

EMPLOYEE ENROLLMENT GUIDE

SMALL GROUPS 1-100 EMPLOYEES

Find the right health plan from your employer for you and your family in 2024 with Blue Cross Vermont.



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01 INTRODUCTION TO OUR HEALTH PLANS

WHY US?

For more than 30 years, we've been supporting Vermont's health and wellness as the state's only local, non-profit health plan.

We're not just a health care company, we're your friends and neighbors. We're dedicated to supporting you, our members, partners, and communities, not just today, but tomorrow and for years to come.

- Coverage from a trusted, local, Vermont non-profit organization
- Support from local staff
- Award-winning customer service
- Access to the largest network of doctors and hospitals in Vermont
- Access to doctor and hospital networks around the U.S. and internationally



FIND THE RIGHT PLAN FOR YOU AND YOUR FAMILY

Your health plan plays a significant role in determining your access to care and its cost. This guide will help you identify the most appropriate plan for your budget and health needs.



WHAT TO LOOK FOR

This guide highlights important plan benefits, features, and covered services, and how to enroll. To review the **premium**, **deductible**, and cost-sharing details for each plan, use our plan comparison chart.



GLOSSARY OF TERMS

Use the Glossary of Terms section at the end of this guide to help you better understand commonly used health insurance terms and their definitions. These terms appear in **bold**, underlined font throughout this guide.

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HOW TO CHOOSE A HEALTH PLAN

It's important to review your available coverage options and costs before choosing your plan.

OPEN ENROLLMENT

Open Enrollment for your health plan from your employer can start on, or after, November 1. During Open Enrollment, your group benefits administrator will advise you on which plan(s) will be available to you, as well as the amount your employer will contribute toward the monthly premium.

Any changes you make to your plan during Open Enrollment will take effect on January 1, 2024.





KEEPING YOUR CURRENT COVERAGE

Contact your group benefits administrator to understand your employer's renewal process and find out if you need to take any steps to continue your coverage.



CHOOSING A NEW PLAN

Your group benefits administrator will inform you which plan(s) are available, as plan availability may vary. To understand what each plan will cover and your member responsibility, review our plan comparison chart. You can also review detailed Summary of Benefits and Coverage (SBC) for any of the plans your employer offers at bluecrossvt.org/smallbusiness.

If you need help with plan options, please contact your group benefit administrator, broker, or contact us at (800) 255-4550 or email consumersupport@bcsvt.com.



MAKING CHANGES TO YOUR CURRENT COVERAGE

If your employer offers you multiple plans, follow these next steps to make sure you're enrolled in the right health plan for you and your family's needs:

- Determine your budget
- Review plan details
- Choose the best plan

If you need to make any changes to your enrollment (such as adding/removing your covered family members or choosing a new plan), please notify your group benefits administrator and they will notify us.



HOW TO CHOOSE THE BEST PLAN FOR YOU:

Determine Your Budget

The best way to pick a plan that meets your needs and budget all starts with knowing how much you spent on health care last year.

Consider your:

- Monthly **premiums**
- Benefits and cost share for each plan such as **deductible**, **copayments**, and **coinsurance**.
- Prescription drug costs
- Other costs related to non-recurring medical needs
- Overall budget

Once you have an idea of what your medical expenses and budget are, review your plan options.





WHAT TO CONSIDER

Cost - including **premiums**, **deductible**, **out-of-pocket limit**, cost-sharing, and pharmacy benefits.

- Plan affordability - if you're unsure if you can afford the health plan(s) your employer offers because your contribution responsibility is too high, Vermont Health Connect (VHC) may be able to provide financial help. They can assist to determine if your job-based health plan is considered adequate or affordable coverage. If your job-based health plan is considered affordable, you won't qualify for financial help through Vermont Health Connect.

To learn more about your available options, visit vermonthealthconnect.gov or call Vermont Health Connect at (855) 899-9600.



ENROLL IN A PLAN

Once you've had a chance to review your needs and plan options, see your group benefits administrator. They have the materials to make sure you have the right coverage for your and your family.



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UNDERSTANDING YOUR COVERAGE

The information you need to find the right employer health plan for you and your family.

HELPING VERMONTERS PURSUE HEALTH ON THEIR OWN TERMS

Our plans help you pay for office visits, medications, hospital care, medical equipment, and more. This section explains some of the included services and how cost-sharing works.

