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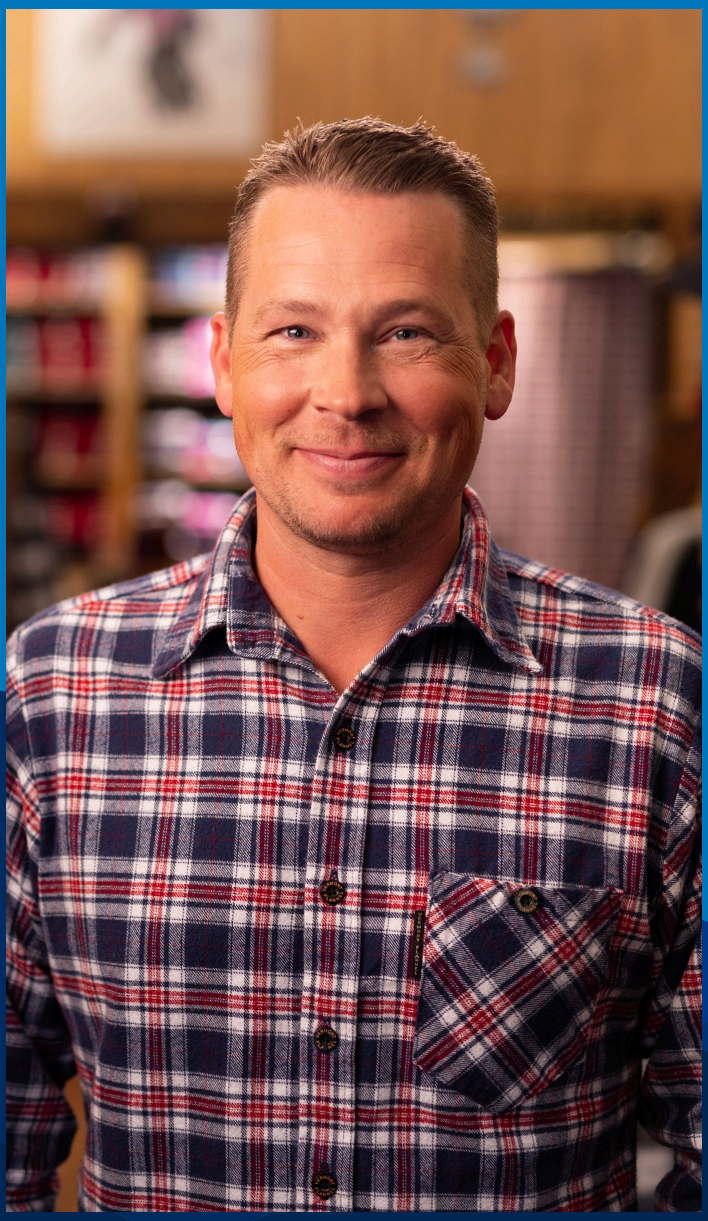


2025 QUALIFIED HEALTH PLANS (QHP) ENROLLMENT GUIDE FOR ORGANIZATIONS WITH 1-100 EMPLOYEES

From our business to yours – discover how our plans bring value to your organization.

@bluecrossvt

bluecrossvt.org

INSIDE:

ESSENTIAL HEALTH BENEFITS

Our health plans provide the care you want for your employees and the customer service experiences your organization deserves. At Blue Cross® and Blue Shield® of Vermont, the difference is in our health plans, our network, and our personalized service. The essential health benefits of our Qualified Health Plans (QHP) include: visits to providers' offices, preventive care, prescription drugs, laboratory tests, mental health and substance use disorder treatment services, hospital stays, emergency care, prenatal and postnatal maternity care, and vision and dental care for children.

OFFICE SERVICES

PRIMARY CARE

A primary care provider (PCP) coordinates care for our members and refers patients to specialty providers as needed. We encourage our members to develop a relationship with a provider who listens to their opinions and understands their health concerns. To help members find a primary care provider that meets their needs, please visit **bluecrossvt.org/find-doctor**.

