ENROLLMENT GUIDE FOR EMPLOYER-SPONSORED HEALTH PLANS

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

BlueCross BlueShield of Vermont

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01

INTRODUCTION TO ENROLLMENT

When you offer health plans from Blue Cross and Blue Shield of Vermont, you not only get coverage that's focused on your employees' health and well-being, you also get:

- Coverage from a trusted, local, not-for-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 EMPLOYEES

The health plans you offer your employees play a significant role in determining their access to care and its cost. This guide will help you decide which plan(s) best meet your employees' 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.

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 employees' 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 the plans you offer.

OPEN ENROLLMENT

If your business employs up to 100 employees, you can select any or all of our qualified health plans to offer to your employees. Open Enrollment runs from November 1 through December 31. Any changes you make to your group's plan(s) take effect on January 1.

IF YOU ARE ENROLLING YOUR GROUP FOR THE FIRST TIME

You may either submit your enrollment with our online form or download and submit the New Group Enrollment Packet. Choose your Small Business Enrollment option at **bcbsvt.com/qhpsmallbusiness**. If you download the packet you may return it to us by one of three ways:

1) **Email: consumersupport@bcbsvt.com**

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

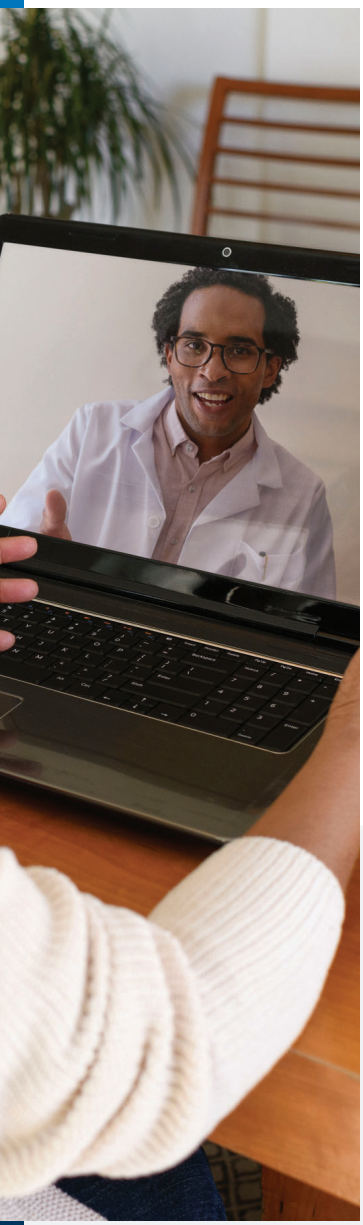
3) **Fax:** (802) 371-3719

Once we notify you that we have processed your group's information, you'll have the option to create your account on our Employer Resource Center (ERC). To learn more about our employer portal before registering, visit **bcbsvt.com/erc**.

KEEPING YOUR CURRENT COVERAGE

If you choose to offer the same plan(s) for your employees, with no changes, you don't have to do anything. We will automatically renew your group (and employees' plan choices) for 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's account. (We offer free, integrated HSA and HRA management services. See page 9 to learn more.)



MAKING CHANGES TO CURRENT COVERAGE

STEPS TO ENROLL

STEP

01 REGISTER YOUR GROUP ACCOUNT

Register your group account on our Employer Resource Center (ERC) at **bcbsvt.com/erc**.

If you have already registered an account on our ERC, move to Step 2.

STEP

02 LOG ON TO OUR EMPLOYER RESOURCE CENTER (ERC)

Once logged in to the portal, navigate to Quick Search and click Search All Groups. The next page will populate all associated group numbers with your account. Click the appropriate group number. Next, you'll see your Group Details page.

STEP

03 CLICK ON "RENEWAL"

Beginning on November 1, a "Renewal" tab will appear on the Group Detail page. Click on the Renewal tab.

The Renewal page will display your current enrolled employees' information.

STEP

04 MAKE ANY NEEDED CHANGES

The renewal page allows you to make changes to your employees' plan selections, add or remove employees and/or dependents.

You can save your progress and come back later if you are not able to make all changes all at once.

STEP

05 AUTHORIZE

Once you have entered all necessary changes for your employees on the renewal page, type your name in the "Authorized by" space to submit.

STEP

06 SUBMIT

Please click "Complete, Submit for Processing" to complete your renewal.

Note: If you don't hit "Complete, Submit for Processing" your renewal will not be processed. Once you've submitted your group's renewal through the ERC, you won't be able to make any additional changes through this portal. However, if you need to make any additional changes after submitting your renewal, please contact us and we can make the changes for you:

(800) 255-4550

consumersupport@bcbsvt.com

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.

03

UNDERSTANDING YOUR COVERAGE

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

HELPING VERMONTERS PURSUE HEALTH ON THEIR OWN TERMS

Our plans help your employees 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 **bcbsvt.com/qhpsmallbusiness.**

PREVENTIVE HEALTH SERVICES

Each of our plans cover preventive health services*, received in-network, at no cost to members. Get more information on preventive care at **bcbsvt.com/preventive**.

Examples of preventive services include:

- **Check-ups** – wellness visits for members and their 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 for your employees to get the care they need on their schedule. They can visit a doctor or mental health service provider anytime via phone, computer or smartphone. For more info, visit **bcbsvt.com/telemedicine**.

