

Overview of BCBSVT VISG Plans - Platinum and Gold

Does not require GMCB approval Requires GMCB Approval

2021 Approved Standard Plans

	Platinum	Gold	Approved Non-Standard Gold for 2020		Proposed Non-Standard Gold for 2021	
Deductible/OOP Max	Deductible	Deductible	Deductible	CDHP	Deductible	CDHP
Medical Ded	\$350	\$1,100	\$1,550	\$3,250	\$1,550	\$2,550
Rx Ded	\$0	\$100	Combined	Combined	Combined	Combined
Integrated Ded	No	No	Yes	Yes	Yes	Yes
Medical OOPM	\$1,400	\$5,200	\$5,150	\$3,250	\$5,150	\$2,550
Rx OOPM	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400
Integrated OOPM	No	No	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,150	Aggregate, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care
Drug Deductible waived for:	N/A	Generic Scripts	N/A	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category						
Preventive	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$15	\$20	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%	3 visits per member combined PCP/MH at no cost share before deductible then \$20 copay	0%
MH/SA Office Visit	\$15	\$20		0%		0%
Chiropractic Office Visit	\$20	\$30	\$30	0%	\$30	0%
Physical Therapy Visit	\$20	\$30	\$30	0%	\$30	0%
Specialist Office Visit	\$40	\$50	\$40	0%	3 visits per member at qualified specialists at no cost share before deductible then \$40 copay	0%
Urgent Care	\$50	\$60	\$40	0%	\$40	0%
Ambulance	\$60	\$70	\$40	0%	\$40	0%
DME	10%	30%	\$40	0%	\$40	0%
ER	\$100	\$150	\$250	0%	\$250	0%
Radiology (MRI, CT, PET)	10%	30%	\$750	0%	\$750	0%
Outpatient	10%	30%	\$750	0%	\$750	0%
Inpatient	10%	30%	\$750	0%	\$750	0%
Wellness Rx - Generic	\$10	\$12	\$5	\$5	\$5	\$5
Wellness Rx - Preferred Brand	\$50	\$55	40%	40%	\$50	40%
Wellness Rx - Non-Preferred Brand	50%	50%	60%	60%	60%	60%
Rx Generic	\$10	\$12	\$5	0%	\$5	0%
Rx Preferred Brand	\$50	\$55	40%	0%	40%	0%
Rx Non-Preferred Brand	50%	50%	60%	0%	60%	0%

Overview of BCBSVT VISG Plans - Silver

Does not require GMCB approval Requires GMCB Approval

	Approved Standard Silver for 2021	Approved Non-Standard Silver for 2020	Proposed Non-Standard Silver for 2021	Approved Standard Silver for 2021	Approved Non-Standard Silver for 2020	Proposed Non-Standard Silver for 2021
Deductible/OOP Max	Deductible	Deductible	Deductible	CDHP	CDHP	CDHP
Medical Ded	\$3,200	\$3,000	\$3,000	\$1,750	\$4,425	\$4,475
Rx Ded	\$350	Combined	Combined	Combined	Combined	Combined
Integrated Ded	No	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$8,150	\$8,150	\$8,150	\$6,900	\$4,425	\$4,475
Rx OOPM	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,150	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,150	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
Medical Deductible waived for:	Preventive Care, Office Visits, Urgent Care, Ambulance, Pediatric Dental Class I, Vision	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Generic Scripts	N/A	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category						
Preventive	\$0	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$35	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$30 copay	10%	0%	0%
MH/SA Office Visit	\$35			10%	0%	0%
Chiropractic Office Visit	\$40	\$45	\$35	30%	0%	0%
Physical Therapy Visit	\$40	\$45	\$35	30%	0%	0%
Specialist Office Visit	\$80	\$50	3 visits per member at qualified specialists at no cost share before deductible then \$50 copay	30%	0%	0%
Urgent Care	\$90	\$50	\$50	30%	0%	0%
Ambulance	\$100	\$50	\$50	30%	0%	0%
DME	50%	\$50	\$50	30%	0%	0%
ER	\$250	\$450	\$450	30%	0%	0%
Radiology (MRI, CT, PET)	50%	\$1,750	\$1,750	30%	0%	0%
Outpatient	50%	\$1,750	\$1,750	30%	0%	0%
Inpatient	50%	\$1,750	\$1,750	30%	0%	0%
Wellness Rx - Generic	\$15	\$5	\$5	\$10	\$15	\$15
Wellness Rx - Preferred Brand	\$60	40%	\$50	\$40	40%	40%
Wellness Rx - Non-Preferred Brand	50%	60%	60%	50%	60%	60%
Rx Generic	\$15	\$5	\$5	\$10	0%	0%
Rx Preferred Brand	\$60	40%	40%	\$40	0%	0%
Rx Non-Preferred Brand	50%	60%	60%	50%	0%	0%