For a more detailed coverage summary, please see our plan comparison chart or visit bluecrossvt.org/smallbusiness.



PREVENTIVE HEALTH SERVICES

Each of our plans cover preventive health services*, received in-network, at no cost to you.

Examples of preventive services include:

- **Check-ups** – wellness visits for you and your family
- **Screenings** – blood pressure, cholesterol, diabetes, mammograms, colonoscopies and more
- **Standard immunizations** – influenza, tetanus, MMR, etc.

Learn more about available preventive care benefits at bluecrossvt.org/preventive.

*As defined by state and federal law

Understanding Benefits



TELEMEDICINE

24/7 Telemedicine from Amwell®

Wherever you may be, have confidence that you can easily connect with a licensed, board certified doctor via live video on your computer, tablet, or smart phone. It's a convenient option for common, non-emergency health concerns. Access your account or sign up at: www.bluecrossvt.org.amwell.com



HEALTH AND WELLNESS RESOURCES

A new wellness portal for our members will be available in 2024. You will have access to an interactive, personalized resource with easy-to-use tools and support. This benefit helps you set wellness goals, track your progress, and get the most from your coverage. Resources on bewellvermont.org include:

- Online health assessment
- Self-guided and personalized programs, articles, and more
- Mobile app



INTEGRATED HEALTH-CASE MANAGEMENT

Our registered nurses, licensed social workers and behavioral health counselors offer you free case management resources. We offer expertise in different areas of health care, including medical, mental health and substance use treatment.

You may access our case management team to address a wide range of health needs, from substance use disorder, cancer, and chronic conditions, to end of life, maternity, and transgender support. To learn more visit bluecrossvt.org/casemanagement.



Understanding Your Costs



NETWORK ACCESS

Our plans give you access to the largest network of doctors and hospitals in Vermont. Our [BlueCard® program](#) includes access to health care networks across the United States and around the world. To view a list of doctors in our network, visit bluecrossvt.org/find-doctor.



COST COMPARISON TOOL

As a member, you can estimate the cost of services before you go to your provider. Members can access the tool in the Member Resource Center (MRC) at bluecrossvt.org/MRC.



HOW COST-SHARING WORKS

We cover a share of your health care costs based on your plan. This typically includes office visits, hospital care, medications and **copayments**. Cost-sharing does not include costs like **premiums** or non-covered services.

We begin paying 100 percent of the costs for covered services when you reach your out-of-pocket limit. To understand what your out-of-pocket costs may be, please see our plan comparison chart to compare plans and find the right plan for you and your family.



MANAGING COSTS WITH A FINANCIAL ACCOUNT

If your employer offers a Consumer-Directed Health Plan (CDHP) and you select it for your coverage, you may choose to establish a Health Savings Account (HSA). For some, an HSA is a way to save for future health expenses and lower your taxable income, but it's not for everyone.

We offer free, integrated HSA and Health Reimbursement Account (HRA) management services. To learn more, including annual contribution limits and a list of qualified medical expenses, visit bluecrossvt.org/mymoney.

- An HSA is a tax-free savings account you can use to pay for IRS approved medical expenses that are not covered by your plan.
- Your employer may also offer an HRA for any of the health plans available to you. HRA's are administered and funded by your employer to help pay for medical expenses covered through the plan such as deductible and copayments.
- An FSA (Flex Spending Account) can lower your taxable income. However, you have one calendar year to utilize the funds and report expenses.

Discuss your options for an HSA, HRA, or FSA with your group benefits administrator.

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VERMONT PREFERRED HEALTH PLANS

Experience the benefits of **4-8-12**
zero dollar office visit!

CONTROL YOUR COSTS WITH OUR 4-8-12 BENEFIT

Our Vermont Preferred health plans feature our extra 4-8-12 zero dollar office visit benefit. This extraordinary benefit allows you and your family to see your primary care physician, mental health provider, or substance use disorder treatment provider with no cost share!

To view more details about our Vermont Preferred plans, review our plan comparison chart.

