



YOUR ENROLLMENT GUIDE FOR INDIVIDUAL AND FAMILY HEALTH PLANS

Everything you need to find the right health coverage for you and your family in 2022.



BlueCross BlueShield
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

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01

INTRODUCTION TO ENROLLMENT

When you enroll in a health plan from Blue Cross and Blue Shield of Vermont, you not only get coverage that's focused on your health and well-being, you also get:

- Coverage from a trusted, local, 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



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

Did you know this year it is easier to save more than ever before?

If you make less than \$105K, and you chose a self-only plan, you likely qualify for premium reductions. The same holds true if you're on a family plan and you make less than \$300K. To learn more, please call Vermont Health Connect at 855-899-9600.

WHAT TO LOOK FOR



This guide highlights important plan benefits, features and covered services. Use the enclosed plan comparison chart to review the premium, deductible and cost-sharing structure for each plan.

GLOSSARY OF TERMS



Throughout this guide, we've defined key terms and phrases to help you understand your options and make the best decision for your health care needs.

02

HOW TO ENROLL IN A HEALTH PLAN

It's important to consider your coverage options and costs before enrolling in, renewing or changing your plan.

OPEN ENROLLMENT

Open Enrollment begins on November 1, and for Plan Year 2022, the enrollment period extends through January 31.

Depending on when we receive your initial enrollment or any changes to your existing coverage, your plan benefits will take effect either on January 1 or February 1:

- All plan and enrollment changes that you make by December 31, 2021 will take effect January 1, 2022.
- Any changes you make after December 31 will take effect February 1, 2022.
- If you are currently enrolled in a Blue Cross and Blue Shield of Vermont plan through Vermont Health Connect, or you choose to enroll through Vermont Health Connect, you must enroll by January 15, 2022.



KEEPING YOUR CURRENT COVERAGE



If you enrolled in your health plan directly through Blue Cross and Blue Shield of Vermont and want to keep your current coverage, no action is required, and you will automatically be enrolled in the same plan.

If you enrolled in your health plan through Vermont Health Connect, even if you don't have any changes it's a good idea to check your eligibility status to see if you are receiving the subsidies for which you qualify. You can view and update your information through VermontHealthConnect.gov.

ENROLLING IN A NEW PLAN



If you enrolled in your health plan directly through Blue Cross and Blue Shield of Vermont and want to make a change to your coverage, you will need to review your options and select a new plan. You can see plan options at bcbsvt.com/find-a-plan.

If you enrolled in your health plan through Vermont Health Connect and you want to make a change you must update your information and select a new plan through VermontHealthConnect.gov.

The American Rescue Plan Act (ARPA) has made changes to the subsidies available to help you pay for your coverage if you enroll through Vermont Health Connect. To see if you can benefit from these changes visit VermontHealthConnect.gov or call (855) 899-9600.

STEPS TO ENROLL



Follow these three (3) easy steps to enroll in the right health plan for you and your needs.

STEP



01 EVALUATE YOUR HEALTH CARE NEEDS

Consider your health spending from last year. This includes:

- Health plan costs like your premium, co-pay, co-insurance and doctor visits
- Prescription medication costs
- Your budget
- Any anticipated costs due to non-recurring medical needs

Once you have estimated your medical expenses and your budget, you can begin to review your plan options.



IMPORTANT TERMS

Premium:

Your monthly payment for your health plan coverage.

Out-of-Pocket Costs:

These are made up of your deductible, any co-insurance, and any co-payments. You are responsible for these costs when you seek care.

Deductible:

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

Co-insurance:

The share of a medical cost you are responsible to pay after your deductible has been met. For example, if you have a 20% co-insurance, your health plan pays 80% of the cost and you pay 20%.

Co-payment:

The amount you pay for specific health care services at the time of care. Your co-pay is determined by your health plan.

Out-Of-Pocket Limit:

The most you will pay for covered services in a plan year. Amount varies by plan.

STEP

02 REVIEW PLAN OPTIONS

Use the enclosed comparison chart to review plan details or visit our find a plan tool at bcbsvt.com/find-a-plan.

If you are interested in a specific plan, you can review detailed summaries of benefits and coverage at bcbsvt.com/qhp.

Give careful consideration to:

- **Costs** – including premium, deductible, out-of-pocket limit, cost-sharing and pharmacy benefits
- **Subsidies** – the American Rescue Plan Act (ARPA) has increased the chances that you may qualify for government subsidies through Vermont Health Connect. See VermontHealthConnect.gov.

STEP

03 ENROLL IN A PLAN

Now that you've estimated your budget and spending and found the right plan, it's time to enroll.