PREVENTIVE HEALTH SERVICES

Each of our health plans cover in-network preventive health services* at no cost to members. Examples of preventive services include:

- **Check-ups** – annual wellness visits
- **Screenings** – blood pressure, cholesterol, diabetes, mammograms, colonoscopies, and more
- **Standard immunizations** – flu, tetanus, MMR, etc.

Read more about preventive care at **bluecrossvt.org/preventive**.

**As defined by state and federal law.*

OFFICE VISITS

Our plans cover health services in an office setting with a primary care provider or a specialty provider.*

This means members are covered when they need:

- An examination, diagnosis, and treatment for an injury or illness
- Injections
- Diagnostic services, such as X-rays, and laboratory tests
- Nutritional counseling
- Surgery
- Therapy services

**Services may be subject to cost-share.*

HOSPITAL SERVICES

HOSPITAL CARE

Our health plans provide hospital coverage for inpatient and outpatient services.* Outpatient services may be provided in a hospital or ambulatory surgical center. These services can include surgery, diagnostic services, advanced imaging (MRI, CT, or PET scan), infusion therapy, and chemotherapy. If a member is admitted into the hospital or another type of inpatient facility, and spends one night, the stay is eligible for coverage. Some services may require prior approval.

**Services are subject to cost-share.*

URGENT CARE

When a member has a condition that is not life threatening, but needs immediate attention, an urgent care facility may be the most appropriate option. Urgent care facilities are located throughout Vermont and offer many of the same services as a PCP. Most urgent care facilities have extended hours, including weekends. Our health plans cover* treatments at urgent care facilities.

**Services are subject to cost-share.*

EMERGENCY CARE

Emergency services are covered* regardless of where a member is located when an emergency occurs.

Our plans do not require prior approval for emergency medical services, regardless of where a member seeks care.

**Services are subject to cost-share.*

Members will have access to two benefit documents:

- The Outline of Coverage which explains their benefits and corresponding costs.
- The Certificate of Coverage which details all covered benefits, limitations, and general exclusions.

ANCILLARY SERVICES

PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is through Vermont Blue Rx℠.
Our network of pharmacies can be found throughout Vermont and nationwide. Medications are also available through home delivery. To determine if your medication is covered by Vermont Blue Rx, refer to the National Performance Formulary (NPF) via the link provided below. We also offer our members free medication guidance services with one of our on-staff pharmacists.

For more information about our prescription drug coverage, we have provided these helpful links:

- **National Performance Formulary (NPF)** – Our drug lists include medications that are the most appropriate and cost-effective for treatment. Drug lists can change from time to time, but they outline the prescription and specialty medications covered by our QHP plans. For complete NPF drug lists, visit **bluecrossvt.org/formulary-lists** and choose NPF List.
- **Wellness Drug Benefit** – Some health plans include wellness drug benefits for certain medication types to treat common conditions including (but not limited to): diabetes, asthma, cholesterol, high blood pressure, SSRI/mood, and substance use treatment. Our Vermont Preferred and all Consumer-Directed Health Plans (CDHP) waive the deductible for these medications, but cost-share may still apply based on the drug tier (generic, preferred, and non-preferred brand). For the complete NPF list of our wellness drugs, visit **bluecrossvt.org/formulary-lists**
- **Home Delivery** – Members can take advantage of our home delivery pharmacy option as a convenient way to receive their prescription drugs. Learn more at **bluecrossvt.org/vtbluerx**.
- **Medication Guidance Program** – These free one-on-one consultations are conducted by our on-staff pharmacists. Members receive a complete prescription medication review, discussing dosages, any side effects and more. To learn more about the program, visit **bluecrossvt.org/medmanage**.

VIRTUAL CARE

24/7 Telemedicine with Amwell®

Members can easily connect with a licensed, board certified doctor via live video on a computer, tablet, or smart phone.* It's a convenient option for common, non-emergency health concerns. Members can sign up or access an account at **bluecrossvt.amwell.com**. Virtual mental health is also available from Valera Health® and SonderMind®. To learn more, visit **bluecrossvt.org/telemedicine**.

