

2021 SMALL GROUP PLANS & PREMIUMS

		BENEFITS		MEDICAL									PHARMACY				2021 MONTHLY PREMIUMS				
		Financial accounts*		Deductible		Out-of-pocket maximum	Medical cost-sharing						Deductible	Out-of-pocket maximum	Prescription drugs cost-sharing		Premium before any premium assistance.				
		Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	deductible is doubled for 2-person and family policies	deductible type	out-of-pocket maximum is doubled for 2-person and family policies	preventive care ⁵	primary care provider or mental health visits	specialist visits with diagnosis of heart disease or diabetes ⁴	specialist visits ³	urgent care	emergency room	outpatient/inpatient hospital care	deductible is doubled for 2-person and family policies	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
Vermont Preferred Plans	GOLD	●		\$1,550	Aggregate	\$5,150 ²	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$20	3 visits per member with no cost-sharing, then deductible, then \$40	Deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,400	\$5/\$50/60%	Deductible, then \$5/40%/60%	\$731.76	\$1,463.52	\$1,412.30	\$2,056.25
	SILVER REFLECTIVE ○	●		\$3,000	Aggregate	\$8,150 ²	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$30	3 visits per member with no cost-sharing, then deductible, then \$50	Deductible, then \$50	Deductible, then \$50	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,400	\$5/\$50/60%	Deductible, then \$5/40%/60%	\$632.21	\$1,264.42	\$1,220.17	\$1,776.51
	BRONZE	●		\$8,550	Aggregate	\$8,550²	\$0	combined 3-6-9 visits with no cost-sharing, then deductible, then \$0	3 visits per member with no cost-sharing, then deductible, then \$0	Deductible, then \$0	Deductible, then \$0			Combined with medical	Combined ¹	\$15/\$50/60%	Deductible, then \$0	\$562.56	\$1,125.12	\$1,085.74	\$1,580.79
Vermont Select Plans	CDHP GOLD	●	●	\$2,550	Aggregate	\$2,550	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$5/40%/60%	Deductible, then \$0	\$770.70	\$1,541.40	\$1,487.45	\$2,165.67
	CDHP SILVER REFLECTIVE ○	●	●	\$4,500	Aggregate	\$4,500²	\$0	Deductible, then \$0						Combined with medical	\$1,400	\$15/40%/60%	Deductible, then \$0	\$649.74	\$1,299.48	\$1,254.00	\$1,825.77
	CDHP BRONZE	●	●	\$6,950	Aggregate	\$6,950²	\$0	Deductible, then \$0						Combined with medical	Combined ¹	\$25/65%/85%	Deductible, then \$0	\$557.06	\$1,114.12	\$1,075.13	\$1,565.34
Standard Plans	PLATINUM	●		\$350	Stacked	\$1,400⁶	\$0	\$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,400⁶	\$10/\$50/50%			\$939.97	\$1,879.94	\$1,814.14	\$2,641.32
	GOLD	●		\$1,100	Stacked	\$5,200⁶	\$0	\$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	\$100 single/\$200 2-person & family	\$1,400⁶	\$12/ deductible, then \$55/50%			\$796.44	\$1,592.88	\$1,537.13	\$2,238.00
	SILVER REFLECTIVE ○	●		\$3,200	Stacked	\$8,150	\$0	\$35	\$80	\$90	Deductible, then \$250	Deductible, then 50%	\$350 single/\$700 2-person & family	\$1,400	\$15/deductible, then \$60/50%			\$659.14	\$1,318.28	\$1,272.14	\$1,852.18
	BRONZE	●		\$6,250	Stacked	\$8,400	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		\$1,000 single/\$2,000 2-person & family	\$1,400	\$15/ deductible, then \$85/60%			\$560.45	\$1,120.90	\$1,081.67	\$1,574.86
	BRONZE without Rx MOOP	●		\$8,400	Stacked	\$8,400	\$0	\$40	\$100	Deductible, then \$0			Combined with medical	Combined ¹	\$30/ deductible, then \$0			\$568.00	\$1,136.00	\$1,096.24	\$1,596.08
	SILVER CDHP REFLECTIVE ○	●	●	\$1,750	Aggregate	\$6,900²	\$0	Deductible, then 10%	Deductible, then 30%				Combined with medical	\$1,400	\$10/\$40/50%	Deductible, then \$10/\$40/50%		\$686.16	\$1,372.32	\$1,324.29	\$1,928.11
	BRONZE CDHP	●	●	\$5,500	Aggregate	\$6,900²	\$0	Deductible, then 50%						Combined with medical	\$1,400	\$12/40%/60%	Deductible, then \$12/40%/60%		\$573.62	\$1,147.24	\$1,107.09

*To learn more about financial accounts available, visit bcbstv.com/mymoney

○ Reflective Silver Plans are nearly identical to Silver Plans offered through Vermont Health Connect. If you are enrolled on a Reflective Silver Plan, you will not be eligible for Premium Assistance.

Blue figures indicate a change for 2021 plans.

¹This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). All expenses accumulate to the overall out-of-pocket maximum. ²Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,550 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. ³Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at bcbstv.com/qhpsmallbusiness. ⁴Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁵Visit bcbstv.com/preventive for the full list of preventive services covered at no cost to you. ⁶Medical and prescription out-of-pocket limits are separate.