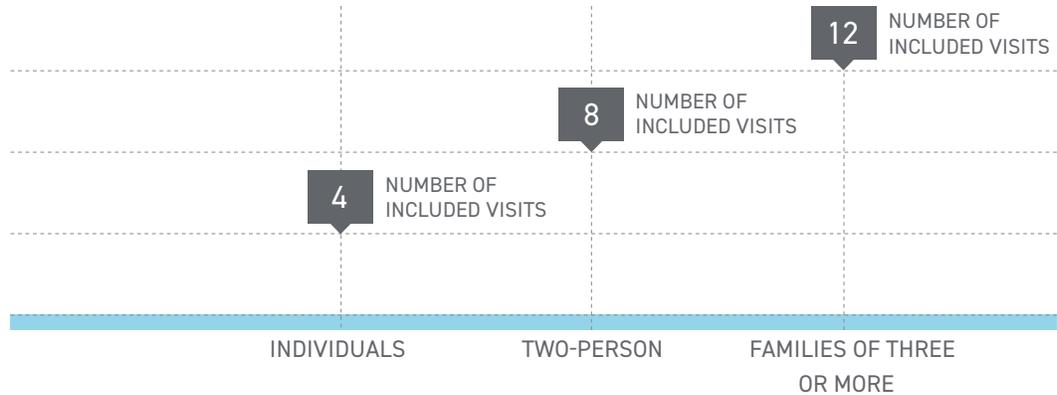




HERE'S HOW IT WORKS:

- Members on an Individual plan receive four total combined visits.
- Members on a Two-person plan receive eight total combined visits.
- Families of three or more receive twelve total combined visits.

These provider visits are at no extra cost! And that's just the beginning.



Additional Vermont Preferred Health Plan Benefits



ZERO DOLLAR OFFICE VISITS FOR SELECT CHRONIC CARE SERVICES

To help manage their health, members diagnosed with diabetes or heart disease get an additional four visits to see a specialist such as a:

- cardiologist
- endocrinologist
- nephrologist
- ophthalmologist
- podiatrist



NUTRITIONAL COUNSELING VISITS

Members have access to nutritional counseling visits. This can help them set, track, and achieve personalized health and wellness goals.



WELLNESS DRUG BENEFIT

All Vermont Preferred Health Plans include the no-deductible Wellness Drug Benefit.

Select medications for common conditions are included in the plan and not subject to the **deductible***. *Cost-share still applies based on medication tier (generic, preferred, non-preferred brand)

Common conditions include:

- diabetes
- asthma
- high blood pressure
- cholesterol
- osteoporosis

For a complete list of our wellness drugs, please visit bluecrossvt.org/formulary-lists.



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PRESCRIPTION DRUG COVERAGE

Our **Vermont Blue RxSM** pharmacy benefits help you save money on your prescription drugs.

EXPANDED SERVICES AND OPTIONS IN THE VERMONT BLUE RX NETWORK

Vermont Blue Rx provides you with access to trusted, local pharmacists and national retail pharmacies. Learn more about finding network pharmacies, specialty medications, home delivery and more at bluecrossvt.org/vtbluerx.

HOW PHARMACY BENEFITS WORK

Our plans help cover costs for prescription drugs used for the treatment, prevention, or diagnosis of specific medical conditions as outlined in your plan and [drug formulary](#).

To understand what your **out-of-pocket costs** may be, please see the Summary of Benefits and Coverage (SBC) at bluecrossvt.org/smallbusiness.





DRUG LIST OR DRUG FORMULARY

Our National Performance Formulary (NPF) **drug lists** include medications that are the most appropriate and cost-effective for treatment. These lists can change from time to time, but they outline the prescription drugs, NPF Formulary information, and specialty drugs that each plan covers.

Before you enroll in a plan, you can check our drug list to ensure the medications you take are covered.

You can also learn if your prescriptions are available as a generic, require prior approval, have quantity limits, and much more at bluecrossvt.org/formulary-lists. Each plan offers different levels of cost-sharing when purchasing generic, preferred brand, or non-preferred brand name drugs. Generally, generic drugs cost less and non-preferred brand drugs cost more.



HOME DELIVERY

Take advantage of our home delivery program for a more convenient and potentially less expensive way to buy your prescription drugs. Learn more about our home delivery service at bluecrossvt.org/vtbluerx.



MEDICATION THERAPY MANAGEMENT

You can schedule one-on-one consultations with a pharmacist to talk about the medications you take and address any concerns or questions you may have about your prescriptions. Each visit is tailored to your needs and focuses on drug safety, effects, tolerability, price, and simplifying your medication regimen. More information is available at bluecrossvt.org/medmanage.



SEPARATE OR COMBINED OUT-OF-POCKET LIMITS EXPLAINED

If a plan has a separate **out-of-pocket limit** for prescription drugs, we begin to cover your drug costs at 100 percent of the **allowed amount** once you reach your prescription drug out-of-pocket limit.