**Services are subject to cost-share.*

HEALTH AND WELLNESS RESOURCES

If age 21 or older, members can use our free wellness portal, Be Well Vermont℠, powered by Personify Health. Explore health tips and articles, wellness challenges, and more. Members can connect fitness devices and apps, such as Fitbit to monitor daily activity within the portal. Sign up at **bluecrossvt.org/bewellvt**.

INTEGRATED HEALTH - CASE MANAGEMENT

Our registered nurses, licensed social workers, and behavioral health counselors offer our members free case management resources. We create a personalized plan for improving health and well-being, connecting members to important resources so they can get the support they need.

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

BETTER BEGINNINGS® MATERNAL HEALTH PROGRAM

When expecting mothers enroll in our maternal health program, they partner with one of our experienced Better Beginnings nurses, who coordinates care and provides guidance — both during pregnancy and after their baby is born. Our Better Beginnings nurses connect mothers to home health nurses, lactation consultants, or other resources to help ensure moms can achieve their health, wellness, and parenting goals.

Members should sign up before they are 34 weeks pregnant to take advantage of all the Better Beginnings benefits!

PRIOR APPROVAL

There are times when our health plans may require prior approval for certain services and drugs, even when our members use network providers. Network providers will be responsible to submit requests for prior approval on behalf of our members. If a member sees an out-of-network provider, the member must get prior approval before seeking care, except in an emergency. For out-of-state inpatient services with a network provider (BlueCard®), providers are responsible for securing prior authorization. For all other out-of-state services with a network provider (BlueCard®), members are financially liable for no authorization/prior approval denials, regardless of provider network status. The member or their provider may fill out the prior authorization form and provide the necessary information to submit the request. For the most recent prior approval list, visit **bluecrossvt.org/priorapproval**.

SERVICES OUR PLANS MAY NOT COVER

Members can be confident that our health plans cover a broad array of necessary services and supplies. Here are some of the services that our health plans generally do not cover:

- Services that are investigational, experimental, cosmetic, or not medically necessary as defined in your Certificate of Coverage or Summary of Benefits and Coverage.
- Services that should be covered by another source, such as another type of insurance or an employer.
- Providers who are not approved to provide a particular service or don't meet the definition of "provider" in the plan's Certificate of Coverage.

EMPLOYER RESOURCES

REGISTER FOR OUR EMPLOYER RESOURCE CENTER

The Employer Resource Center (ERC) is our secure portal that allows your organization to have self-service functionality and conveniently manage your health plan and membership online.

Features included are:

- Adding and changing employees' enrollment
- Generate and download reports
- Downloading monthly invoices
- Ordering employee materials

As your organization's benefits administrator, we recommend registering online for our ERC at **bluecrossvt.org/ERC**. Click **Register Now** to submit your registration request. Once your account is created, you will have the option to add additional administrators within your account.

Reference guides are available to help navigate the portal.

Looking for other enrollment forms?
Visit **bluecrossvt.org/employerforms**.

For Your Agent(s) – Broker Resource Center

If you use a broker, we have a similar portal available – our Broker Resource Center (BRC). This portal will give your appointed agent(s) access to your group's details and allow them to complete transactions on your behalf.

Brokers can register their own account at **bluecrossvt.org/BRC**.