If you don't qualify for subsidies, you can enroll directly in one of our plans by calling or visiting:

If you qualify for subsidies, you can enroll in a health plan through Vermont Health Connect by calling or visiting:



(800) 255-4550



(855) 899-9600



bcbsvt.com/qhp



VermontHealthConnect.gov

03

UNDERSTANDING YOUR COVERAGE

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

HELPING VERMONTERS PURSUE HEALTH ON THEIR OWN TERMS

Our plans help you pay for doctor 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 the enclosed chart or visit bluecrossvt.org/qhp.

PREVENTIVE HEALTH SERVICES



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

Get more information on preventive care at bluecrossvt.org/preventive.

Examples of preventive services include:

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

*As defined by state and federal law

TELEMEDICINE



All our plans include 24/7 telemedicine access through AmWell®. This is a convenient, cost-effective way to get the care you need on your schedule. Visit a doctor or mental health service provider anytime via your, computer, tablet, or smartphone. For more info, visit bcbsvt.com/telemedicine.

HEALTH AND WELLNESS RESOURCES



Start your wellness journey at bewellvermont.org. This interactive, personalized resource gives you and your family easy-to-use tools and support to help you set wellness goals and track your progress—so you can get the most from your coverage.

Resources include:

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

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

You may access our care management team to address a wide range of health needs, from addiction, cancer and chronic conditions to end of life, maternity and transgender support. To learn more visit bcbsvt.com/casemanagement.



Understanding Your Costs

IMPORTANT TERMS

Premium:

Your monthly payment for your health plan coverage.

Out-of-Pocket Costs:

These are made up of your deductible, any co-insurance, and any co-payments. You are responsible for these costs when you seek care.

Deductible:

The dollar amount you pay for services and/or medications before your plan begins to pay costs.

Co-insurance:

The share of a medical cost you are responsible to pay after your deductible has been met. For example, if you have a 20% co-insurance, your health plan pays 80% of the cost and you pay 20%.

Co-payment:

The amount you pay for specific health care services at the time of care. Your co-pay is determined by your health plan.

Out-of-Pocket Limit:

The most you will pay for covered services in a plan year. Amount varies by plan.

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 bcbsvt.com/find-a-doctor.

COST COMPARISON TOOL



Our helpful online tool allows you to research the estimated cost of services before you go to your provider. Members can access the tool in the Member Resource Center at bcbsvt.com/mrc.

HOW COST-SHARING WORKS



We cover a share of your health care costs based on your plan—this typically includes doctor visits, hospital care, medications and co-payments.

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 the enclosed chart or compare plans at bcbsvt.com/qhp.

MANAGING COSTS WITH AN HSA



If you are enrolled in one of our Consumer-Directed Health Plans (CDHP) you may choose to establish a Health Savings Account (HSA).

If you qualify, 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 management services. To learn more, including annual contribution limits and a list of qualified medical expenses, visit bcbsvt.com/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.

04

VERMONT PREFERRED HEALTH PLANS

Experience the benefits of 3-6-9.

CONTROL YOUR COSTS WITH OUR 3-6-9 BENEFIT

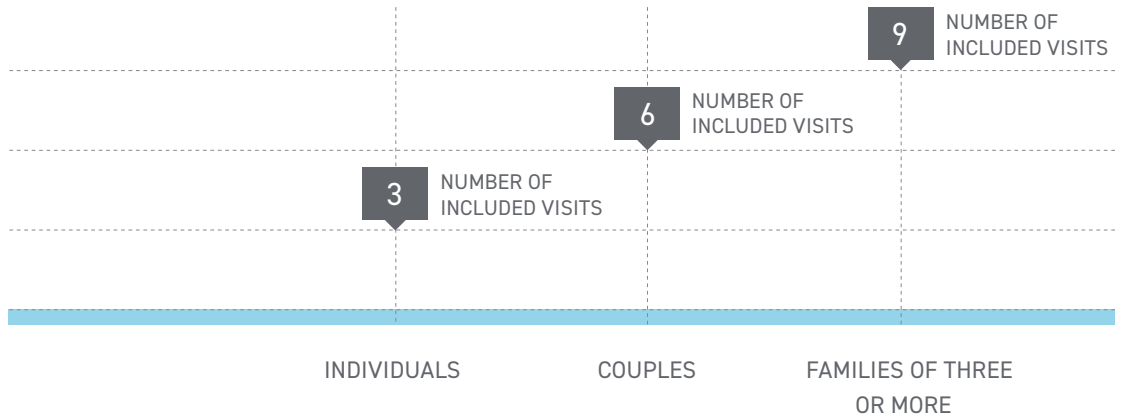
Our Vermont Preferred plans feature the 3-6-9 doctor visit benefit. This extraordinary benefit allows you and your family to see your primary care physician, mental health provider, or substance use disorder counselor with no extra cost share!



