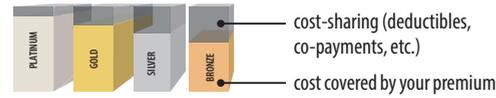


Blue Cross and Blue Shield of Vermont 2016 plans and premiums

on Vermont Health Connect



BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.
(800) 255-4550 | exchangeteam@bcbsvt.com | www.bcbsvt.com

Individuals without employer coverage:
Apply with Vermont Health Connect
by calling (855) 899-9600 or
going to VermontHealthConnect.gov



Blue Rewards Health and Wellness Plans					Standard Plans					
GOLD	SILVER	GOLD (CDHP)	BRONZE (CDHP)		PLATINUM	GOLD	SILVER	BRONZE	SILVER (CDHP)	BRONZE (CDHP)

PLAN BENEFITS

Blue Rewards Health and Wellness Plans	up to \$300 per adult in health and wellness rewards	●	●	●	●					
Financial accounts	Health Savings Account (HSA)			●	●				●	●
	Health Reimbursement Arrangement (HRA) (available only through an employer)	●	●	●	●	●	●	●	●	●

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

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

MEDICAL

Individual plan deductible	deductible is doubled for 2-person and family policies deductible type (see above right for definitions)	\$1,250 aggregate	\$2,000 aggregate	\$2,500 aggregate	\$6,550 aggregate	\$150 stacked	\$750 stacked	\$2,000 stacked	\$4,000 stacked	\$1,425 aggregate	\$4,100 aggregate
Individual plan out-of-pocket maximum	out-of-pocket maximum is doubled for 2-person and family policies	\$4,250*	\$6,850*	\$2,500	\$6,550*	\$1,250 medical plus \$1,250 Rx	\$4,250 medical plus \$1,250 Rx	\$5,600 medical plus \$1,250 Rx	\$6,850	\$5,750*	\$6,500*
Medical cost-sharing	preventive care: visit www.bcbsvt.com/preventive for the full list of preventive services covered at \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	primary care provider or mental health visits	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$0	deductible, then \$0	\$10	\$15	\$25	deductible, then \$35	deductible, then 10%	deductible, then 50%
	specialist visits	deductible, then \$30	deductible, then \$50	deductible, then \$0	deductible, then \$0	\$20	\$25	\$50	deductible, then \$85	deductible, then 25%	deductible, then 50%
	emergency room	deductible, then \$250	deductible, then \$250	deductible, then \$0	deductible, then \$0	\$100	\$150	deductible, then \$250	deductible, then 50%	deductible, then 25%	deductible, then 50%
	inpatient	deductible, then \$500	deductible, then \$1,750	deductible, then \$0	deductible, then \$0	deductible, then 10%	deductible, then 20%	deductible, then 40%	deductible, then 50%	deductible, then 25%	deductible, then 50%

Through our Blue Rewards Gold, Silver or Catastrophic plans, you will receive three, six or nine primary care or mental health visits per calendar year at no cost. The total visits you will receive depends on your policy type.

PHARMACY

Individual prescription deductible	deductible is doubled and aggregate for 2-person and family policies when combined with medical	combined with medical	combined with medical	combined with medical	combined with medical	\$0	\$50 per member	\$150 per member	\$500 per member	combined with medical	combined with medical
Individual prescription out-of-pocket maximum	out-of-pocket maximum is doubled for 2-person and family policies	\$1,250	\$1,250	\$1,300	\$1,300	\$1,250	\$1,250	\$1,250	\$1,250	\$1,300	\$1,300
Prescriptions drug cost-sharing	select wellness drugs (generic/preferred/non-preferred brands)	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$5/40%/60%	\$25/40%/60%	\$5/40%/50%	\$5/ deductible, then \$40/50%	\$15/ deductible, then \$60/50%	deductible, then \$20/\$80/60%	\$10/\$40/50%	\$12/40%/60%
	prescription drugs (generic/preferred/non-preferred brands)	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	deductible, then \$25/40%/60%	\$5/40%/50%	\$5/ deductible, then \$40/50%	\$15/ deductible, then \$60/50%	deductible, then \$20/\$80/60%	deductible, then \$10/\$40/50%	deductible, then \$12/40%/60%

Premiums	single	\$531.33	\$465.16	\$506.32	\$401.92	\$656.63	\$573.36	\$484.49	\$409.17	\$468.90	\$406.84
	two person	\$1,062.66	\$930.32	\$1,012.64	\$803.84	\$1,313.26	\$1,146.72	\$968.98	\$818.34	\$937.80	\$813.68
	adult and child or children	\$1,025.47	\$897.76	\$977.20	\$775.71	\$1,267.30	\$1,106.58	\$935.07	\$789.70	\$904.98	\$785.20
	family	\$1,493.04	\$1,307.10	\$1,422.76	\$1,129.40	\$1,845.13	\$1,611.14	\$1,361.42	\$1,149.77	\$1,317.61	\$1,143.22

*Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$6,850 in a year, we begin paying 100 percent of the allowed amount for that person's services and supplies.