If your plan has a combined out-of-pocket limit for prescription drugs and medical services, we begin to pay 100 percent of the allowed amount once you have reached this combined limit.

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GLOSSARY OF TERMS

ALLOWED AMOUNT:

The agreed-upon cost for the services, drugs or supplies a member's pharmacist or doctor delivers. Network providers are not allowed to charge more than the allowed amount.

COINSURANCE:

The share of a medical cost a member is responsible to pay after their deductible has been met. For example, if a member has a 20% coinsurance, their health plan pays 80% of the cost and the member pays 20%.

COPAYMENT:

The amount a member pays for specific health care services at the time of care. A member will either pay coinsurance or copayment, and is determined by their health plan.

DEDUCTIBLE:

The dollar amount a member pays for services and/or medications before their plan begins to pay a larger portion of their costs.

DRUG LISTS/FORMULARY:

A list of prescription drugs, both generic and brand name, covered by a member's plan.

OUT-OF-POCKET COSTS:

These are made up of a member's deductible, any coinsurance, and any copayments. Members are responsible for these costs when they seek care.

OUT-OF-POCKET LIMIT:

The most a member will pay in out-of-pocket costs for covered services in a plan year. The limit varies by plan.

PREMIUM:

A member's monthly payment for their health plan coverage.



Disclaimers

General Exclusions

While your health plan covers a broad array of necessary services and supplies, it doesn't cover every possible medical expense. If you would like to review the list of general exclusions before enrolling, visit bluecrossvt.org/contracts, click on the plan in which you are enrolling and read the chapter entitled "General Exclusions." Once you enroll, you will receive an Outline of Coverage and a link to your Certificate of Coverage. Please read both carefully as they govern your specific benefits.

How We Protect Your Privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You may find information about our privacy practices at bluecrossvt.org/privacypolicies.

NOTICE: Discrimination is Against the Law

BlueCross and BlueShield of Vermont (Blue Cross) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-status.

Blue Cross provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

Blue Cross provides free language services to people whose primary language is not English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, **contact** civilrightscoordinator@bcbsvt.com

If you believe that Blue Cross has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-Status, you can file a grievance with: Kienan D. Christianson, Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583, fax (802) 229-0511, or email civilrightscoordinator@bcbsvt.com. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, Kienan D. Christianson, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically or through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For free language-assistance services, call (800) 247-2583.

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| ARABIC | للحصول على خدمات المساعدة اللغوية المجانية ، اتصل (800) 247-2583. Iilhusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583. |
| CHINESE | 如需免费语言协助服务，请致电，(800) 247-2583。Rú xū miǎnfèi yǔyán xiézhù fúwù, qǐng zhìdiàn (800) 247-2583. |
| CUSHITE (OROMO) | Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 bilbili. |
| FRENCH | Pour des services d'assistance linguistique gratuits, appelez le (800) 247-2583. |
| GERMAN | Für kostenlose Sprachunterstützungsdienste rufen Sie (800) 247-2583 an. |
| ITALIAN | Per i servizi di assistenza linguistica gratuiti, chiamare il numero (800) 247-2583. |
| JAPANESE | 無料の言語支援サービスについては、(800) 247-2583。Muryō no gengo shien sābisu ni tsuite wa ,(800) 247-2583 made o denwa kudasai. |
| NEPALI | निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस् , (800) 247-2583. Niḥśulka bhāṣā-sahāyatā sēvāharukō lāgi, kala garnuhōs (800) 247-2583. |
| PORTUGUESE | Para serviços gratuitos de assistência linguística, ligue para (800) 247-2583. |
| RUSSIAN | Чтобы получить бесплатную языковую помощь, позвоните по телефону (800) 247-2583. |
| SERBO-CROATIAN (SERBIAN) | За бесплатне услуге језичке помоћи позовите (800) 247-2583. Za besplatne usluge jezičke pomoći pozovite (800) 247-2583. |
| SPANISH | Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583. |
| TAGALOG | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 247-2583. |
| THAI | สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร.(800) 247-2583. Sǎf rǎb brikār chwyf hēl ǎx dǎn phǎs'ǎ frī thor (800) 247-2583. |
| UKRAINIAN | Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583. Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (800) 247-2583 |
| VIETNAMESE | Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583. |



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