HEALTH AND WELLNESS RESOURCES

Your employees can start their wellness journey at **bewellvermont.org**. This interactive, personalized resource gives employees and their families easy-to-use tools and support to help them set wellness goals and track their progress—so they can get the most from their 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 free care management to members. We offer expertise in different areas of health care, including medical, mental health and substance use treatment.

Care management extends to 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

NETWORK ACCESS

Our plans give your employees access to the largest network of doctors and hospitals in Vermont. Our **BlueCard® program** includes access to doctors 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 members to research the estimated cost of services before they go to their provider. Your employees can access the tool in the Member Resource Center at **bcbsvt.com/mrc**.

HOW COST-SHARING WORKS

We cover a share of your employees' health care costs based on their 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 your employees reach their out-of-pocket limit.

MANAGING COSTS WITH AN HSA OR HRA

You can help offset the health care costs for your employees by offering one or more of our Consumer-Directed Health Plans (CDHP). Employees who enroll in a CDHP may establish a Health Savings Account (HSA). An HSA is a tax-free savings account they can use to pay for IRS-approved medical expenses that are not covered by their plan.

- We offer free, integrated HSA and HRA management services. To learn more, including annual contribution limits and a list of qualified medical expenses, visit **bcbsvt.com/mymoney**.
- HSAs can be funded by your employees through pretax contributions, and your group can provide some level of funding as well, if applicable.
- You may establish a Health Reimbursement Arrangement (HRA) for employees enrolled in any of our plans. When you set up and fund an HRA, you cover the qualified medical expenses of your employees. You may also allow your employees to use an HRA to cover all or some part of their deductibles, co-payments or co-insurance expenses.

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.

04

VERMONT PREFERRED HEALTH PLANS

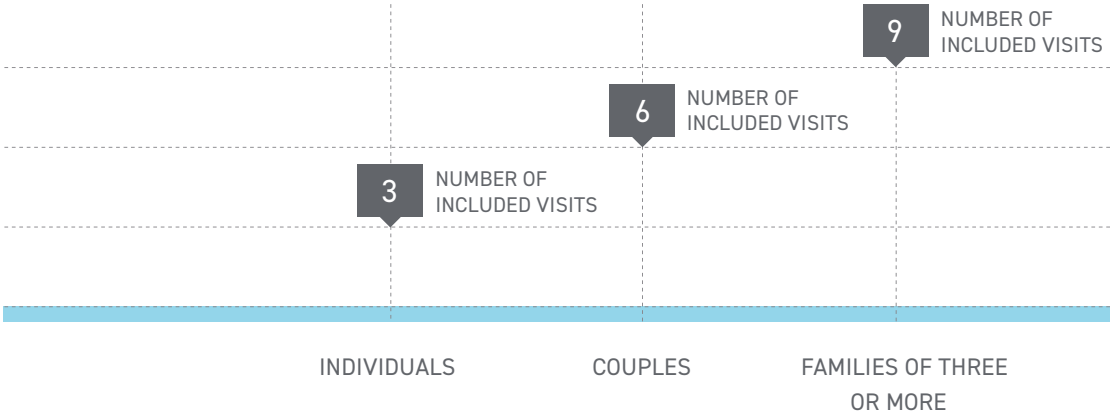
Experience the benefits of 3-6-9.

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 members to see their 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

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

+3 SELECT CHRONIC CARE SPECIALIST VISITS

PLUS NUTRITIONAL COUNSELING VISITS

In addition, members diagnosed with diabetes or heart disease also receive unlimited nutritional counseling visits—helping them 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 the plan and not subject to the deductible.

05

VERMONT BLUE RX PRESCRIPTION DRUG COVERAGE

Our pharmacy benefits help members save money on their 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**.

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 employees' out-of-pocket costs may be, please see the Summary of Benefits and Coverage (SBC) for each plan you offer.

DRUG LIST OR DRUG FORMULARY

Our 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 drugs, medications, and biologics that each plan covers.

Before they enroll in a plan, your employees may check our drug list to ensure the medications they take are covered.

They can also learn if their prescriptions are available as a generic, require prior approval, have quantity limits and much more.

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 PRESCRIPTIONS FROM HOME

Members can take advantage of our home delivery program for a more convenient and potentially less expensive way to buy their prescription drugs. Learn more about our home delivery service at **bcbsvt.com/vermontbluerx**.

MEDICATION THERAPY MANAGEMENT

Members can receive one-on-one consultation with a pharmacist to talk about the medications they take and address any concerns or questions they may have about their prescriptions.

Each visit is tailored to the member's needs and focuses on drug safety, effects, tolerability, price and simplifying their medication regimen. More information is available at **bcbsvt.com/medication-therapy-management-program**.

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 drug costs at 100 percent of the allowed amount once a member reaches their prescription drug out-of-pocket limit.

If a 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 a member has 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 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	للحصول على خدمات المساعدة اللغوية المجانية، اتصل على الرقم 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 prevođenja, pozovite na broj (800) 247-2583.
PORTUGUESE	Para servicios gratuitos de asistencia con el idioma, llame al (800) 247-2583.
RUSSIAN	Para sa libreng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.
SERBO-CROATIAN (SERBIAN)	(800) 247-2583.
SPANISH	
TAGALOG	
THAI	
VIETNAMESE	

HELPING YOU PURSUE HEALTH ON YOUR OWN TERMS

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