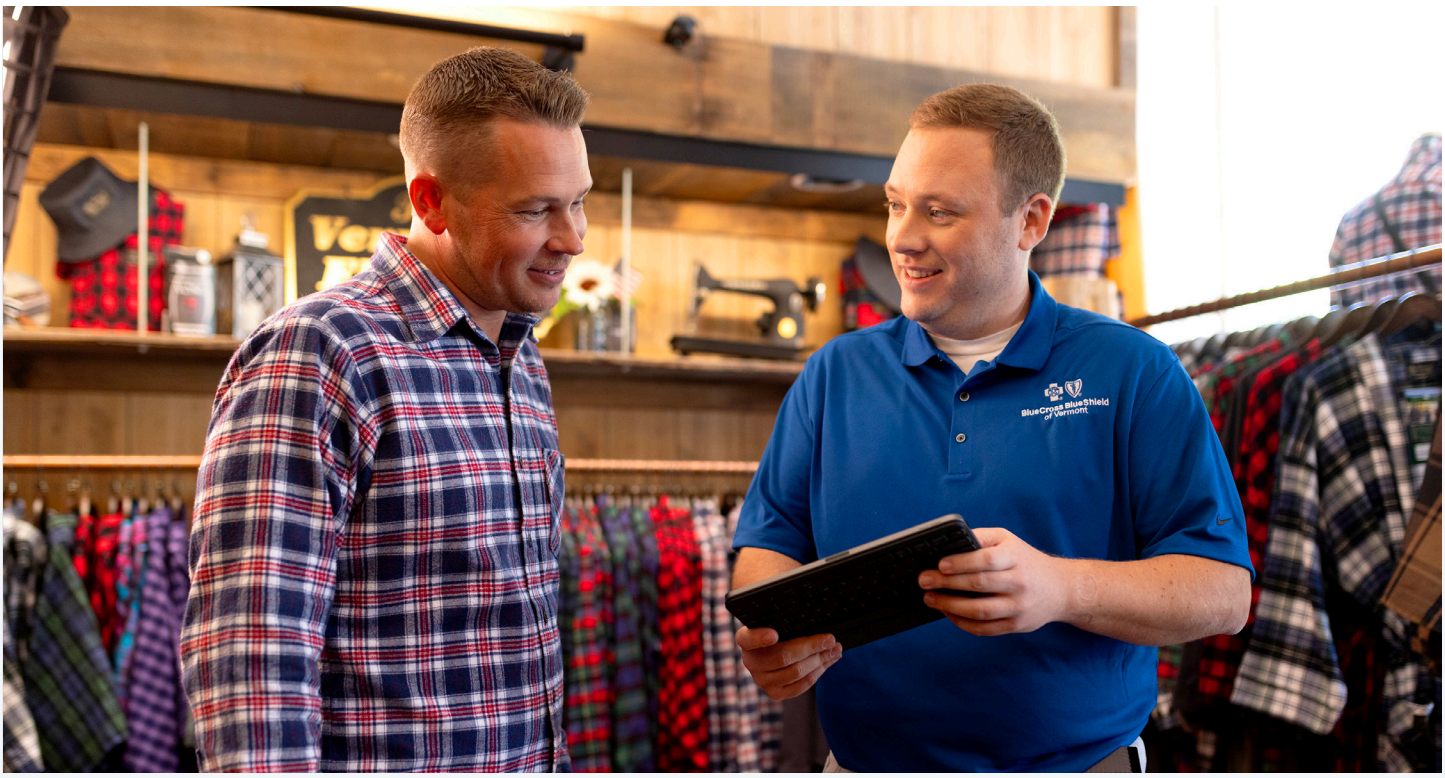
For Your Employees – Member Resource Center

We also support your employees with a Member Resource Center (MRC). Your employees can register and access their own account at **bluecrossvt.org/MRC**. They can request new ID cards, view medical claims, and more.

GUIDELINES FOR PURCHASING A QHP GROUP HEALTH PLAN

Qualified Health Plans (QHP) are available to small employers with a primary business address in Vermont.

- Small employers have 1 to 100 full-time (FTE) employees and offer full coverage to all full-time employees.
- They must have at least one FTE who is not the owner, a business partner, or spouse of the owner or business partner.
- We offer employers the flexibility of providing multiple plan types and options to meet your group and employee needs and well-being.
- We offer three different plan types with 13 total plan options.
- Plan type options are: Vermont Preferred, Vermont Select, and Standard plans.



PLAN RESOURCES

Choosing the best health plan for your organization may be challenging. Below are resources to help with this process. If you have any questions, contact us or your agent.

