



# ENROLLMENT GUIDE FOR EMPLOYER- SPONSORED HEALTH PLANS

SMALL GROUPS 1-100 EMPLOYEES

Everything you need to find  
the right health coverage  
for your employees in 2023.

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# 01 INTRODUCTION TO OUR HEALTH PLANS

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 our local award-winning customer service staff
- Access to the largest network of doctors and hospitals in Vermont, with additional access around the U.S., and internationally



## FIND THE RIGHT PLAN FOR YOU AND YOUR EMPLOYEES

Employee health plan options and cost play a key role in not only recruiting and retaining employees, but also how they access the care they deserve. Use this guide to help you decide which plan(s) best meet your employees' needs and your company's budget.



## WHAT TO LOOK FOR

This guide highlights important plan benefits, features, covered services, and how to enroll. Use the enclosed 2023 Small Group Plans & Premiums Chart to compare differences between plans and find the right plan options for your employees needs.



## 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.



# HOW TO ENROLL

When you're ready, here is the information on how to enroll, renew, or change the plans you offer **your employees**.

## OPEN ENROLLMENT

If your organization employs up to 100 full-time equivalent (FTE) employees, you can select any or all of our qualified health plans to offer your employees.

## IMPORTANT DATES

OPEN ENROLLMENT RUNS FROM  
NOVEMBER 1, 2022 - JANUARY 31, 2023.

- Plan changes made by December 31, 2022, will take effect on January 1, 2023
- Plan changes made in January 2023 will take effect on February 1, 2023
- If you don't take action or have any changes, your group's coverage will automatically be renewed for the coming year

Whether you're enrolling for the first time, keeping your group coverage the same, or need to make changes to your current plan, we can help you every step of the way.



# SELECTING COVERAGE FOR YOUR EMPLOYEES IS EASIER THAN EVER



The enclosed 2023 Small Group Plans & Premiums Chart outlines our available plans, deductibles, monthly premiums, and more.



The online Small Business Find-a-Plan tool allows you to filter by our health plans, premiums and deductible types to compare all our 2023 health plan offerings. Visit [bluecrossvt.org/findplan](https://bluecrossvt.org/findplan).



View our plan Summary of Benefits and Coverage (SBC) and Certificates of Coverage at [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness).

## Contact us. We're here to help.



(800) 255-4550



[consumersupport@bcbsvt.com](mailto:consumersupport@bcbsvt.com)



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### 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 [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness).

### IF YOU DOWNLOAD THE PACKET, YOU CAN RETURN IT ONE OF THREE WAYS:



Email: [consumersupport@bcbsvt.com](mailto:consumersupport@bcbsvt.com)



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



Fax: (802) 371-3719



### 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's account. (We offer free, integrated HSA and HRA management services. See page 8 to learn more.)



### MAKING CHANGES TO CURRENT COVERAGE

Beginning November 1, 2022, log onto our Employer Resource Center (ERC) to make any updates or changes (i.e., plan selections, add or remove employees and/or dependents) [bluecrossvt.org/ERC](https://bluecrossvt.org/ERC).

- Not yet registered on the employer portal? Do that soon at [bluecrossvt.org/ERC](https://bluecrossvt.org/ERC).
- Looking for enrollment forms? Visit [bluecrossvt.org/employerforms](https://bluecrossvt.org/employerforms).
- Need step-by-step instructions? Visit [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness).
- Want more help? Let us complete your renewal for you!



(800) 255-4550



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# UNDERSTANDING YOUR COVERAGE

**Find** the right health plan options to meet your employees' needs and fit your budget.

## HELPING VERMONTERS PURSUE HEALTH ON THEIR OWN TERMS

This section explains some of the included services and how cost-sharing works.

For a more detailed coverage summary of how our plans help your employees pay for doctor visits, medications, hospital care, medical equipment, and more, please see the enclosed **2023 Small Group Plans & Premiums Chart** or visit [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness).





# Understanding Network Access



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

# Understanding Costs



## 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.

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

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



## 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 [bluecrossvt.org/MRC](https://bluecrossvt.org/MRC).



## 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)**, which is a tax-free savings account they can use to pay for IRS-approved medical expenses not covered by their plan. 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.
- **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).



# Understanding Benefits

No matter what plan options you choose, these benefits are included in all of them.



## PREVENTIVE HEALTH SERVICES

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

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

Read more about preventive care at [bluecrossvt.org/preventive](https://bluecrossvt.org/preventive).



## TELEMEDICINE

All of our plans include 24/7 telemedicine access which is a 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](https://bluecrossvt.org/telemedicine).



## HEALTH & WELLNESS RESOURCES

Employees and their families have access to an interactive, personalized resource that gives them easy-to-use tools and support. This benefit helps them set wellness goals, track their progress—and get the most from their coverage. Resources include:

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

Your employees can start their wellness journey at [bewellvermont.org](https://bewellvermont.org).



## INTEGRATED HEALTH - CASE MANAGEMENT

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

This could extend 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 [bluecrossvt.org/casemanagement](https://bluecrossvt.org/casemanagement).

*\*As defined by state and federal law*

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# VERMONT PREFERRED HEALTH PLANS

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

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## THE 4-8-12 BENEFIT HELPS CONTROL COSTS

As outlined in the enclosed **2023 Small Group Plans & Premiums Chart**, we have a variety of standard, select, and preferred plans to choose from.

The Vermont Preferred Health Plan options feature the extra 4-8-12 zero dollar office visit benefit.