HERE'S HOW IT WORKS:



Members on an Individual plan receive three (3) included visits, people on a two-person plan receive six (6) total included visits and families of three or more get nine (9) total included visits—at no extra cost! And that's just the beginning.



Enhanced Benefits

ADDITIONAL NO-COST VISITS FOR SELECT CHRONIC CARE SERVICES



If you are diagnosed with diabetes or heart disease you get an additional three (3) visits to see a specialist (cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist) to help manage your health.

+ 3 SELECT CHRONIC CARE SPECIALIST VISITS

PLUS NUTRITIONAL COUNSELING VISITS



In addition, if you are diagnosed with diabetes or heart disease you also receive unlimited nutritional counseling visits—to help you set, track, and achieve personalized health and wellness goals.

AND A WELLNESS DRUG BENEFIT



All Vermont Preferred plans include our no-deductible Wellness Drug Benefit. That means that select medications for common conditions such as diabetes, asthma, blood pressure, cholesterol and osteoporosis are included in your plan and not subject to the deductible.

05

VERMONT BLUE RX PRESCRIPTION DRUG COVERAGE

Our pharmacy benefits help you save money on your prescription drugs.

EXPANDED SERVICES AND OPTIONS IN THE VERMONT BLUE RX NETWORK

Vermont Blue Rx provides members with access to trusted, local pharmacists and national retail pharmacies. Learn more about finding network pharmacies, specialty medications, home delivery and more at bcsvt.com/vermontbluerx.

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) for your plan at bcsvt.com/qhp.



DRUG LIST OR DRUG FORMULARY

Our drug list includes medications that are the most appropriate and cost-effective for your treatment.

Before you enroll in a plan, please 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.

View our National Performance Formulary (NPF) drug list at bcbsvt.com/vermontbluerx.



IMPORTANT TERMS

Allowed Amount:

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

Drug Formulary/lists:

A list of prescription drugs, both generic and brand name, covered by your plan.

Deductible:

The dollar amount you pay for services and/or medications before your plan begins to pay costs.

Out-of-Pocket Costs:

These are made up of your deductible, any co-insurance, and any co-payments. You are responsible for these costs when you seek care.

Out-of-Pocket Limit:

The most you will pay for covered services in a plan year. Amount varies by plan.

GENERIC, PREFERRED AND NON-PREFERRED BRAND NAME DRUGS



Each plan offers different levels of cost-sharing when purchasing generic, preferred or non-preferred brand name drugs. Generally, generic drugs cost less and non-preferred cost more.

ORDER YOUR PRESCRIPTIONS FROM HOME



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 bcbsvt.com/vermontbluerx.

MEDICATION THERAPY MANAGEMENT



Get a one-on-one consultation 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. For more information, visit bcbsvt.com/medication-therapy-management-program or call our customer service team at the number on the back of your ID card.

SEPARATE OR COMBINED OUT-OF-POCKET LIMITS EXPLAINED



If your 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 have reached 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.



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 bcbsvt.com/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

Blue Cross and Blue Shield of Vermont (BCBSVT) 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.

BCBSVT 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).

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

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

ARABIC

تدع اس ملام اتم ادخ اىل ع لوص حبل
مقرل اىل ع لوص ا، ةي ن ا ج م ا ة ي و غ ل ل ا
Æ(800) 247-2583

CHINESE

Tajaajila gargaarsa afaan hiikuu
kaffaltii malee argachuuf
(800) 247-2583 bilbilaa.

CUSHITE (OROMO)

Pour obtenir des services
d'assistance linguistique gratuits,
appelez le (800) 247-2583.

FRENCH

Kostenlose fremdsprachliche
Unterstützung erhalten Sie unter
(800) 247-2583.

GERMAN

Per i servizi gratuiti di assistenza
linguistica, chiamare il numero
(800) 247-2583.

ITALIAN

Para serviços gratuitos de
assistência linguística, ligue para
o (800) 247-2583.

JAPANESE

Чтобы получить бесплатные услуги
переводчика, позвоните по
телефону (800) 247-2583.

NEPALI

Za besplatnu uslugu prevodjenja,
pozovite na broj (800) 247-2583.

PORTUGUESE

Para servicios gratuitos de asistencia
con el idioma, llame al (800) 247-2583.

RUSSIAN

Para sa librenг mga serbisyo ng
tulong pangwika, tumawag sa
(800) 247-2583.

SERBO-CROATIAN (SERBIAN)

SPANISH

TAGALOG

THAI

VIETNAMESE

HELPING YOU PURSUE HEALTH ON YOUR OWN TERMS

(800) 255-4550 / bcsvt.com/qhp



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