Overview of BCBSVT VISG Plans - Bronze

Does not require GMCB approval [Requires GMCB Approval](#)

	Approved Standard Bronze for 2021		Approved Non-Standard Bronze for 2020	Proposed Non-Standard Bronze for 2021	Approved Standard Bronze for 2021	Approved Non-Standard Bronze for 2020	Proposed Non-Standard Bronze for 2021
Deductible/OOP Max	Deductible	Deductible	Deductible	Deductible	CDHP	CDHP	CDHP
Medical Ded	\$6,250	\$8,400	\$7,900	\$8,550	\$5,500	\$6,750	\$6,950
Rx Ded	\$1,000	Combined	Combined	Combined	Combined	Combined	Combined
Integrated Ded	No	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$8,400	\$8,400	\$7,900	\$8,550	\$6,900	\$6,750	\$6,950
Rx OOPM	\$1,400	Combined	Combined	Combined	\$1,400	Combined	Combined
Integrated OOPM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Stacked, 2x Family	Stacked, 2x Family	Aggregate, 2x Family, Embedded Individual OOPM of \$8,150	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550	Aggregate, 2x Family, Embedded Individual OOPM of \$8,150	Aggregate, 2x Family, Embedded Individual OOPM of \$8,550
Medical Deductible waived for:	Preventive Care, Pediatric Dental Class I	Preventive Care, Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I	Preventive Care, 3 PCP/MH Office Visits, Pediatric Dental Class I, 3 qualified Specialist Visits	Preventive Care	Preventive Care	Preventive Care
Drug Deductible waived for:	Generic Scripts	Generic Scripts	N/A	Wellness Scripts	Wellness Scripts	Wellness Scripts	Wellness Scripts
Service Category							
Preventive	\$0	0%	\$0	\$0	0%	\$0	\$0
PCP Office Visit	\$35	\$40	3 visits per member combined PCP/MH at no cost share before deductible then \$0 copay	3 visits per member combined PCP/MH at no cost share before deductible then \$0 copay	50%	0%	0%
MH/SA Office Visit	\$35	\$40			50%	0%	0%
Chiropractic Office Visit	\$40	\$50	\$0	\$0	50%	0%	0%
Physical Therapy Visit	\$40	\$50	\$0	\$0	50%	0%	0%
Specialist Office Visit	\$90	\$100	\$0	3 visits per member at qualified specialists at no cost share before deductible then \$0 copay	50%	0%	0%
Urgent Care	\$100	0%	\$0	\$0	50%	0%	0%
Ambulance	\$100	0%	\$0	\$0	50%	0%	0%
DME	50%	0%	\$0	\$0	50%	0%	0%
ER	50%	0%	\$0	\$0	50%	0%	0%
Radiology (MRI, CT, PET)	50%	0%	\$0	\$0	50%	0%	0%
Outpatient	50%	0%	\$0	\$0	50%	0%	0%
Inpatient	50%	0%	\$0	\$0	50%	0%	0%
Wellness Rx - Generic	\$15	\$30	\$0	\$15	\$12	\$25	\$25
Wellness Rx - Preferred Brand	\$85	0%	0%	\$50	40%	40%	65%
Wellness Rx - Non-Preferred Brand	60%	0%	0%	60%	60%	60%	85%
Rx Generic	\$15	\$30	\$0	\$0	\$12	0%	0%
Rx Preferred Brand	\$85	0%	0%	0%	40%	0%	0%
Rx Non-Preferred Brand	60%	0%	0%	0%	60%	0%	0%