



**BlueCross  
BlueShield**  
of Vermont

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

Blue numbers mean a change for 2023 plans

# 2023 SMALL GROUP PLANS & PREMIUMS CHART

BENEFITS		MEDICAL										PHARMACY				2023 MONTHLY PREMIUMS				
		Deductible		Out-of-pocket maximum	Medical cost-sharing							Deductible	Out-of-pocket maximum	Prescription drugs cost-sharing		Single	Two-person	Adult and child or children	Family	
Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	deductible is doubled for two-person and family policies	deductible type	out-of-pocket maximum is doubled for two-person and family policies	preventive care <sup>5</sup>	primary care, mental health, or substance use disorder treatment provider visits	specialist visits with diagnosis of heart disease or diabetes <sup>4</sup>	specialist visits <sup>3</sup>	urgent care	emergency room care	outpatient/inpatient hospital services	deductible is doubled for two-person and family policies	out-of-pocket maximum is doubled for two-person and family policies	wellness drugs <sup>7</sup> (generic/preferred/non-preferred brands)	prescription drugs (generic/preferred/non-preferred brands)					
Vermont Preferred Plans	<b>GOLD</b>	●		<b>\$1,250</b>	Aggregate <sup>8</sup>	\$5,150 <sup>2</sup>	\$0	combined 4-8-12 zero dollar office visits, then deductible, then \$20	4 zero dollar office visits per member, then deductible, then \$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$750	Combined with medical	<b>\$1,500</b>	\$5/\$50/60% <sup>7</sup>	Deductible, then \$5/40%/60%	\$791.42	\$1,582.84	\$1,527.44	\$2,223.89
	<b>SILVER REFLECTIVE</b> ○	●		<b>\$3,200</b>	Aggregate <sup>8</sup>	<b>\$8,550</b> <sup>2</sup>	\$0	combined 4-8-12 zero dollar office visits, then deductible, then \$30	4 zero dollar office visits per member, then deductible, then \$50	Deductible, then \$50	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	<b>\$1,500</b>	\$5/\$50/60% <sup>7</sup>	Deductible, then \$5/40%/60%	\$657.24	\$1,314.48	\$1,268.47	\$1,846.84
	<b>BRONZE</b>	●		<b>\$8,950</b>	Aggregate <sup>8</sup>	<b>\$8,950</b> <sup>2</sup>	\$0	combined 4-8-12 zero dollar office visits, then deductible, then \$0	4 zero dollar office visits per member, then deductible, then \$0	Deductible, then \$0			Combined with medical	Combined <sup>1</sup>	\$15/\$50/60% <sup>7</sup>	Deductible, then \$0	\$587.78	\$1,175.56	\$1,134.42	\$1,651.66
Vermont Select Plans	<b>GOLD CDHP</b>	●	●	<b>\$2,675</b>	Aggregate <sup>8</sup>	<b>\$2,675</b>	\$0	Deductible, then \$0				Combined with medical	<b>\$1,500</b>	\$5/40%/60% <sup>7</sup>	Deductible, then \$0	\$807.84	\$1,615.68	\$1,559.13	\$2,270.03	
	<b>SILVER CDHP REFLECTIVE</b> ○	●	●	<b>\$5,150</b>	Aggregate <sup>8</sup>	<b>\$5,150</b> <sup>2</sup>	\$0	Deductible, then \$0				Combined with medical	<b>\$1,500</b>	\$15/40%/60% <sup>7</sup>	Deductible, then \$0	\$659.82	\$1,319.64	\$1,273.45	\$1,854.09	
	<b>BRONZE CDHP</b>	●	●	<b>\$7,150</b>	Aggregate <sup>8</sup>	<b>\$7,150</b> <sup>2</sup>	\$0	Deductible, then \$0				Combined with medical	Combined <sup>1</sup>	\$25/65%/85% <sup>7</sup>	Deductible, then \$0	\$581.44	\$1,162.88	\$1,122.18	\$1,633.85	
Standard Plans	<b>PLATINUM</b>	●		<b>\$425</b>	Stacked <sup>8</sup>	<b>\$1,500</b> <sup>4</sup>	\$0	3 zero dollar office visits per member, then \$15	\$40	\$50	Deductible, then \$100	Deductible, then 10%	\$0	\$1,400 <sup>6</sup>	\$10/\$50/50%		\$994.55	\$1,989.10	\$1,919.48	\$2,794.69
	<b>GOLD</b>	●		<b>\$1,400</b>	Stacked <sup>8</sup>	<b>\$5,600</b> <sup>4</sup>	\$0	3 zero dollar office visits per member, then \$20	\$50	\$60	Deductible, then \$150	Deductible, then 30%	<b>\$200</b> single/ <b>\$400</b> two-person & family	\$1,400 <sup>6</sup>	\$12/deductible, then \$55/50%		\$831.51	\$1,663.02	\$1,604.81	\$2,336.54
	<b>SILVER REFLECTIVE</b> ○	●		<b>\$4,000</b>	Stacked <sup>8</sup>	<b>\$9,100</b>	\$0	3 zero dollar office visits per member, then \$40	<b>\$90</b>	<b>\$100</b>	Deductible, then \$500	Deductible, then 50%	<b>\$500</b> single/ <b>\$1,000</b> two-person & family	\$1,400	<b>\$20</b> /deductible, then <b>\$70</b> /50%		\$667.15	\$1,334.30	\$1,287.60	\$1,874.69
	<b>BRONZE</b>	●		\$6,450	Stacked <sup>8</sup>	<b>\$9,100</b>	\$0	Deductible, then \$35	Deductible, then \$90	Deductible, then \$100	Deductible, then 50%		\$1,100 single/\$2,200 two-person & family	\$1,400	\$15/deductible, then \$85/60%		\$577.51	\$1,155.02	\$1,114.59	\$1,622.80
	<b>BRONZE INTEGRATED</b>	●		<b>\$9,000</b>	Stacked <sup>8</sup>	<b>\$9,000</b>	\$0	3 zero dollar office visits per member, then \$40	\$100	Deductible, then \$0			Combined with medical	Combined <sup>1</sup>	\$30/deductible, then \$0		\$594.37	\$1,188.74	\$1,147.13	\$1,670.18
	<b>SILVER CDHP REFLECTIVE</b> ○	●	●	<b>\$2,100</b>	Aggregate <sup>8</sup>	<b>\$7,050</b> <sup>2</sup>	\$0	Deductible, then 10%	Deductible, then 30%				Combined with medical	<b>\$1,500</b>	\$10/\$40/50% <sup>7</sup>	Deductible, then \$10/\$40/50%	\$704.25	\$1,408.50	\$1,359.20	\$1,978.94
	<b>BRONZE CDHP</b>	●	●	<b>\$5,800</b>	Aggregate <sup>8</sup>	<b>\$7,100</b> <sup>2</sup>	\$0	Deductible, then 50%					Combined with medical	<b>\$1,500</b>	\$12/40%/60% <sup>7</sup>	Deductible, then \$12/40%/60%	\$596.43	\$1,192.86	\$1,151.11	\$1,675.97

