

Bristol Town Administrator

From: Treasurer
Sent: Thursday, October 15, 2020 11:23 AM
To: Bristol Town Administrator
Subject: 2021 Health Insurance
Attachments: SKM_454e20101511170.pdf

Good Morning Valerie,

Please add to the October 26th agenda the approval for 2021 Health Insurance. Attached you will see CDHP Gold plan (pink highlighted), which is the plan we have been participating in for the last 3 years. This is considered a high deductible plan, but allows for employees to have Health Savings Accounts (HSA) to help offset the cost of medical visits along with paying for other costs such as dental, eye, prescriptions, etc.

You will notice the deductible cost decreased, \$2550 for singles, \$5100 for 2-person/family plans. The premium costs did increase (as expected) by 10.96%. Single plans increased to \$770.70/month. 2-Person plans increased to \$1541.40/month. Family plans increased to \$2165.67/month.

Please let me know if you have more questions.

Thank You,

Jen Myers
Treasurer & Delinquent Tax Collector
Town of Bristol
PO Box 249
Bristol, VT 05443
802-453-2410

From: Town of Bristol <town@bristolvt.org>
Sent: Thursday, October 15, 2020 11:18 AM
To: Treasurer <treasurer@bristolvt.org>
Subject: Message from KM_454e

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 | \$1,611.87 |

Agenda Item III.6

*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.

2021 SMALL GROUP PLANS & PREMIUMS

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