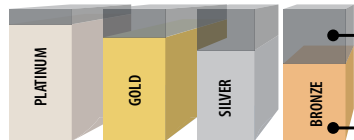


|  |  | PLAN BENEFITS  |                              | MEDICAL  |   |   |   |   |                       |                        | PHARMACY                           |   |   |  | MONTHLY PREMIUMS  |          |            |                             |            |
|--|--|--|------------------------------|--|---|---|---|---|-----------------------|------------------------|------------------------------------|---|---|--|---|----------|------------|-----------------------------|------------|
|  |  | 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.                      |          |            |                             |            |
|  |  | up to \$300 per adult in health and wellness rewards | Health Savings Account (HSA) | 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 <a href="http://www.bcbsvt.com/preventive">www.bcbsvt.com/preventive</a> 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 | adult and child or children | family     |
| 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<br><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<br><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](mailto:consumersupport@bcbsvt.com) | [www.bcbsvt.com](http://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.