

EMPLOYEE ENROLLMENT GUIDE

SMALL GROUPS 1-100 EMPLOYEES

Everything you need to find the right
employer health coverage for you and
your family in 2023.

TABLE OF CONTENTS

01	INTRODUCTION TO OUR HEALTH PLANS	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	PRESCRIPTION DRUG COVERAGE	PG. 12
06	GLOSSARY OF TERMS	PG. 14

01

INTRODUCTION TO OUR HEALTH PLANS

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, 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 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 health needs and your budget.



WHAT TO LOOK FOR

This guide highlights important plan benefits, features, and covered services. Use the enclosed 2023 Small Group Plans & Premiums Chart to review the **premium**, **deductible** and **cost-sharing** structure for each plan offered by your employer.



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.

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 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.





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 2023 Small Group Plans & Premiums Chart, or use our Find a Plan web tool at bluecrossvt.org/findplan.

If you need assistance or further details on plan options, please contact us at (800) 255-4550 or email consumersupport@bcbsvt.com.



MAKING CHANGES TO CURRENT COVERAGE

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

STEP

1

EVALUATE YOUR HEALTH CARE NEEDS

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

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

STEP

2 REVIEW PLAN OPTIONS

Use the enclosed comparison chart to review plan details or visit our find a plan tool at bluecrossvt.org/findplan.

You can also review detailed Summary of Benefits and Coverage (SBC) for any of the plans your employer offers at bluecrossvt.org/smallbusiness.

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 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 vermonthealthconnect.gov or contact Vermont Health Connect at (855) 899-9600.

STEP

3 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 have the right coverage for you and your family.

03

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 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 2023 Small Group Plans & Premiums 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.

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

*As defined by state and federal law



TELEMEDICINE

All of our plans include 24/7 telemedicine access which is convenient, on-demand medical care that saves time and money. Bring the doctor to you, anytime, anywhere. Within minutes, you can easily connect with a licensed, board-certified doctor face-to-face through a secure, HIPAA compliant live video feed, using your computer, tablet or smart phone. It's easy, available 24/7, private and secure! For more info, visit bluecrossvt.org/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



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

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.



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**.

We begin paying 100 percent of the costs for covered services when you reach your out-of-pocket limit.

Cost-sharing does not include costs like **premiums** or non-covered services.



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 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 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.
- 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 benefits manager.

04

VERMONT PREFERRED HEALTH PLANS

Experience the benefits of **4-8-12**.

CONTROL YOUR COSTS WITH OUR 4-8-12 BENEFIT

The Vermont Preferred health plan options feature the 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 health plans, review the enclosed 2023 Small Group Plans & Premiums Chart.

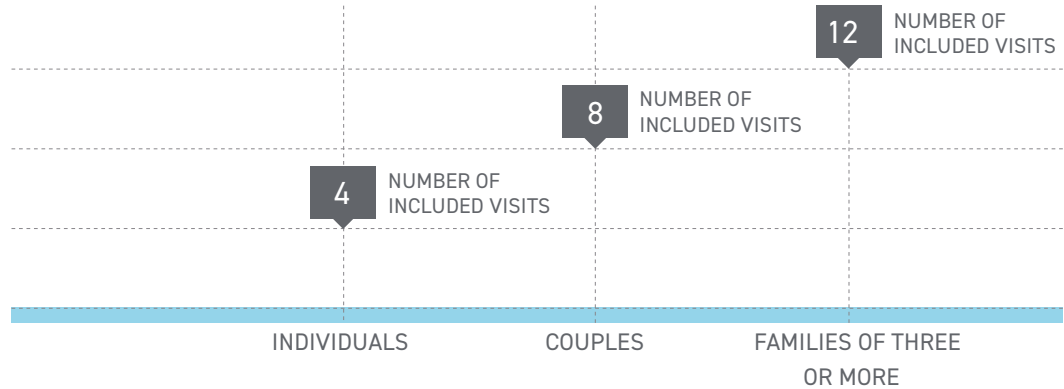




HERE'S HOW IT WORKS

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

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



Even More 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 diagnosed with diabetes or heart disease also **receive unlimited 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***. Common conditions include:

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

*Cost-share still applies based on medication tier (generic, preferred, non-preferred brand)



05

PRESCRIPTION DRUG COVERAGE

Our **Vermont Blue RX™** 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 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, NFP Formulary information, and biologics 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: bluecrossvt.org/formulary-lists



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.