\*To learn more about our integrated financial accounts, visit [bluecrossvt.org/mymoney](https://bluecrossvt.org/mymoney)

○ Reflective Silver plans are available for small businesses who enroll through Blue Cross and Blue Shield of Vermont.

All plans include pediatric dental and vision benefits for members up to age 21. Additional information is included in each plan's Summary of Benefits and Coverage (SBC) at [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness)

<sup>1</sup>This plan does not include a separate prescription drug out-of-pocket maximum. All covered medical & pharmacy expenses accumulate to the overall combined out-of-pocket maximum. <sup>2</sup>Regardless of all other cost-sharing, if one Individual's out-of-pocket costs reach \$9,100 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies. <sup>3</sup>Cost-sharing may vary for chiropractor & outpatient physical therapy. See the Summary of Benefits and Coverage at [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness) <sup>4</sup>Specialists visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. <sup>5</sup>Visit [bluecrossvt.org/preventive](https://bluecrossvt.org/preventive) for the full list of preventive services covered at no cost to you. <sup>6</sup>Medical and prescription out-of-pocket maximums are separate. <sup>7</sup>Deductible is waived for wellness drugs on our Vermont Preferred and Consumer-Directed Health Plans (CDHP). Visit [bluecrossvt.org/formulary-lists](https://bluecrossvt.org/formulary-lists) and click on the NPF Wellness List to view our wellness drugs. <sup>8</sup>Stacked deductible plans pay benefits for an Individual once the Individual deductible is met, even on a Two-person or Family plan. Aggregate deductibles, the full Individual or Family deductible must be satisfied before benefits are paid.