam.

Consumer Directed Health Plans (CDHP) All BCBSVT CDHPs come with the option of an integrated health savings account (HSA), where you may save money tax free to help pay for qualified care expenses.

Deductible types—In many plans, you get coverage for most services only after you have met deductibles, which you pay once in a calendar year. You may have aggregate or stacked family deductibles. With an **aggregate** family deductible, a two-person plan or family must meet the family deductible before any family member

receives post-deductible benefits. With a **stacked** deductible, a member on a family plan may meet an individual deductible and begin receiving post-deductible benefits. When the family meets the family deductible, all family members receive post-deductible benefits.



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

(800) 255-4550 | consumersupport@bcbsvt.com | www.bcbsvt.com

*This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). All expenses accumulate to the overall out-of-pocket maximum.

**Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$7,350 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.