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

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/medmanage 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.

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.

CO-INSURANCE:

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% co-insurance, their health plan pays 80% of the cost and the member pays 20%.

CO-PAYMENT:

The amount a member pays for specific health care services at the time of care. A member will either pay co-insurance or co-payment, 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 your costs.

DRUG LISTS/FORMULARY:

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

OUT-OF-POCKET COSTS:

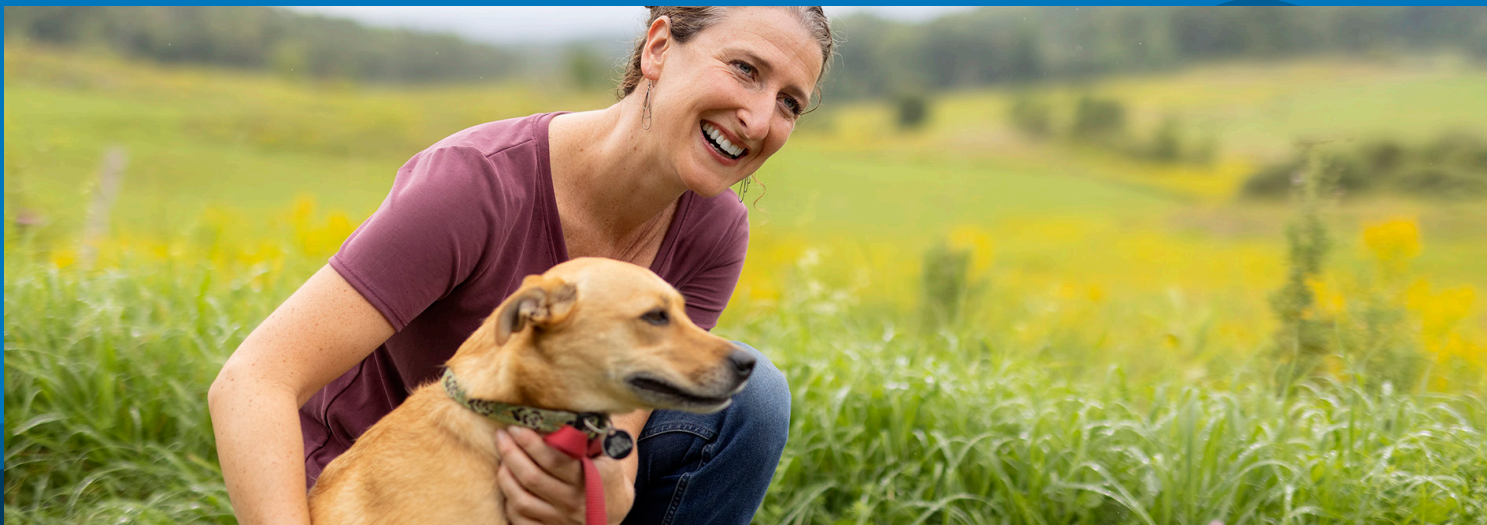
These are made up of a member's deductible, any co-insurance, and any co-payments. Members are responsible for these costs when they seek care.

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

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

ARABIC	للحصول على خدمات المساعدة اللغوية المجانية، اتصل على الرقم المجانية، اتصل (800) 247-2583 lilhusul 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, gara (800) 247-2583 bilbii.
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.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस् Nihsulka bhasa sahayata sevaharuko lagi (800) 247-2583 ma kala garnuhos.
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)	Za besplatne usluge jezičke pomoći pozovite (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	Para sa libreng serbisyong tulong sa wika, tumawag sa (800) 247-2583.
THAI	สำหรับบริการช่วยเหลือด้านภาษา โทร.ได้ทีแอส.(800) 247-2583 พรี. Sǎ'fīrab brikār chwyhēl'ūx dān phās'a frī thor (800) 247-2583.
UKRAINIAN	Щоб отримати безкоштовні (800) 247-2583. Shchob otrymaty bezkoshtovni (800) 247-2583
VIETNAMESE	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583.

VERMONTERS MAKING HEALTH CARE WORK BETTER FOR VERMONTERS

(800) 255-4550 | bluecrossvt.org/smallbusiness



@bluecrossvt



BlueCross BlueShield
of Vermont

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