WEBSITE AND BLOG

Check out our blog for helpful health and wellness articles at **bluecrossvt.org/blog.** We also have a dedicated resource page for groups at **bluecrossvt.org/QHP-group-resources**.

HOW COST-SHARE WORKS

Based on the plan a member selects, we cover a share of the health care costs. This typically includes office visits, hospital care, and medications. Cost-share does not include premiums or costs associated with non-covered services.

We begin paying 100% of the costs for covered services when our members reach their maximum out-of-pocket limit. To understand what your employees' out-of-pocket costs may be, please see our plans and premiums chart or check out our plan comparison tool at **bluecrossvt.org/smallgroup-qhp-plan-tool** to find the right plan for your organization and employees.

DEDUCTIBLE TYPES

We have two different deductible types, stacked and aggregate. Employees enrolled in an employee-only plan are not impacted, but if they add a family member onto their plan at a later date, it will change how the plan pays benefits. Below is an explanation of the two deductible types to help you determine which plan(s) to offer your employees.

Stacked – Once an individual meets their deductible or out-of-pocket limit, the plan pays accordingly even on a two-person or family plan.

Aggregate – The full deductible or out-of-pocket limit must be met collectively by members on the plan before benefits are paid. Depending on the out-of-pocket limit, there may be plans that set a specific individual out-of-pocket maximum which limits expenses paid by an individual in a calendar year.

The benefits for each are different based on enrollment in an employee-only, two-person, or family plan.

LOCAL SUPPORT

At any time, you or your account representative can contact us for support. Whether you need help with sales, enrollment and billing, accessing the employer portal, or just general account support, our Vermont-based team is always ready to assist you.

(800) 255-4550 | (**TTY/TDD: 711**)
Hours: Monday through Friday 8 a.m. to 4:30 p.m.

Email: consumersupport@bcbsvt.com

INTEGRATED FINANCIAL ACCOUNTS

Not only do we offer great health plans for your employees, we provide additional benefits such as health care spending and savings accounts that give your employees more control of their finances.

We offer free, integrated financial accounts with our health plans, such as a Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA). Our plans and premiums comparison chart outlines which plans are eligible for which type of account. We also provide Flexible Spending Accounts (FSA) and Dependent Care FSA (DCFSA) at an additional cost per month.

All of our spending and savings accounts include the following benefits:

- An online learning center with savings calculators
- Access to forms and educational materials so your employees can better understand their account options
- Dedicated customer service
- 24/7 access to an online portal

Quick definitions:

- An **HSA** is a tax-free savings account that can be used to pay for IRS-approved medical expenses that are not covered by a member's health plan.
- An employer may offer employees an **HRA** for any of the health plans available to the employer. HRAs are administered and funded by employers to help employees pay for out-of-pocket health care expenses like deductibles, office visits, hospital stays, and prescription costs.
- **A Flexible Spending Account** (FSA) helps employees save pre-tax dollars to pay for medical or dependent care expenses. However, employees have one calendar year to utilize the funds and report expenses.

If you would like to learn more about integrated financial accounts, please contact us or your agent. You can also learn more about these accounts, annual contribution limits, or view the list of qualified medical expenses at **bluecrossvt.org/MyMoney**.

ENROLLMENT STEPS

When you're ready, here is the information you need to enroll, renew, or change the plans you offer employees, including important enrollment dates and deadlines. Organizations that employ up to 100 full-time equivalent (FTE) employees may choose to offer any, or all, of our Qualified Health Plans (QHPs) to employees.

NEW TO BLUE CROSS VERMONT

ENROLLING YOUR GROUP FOR THE FIRST TIME:

- You can submit your enrollment with our online application form or download and submit the New Small Group Enrollment Packet.
- Choose your small group enrollment option at **bluecrossvt.org/smallbusiness**.

If you download the packet, you can return it one of three ways:

Email: **consumersupport@bcbsvt.com**

Mail: Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-0186

Fax: **(802) 371-3329**

Once your organization's enrollment is complete, you will receive a welcome letter in the mail outlining next steps for your organization.