This extraordinary benefit allows members to see their primary care physician, mental health provider, or substance use disorder treatment provider with **no cost share!**

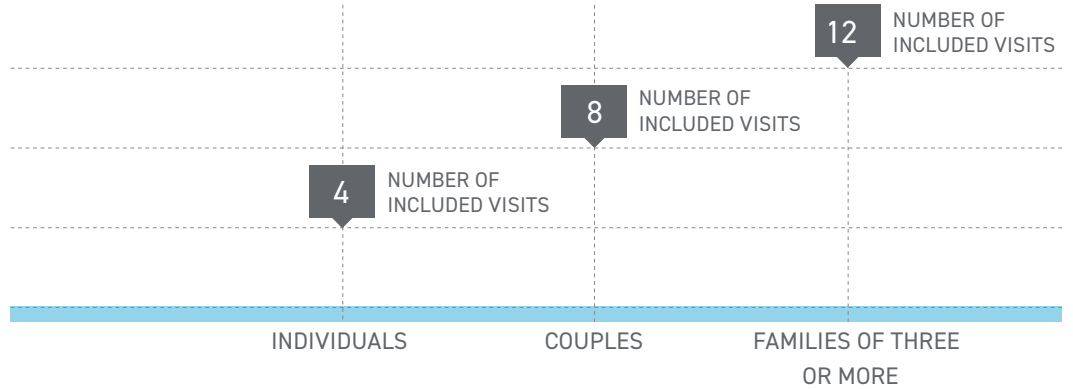




**HERE'S HOW IT WORKS**

- Members on an Individual plan receive four included visits.
- Members on a Two-person plan receive eight total included visits.
- Families of three or more get 12 total 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



**PLUS 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)



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# PRESCRIPTION DRUG COVERAGE

Our **Vermont Blue Rx™** 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 [bluecrossvt.org/vtbluerx](https://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 which are outlined in each plan's **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 at [bluecrossvt.org/smallbusiness](https://bluecrossvt.org/smallbusiness).







### COVERED PRESCRIPTION DRUGS

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 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: [bluecrossvt.org/formulary-lists](https://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

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 [bluecrossvt.org/vtblueRx](https://bluecrossvt.org/vtblueRx).



### MEDICATION THERAPY MANAGEMENT

Members can receive one-on-one consultations 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 [bluecrossvt.org/medmanage](https://bluecrossvt.org/medmanage).



### 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.



# 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:**

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

**OUT-OF-POCKET COSTS:**

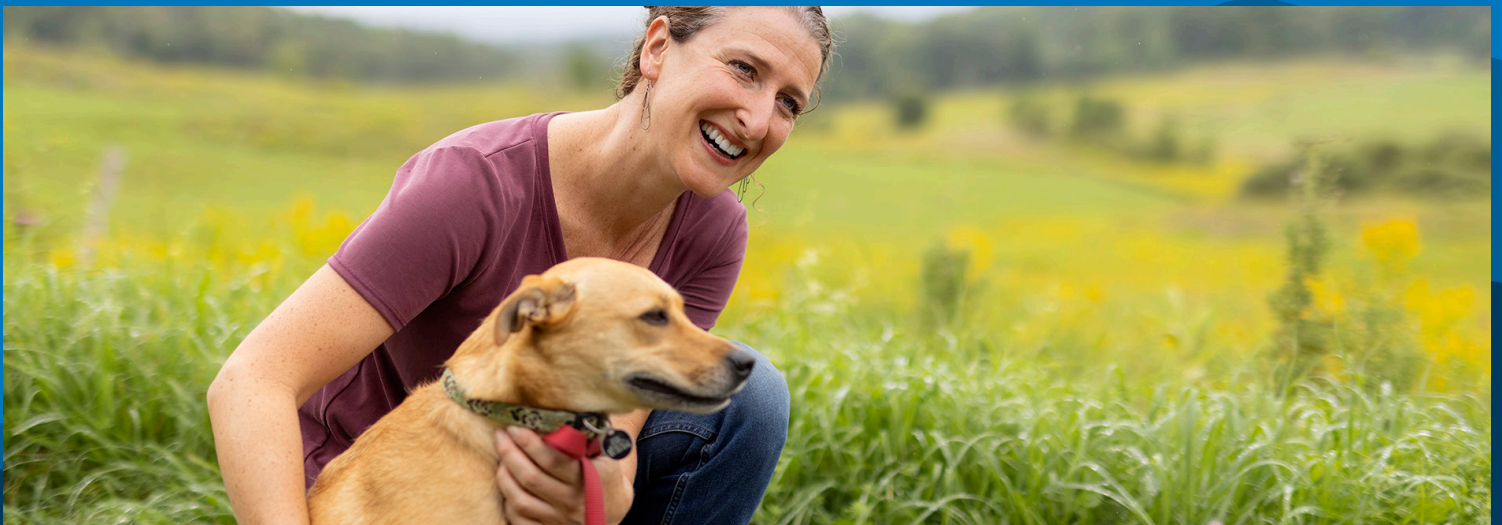
These are made up of a member's deductible, any co-insurance, and any co-payments. Members are responsible for these costs when they seek care.

**OUT-OF-POCKET LIMIT:**

A member will either pay co-insurance or co-payment, and is determined by their health plan. 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](http://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](http://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 (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 miǎn fèi yǔ yán xié zhù fú wù, qǐng zhì diàn (800) 247-2583.
CUSHITE (OROMO)	Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 bilbili.
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, chiamate 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。Muryō no gengo shien sābisu ni tsuite wa, (800) 247 - 2583 made o denwa kudasai.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस् , (800) 247-2583. Nihśulka bhāṣā-sahāyatā sevāharūkō lagi, kala garuhoś (800) 247-2583.
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)	За бесплатне услуге језичке помоћи позовите (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	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 247-2583.
THAI	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร.(800) 247-2583。Sǎhrǎb brikār chwyhēlūx dān phās'a frī thor (800) 247-2583.
UKRAINIAN	Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583. Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (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](https://bluecrossvt.org/smallbusiness)



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of Vermont

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