



# ENROLLMENT GUIDE FOR YOUR EMPLOYER- SPONSORED 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.

# TABLE OF CONTENTS

01	INTRODUCTION TO ENROLLMENT	PG. 3
02	HOW TO ENROLL IN A HEALTH PLAN	PG. 4
03	UNDERSTANDING YOUR COVERAGE	PG. 7
04	VERMONT PREFERRED HEALTH PLANS	PG. 10
05	VERMONT BLUE RX PRESCRIPTION DRUG COVERAGE	PG. 12

01

# INTRODUCTION TO ENROLLMENT

When you enroll in a Blue Cross and Blue Shield of Vermont health plan through your employer, 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 guide will help you identify the most appropriate plan for your health needs and your budget.

## 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 offered by your employer.

## 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 for your employer-sponsored health plan begins 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.





### 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. If you need to make any changes to your enrollment (such as adding/removing your dependents or choosing a different plan type), please notify your group benefits administrator and they will notify us.

### ENROLLING IN A NEW PLAN



Your group benefits administrator will inform you which plan(s) are available. To understand what the plans cover, your cost share and other information, review the enclosed plan comparison chart, or use our Find a Plan web tool at [bluecrossvt.org/find-a-plan](https://bluecrossvt.org/find-a-plan).

The Find a Plan tool allows you to enter your employer's contribution level, which will determine the monthly premium cost of plans for you. If you need assistance or further details on plan options, please contact us at (800) 255-4550 or email us at [consumersupport@bluecrossvt.org](mailto:consumersupport@bluecrossvt.org).

### STEPS TO ENROLL



If your employer offers multiple plans, follow these three (3) easy steps to make sure you're enrolled in the right health plan for you and your needs:

#### STEP



## 01 EVALUATE YOUR HEALTH CARE NEEDS

Consider your health spending over the past year. This includes:

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

## 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 [bluecrossvt.org/find-a-plan](https://bluecrossvt.org/find-a-plan).

You can also review detailed summaries of benefits and coverage for any of the plans your employer offers at [bluecrossvt.org/qhpsmallbusiness](https://bluecrossvt.org/qhpsmallbusiness).

### **Give careful consideration to:**

- **Costs** – including premium, deductible, out-of-pocket limit, cost-sharing and pharmacy benefits.
- **Plan affordability** – If you're unsure if you can afford the health plan your employer offers you because your contribution or your cost-sharing is too high, Vermont Health Connect may be able to help. To see if you qualify for premium assistance for a plan through Vermont Health Connect, visit [https://info.healthconnect.vermont.gov/2022ESI\\_calculator](https://info.healthconnect.vermont.gov/2022ESI_calculator) or contact Vermont Health Connect at (855) 899-9600.

## STEP

# 03 ENROLL IN A PLAN

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

## 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/qhpsmallbusiness](https://bluecrossvt.org/qhpsmallbusiness).

## 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](https://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 phone, computer or smartphone. For more info, visit [bluecrossvt.org/telemedicine](https://bluecrossvt.org/telemedicine).

## HEALTH AND WELLNESS RESOURCES



Start your wellness journey at [bewellvermont.org](https://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 [bluecrossvt.org/casemanagement](https://bluecrossvt.org/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 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.

## 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-a-doctor](https://bluecrossvt.org/find-a-doctor).

## COST COMPARISON TOOL



Our new 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 [bluecrossvt.org/mrc](https://bluecrossvt.org/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.

## MANAGING COSTS WITH AN HSA OR HRA



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 HRA management services. To learn more, including annual contribution limits and a list of qualified medical expenses, visit [bluecrossvt.org/mymoney](https://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 a Health Reimbursement Arrangement (HRA) for any of the health plans available to you. HRAs are administered and funded by your employer to help pay for medical expenses covered through the plan such as deductibles and co-payments.

Discuss your options for an HSA or HRA with your benefits manager.

04

# VERMONT PREFERRED HEALTH PLANS

Experience the benefits of 3-6-9.

---

## CONTROL YOUR COSTS WITH OUR 3-6-9 BENEFIT

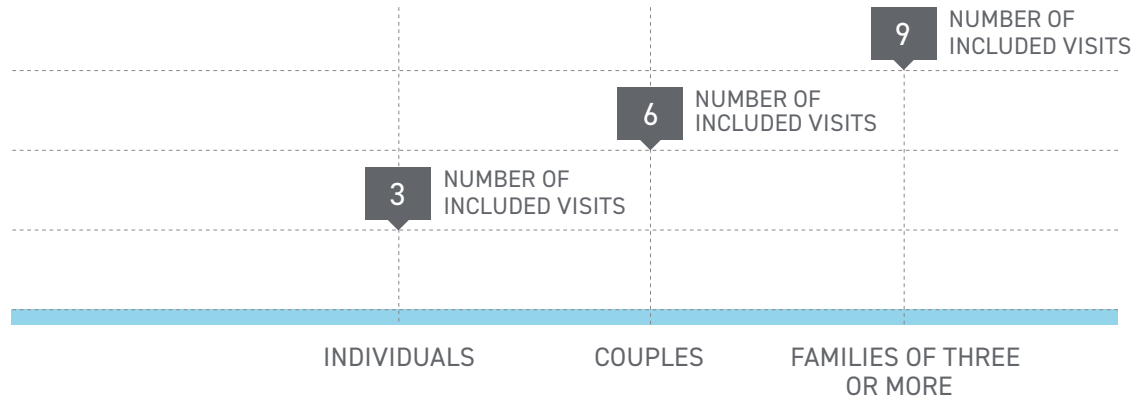
Our Vermont Preferred plans feature the 3-6-9 doctor visit benefit. This extraordinary benefit allows you to see your primary care physician, mental health provider or substance use disorder counselor with no cost share!



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 also 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 [bcbsvt.com/vermontbluerx](http://bcbsvt.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) at [bluecrossvt.org/qhpsmallbusiness](http://bluecrossvt.org/qhpsmallbusiness).





### 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 up-to-date drug lists at [bluecrossvt.org/vermontbluerx](https://bluecrossvt.org/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 [bluecrossvt.org/vermontbluerx](https://bluecrossvt.org/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 [bluecrossvt.org/medication-therapy-management-program](https://bluecrossvt.org/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](http://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 [bcbsvt.com/privacypolicies](http://bcbsvt.com/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

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

CHINESE

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

CUSHITE (OROMO)

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

FRENCH

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

GERMAN

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

ITALIAN

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

JAPANESE

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

NEPALI

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

PORTUGUESE

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

RUSSIAN

SERBO-CROATIAN (SERBIAN)

SPANISH

TAGALOG

THAI

VIETNAMESE

# HELPING YOU PURSUE HEALTH ON YOUR OWN TERMS

(800) 255-4550 / [bluecrossvt.org/qhp](https://bluecrossvt.org/qhp)



| @bluecrossvt



**BlueCross BlueShield**  
of Vermont

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