Register Online for our Employer Resource Center
Once your enrollment is complete, we recommend that you register online for our Employer Resource Center (ERC) at **bluecrossvt.org/ERC**. See page 4 of this guide for more information.

Once your organization has been enrolled, your employees will receive their Blue Cross VT ID Cards in the mail, along with an Outline of Coverage detailing their health plan.

The Certificate of Coverage is available on our website, and details the plan's covered benefits, limitations, and general exclusions.

RENEWING WITH BLUE CROSS VERMONT

IF YOU'RE KEEPING YOUR CURRENT COVERAGE:

- **There's nothing you need to do.**
- Your group coverage and employees' plan choices will automatically be renewed for the coming year – a seamless continuation of coverage.
- If you support your employees with a Health Reimbursement Arrangement (HRA), a Health Savings Account (HSA), and/or a Flexible Spending Account (FSA), please contact your vendor to complete the renewal and contact us to update your group account. We offer free, integrated HSA and HRA management services. To learn more visit **bluecrossvt.org/MyMoney**.

IF YOU'RE MAKING CHANGES TO YOUR CURRENT GROUP COVERAGE:

- Starting November 1, 2024, log into the Employer Resource Center (ERC) to make updates or changes (i.e., plan selections, add new employees, or change enrolled employees).
- Not yet registered on the employer portal? Create your account now at **bluecrossvt.org/ERC**.
- Looking for enrollment forms?
  Visit **bluecrossvt.org/employerforms**.
- Need step-by-step instructions? Visit **bluecrossvt.org/ERC**.
- Want more help? Let us complete your renewal for you!

(800) 255-4550 | (**TTY/TDD: 711**)

Email: **consumersupport@bcbsvt.com**

Work with your agent

HELPFUL RESOURCES

For more than 40 years, Blue Cross VT has been dedicated to enhancing the health and wellness of Vermonters as the state's only local, non-profit health plan. We're committed to supporting you and your employees, helping you understand your Qualified Health Plan (QHP) benefits and services.

QUICK LINKS

Our 2025 Small Group Qualifed Health Plans & Premiums Chart outlines our available plans, deductibles, and monthly premiums. Visit **bluecrossvt.org/QHP-group-chart**.

Our online QHP Small Group Plan comparison tool allows you to filter by our health plans, premiums, and deductible types to compare all of our 2025 health plan offerings. Visit **bluecrossvt.org/smallgroup-qhp-plan-tool**.

View each plan's Summary of Benefits and Coverage (SBC) and Certificates of Coverage at **bluecrossvt.org/smallbusiness**.

CONTACT US

We're here to help.

If you're working with an agent outside of Blue Cross Vermont, please feel free to continue doing so.

(800) 255-4550 | **(TTY/TDD: 711)**

consumersupport@bcbsvt.com

Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-0186

OPEN ENROLLMENT IMPORTANT DATES

- Open Enrollment starts November 1, 2024.
- The enrollment deadline is January 31, 2025.
- Plan changes made by December 31, 2024, will take effect January 1, 2025.
- If no changes are made by December 31, 2024, coverage for your employees' will automatically renew for January 1, 2025 based on your group's current 2024 enrollment, ensuring there is no interruptions in coverage.
- Plan changes made in January 2025, will take effect February 1, 2025.

GLOSSARY

Allowed Amount:
The agreed-upon cost for the services, drugs, or supplies delivered by a member's pharmacist or doctor.

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. Whether a member will pay coinsurance or a copayment for a service is determined by their health plan.

Cost-Share:
The amount a member pays when receiving medical services, hospital services, and pharmacy services. These amounts include any combination of the following types of payments: deductibles, copayments, and coinsurance.

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

Formulary/Drug Lists:
A list of prescription medications, both generic and brand name, covered by a member's plan.

Out-of-Pocket Limit:
The maximum amount a member will pay for covered services during a plan year.

Premium:
A monthly payment a group pays for their employees health plan coverage.

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