



ENROLLMENT GUIDE FOR YOUR SMALL ORGANIZATION'S HEALTH PLAN

SMALL GROUPS 1-100 EMPLOYEES

Find the right health plans for your organization and employees in 2024 with Blue Cross Vermont.

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01

INTRODUCTION TO OUR HEALTH PLANS

WHY US?

For more than 30 years, we've been supporting Vermont's health and wellness as the state's only local, non-profit health plan.

We're not just a health care company, we're your friends and neighbors. We're dedicated to supporting you, our members, partners, and communities, not just today, but tomorrow and for years to come.

- Coverage from a trusted, local, Vermont non-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 organization's budget.



WHAT TO LOOK FOR

This guide highlights important plan benefits, features, covered services, and how to enroll. To review the **premium**, **deductible**, and cost-sharing details for each plan, use the enclosed [2024 Small Group Plans & Premiums Chart](#) or the find-a-plan tool online at bluecrossvt.org/findplan.



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 offer any, or all, of our Qualified Health Plans (QHP) to your employees.

IMPORTANT DATES:

OPEN ENROLLMENT RUNS FROM
NOVEMBER 1, 2023 – JANUARY 31, 2024.

- Plan changes made by December 31, 2023, will take effect on January 1, 2024
- Plan changes made in January 2024 will take effect on February 1, 2024
- 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.

Contact us. We're here to help.



(800) 255-4550 | (TTY:711)



consumersupport@bcbsvt.com



work with your broker





Our 2024 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 of our 2024 health plan offerings. Visit bluecrossvt.org/findplan.



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



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.

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



Email: consumersupport@bcbsvt.com



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



Fax: (802) 371-3329



IF YOU'RE 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.)



IF YOU'RE MAKING CHANGES TO YOUR CURRENT GROUP COVERAGE:

Starting November 1, 2023, log into our Employer Resource Center (ERC) to make any updates or changes (i.e., plan selections, add new employees or change currently enrolled employees) at bluecrossvt.org/ERC.

- Not yet registered on the employer portal? Create your account now at bluecrossvt.org/ERC.
- Looking for enrollment forms? Visit bluecrossvt.org/employerforms.
- Need step-by-step instructions? Visit bluecrossvt.org/ERC.
- Want more help? Let us complete your renewal for you!



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Work with your broker



WHAT HAPPENS AFTER MY ORGANIZATION ENROLLS?

1

Keep an eye on the mail

Your employees will receive their ID card(s) in the mail.

Your employees will need their new ID card(s) to access medical care services, and to fill a prescription. Many people accidentally throw away the mail containing ID card(s), so you will want to inform employees to look for mail from us.

2

Once your employees receive their new ID card(s), they should register online to access our Member Resource Center (MRC) at bluecrossvt.org/MRC. When they register, they can:

- View their plan benefits and incurred expenses.
- View their claims to check how we paid them and the amount they may need to pay.
- View plan materials including proof of coverage, outline of coverage, and order replacement ID card(s). All members can request hard copies, if they wish, by contacting our customer service team at the number listed on the back of their ID card.

3

Register for our Employer Resource Center.

As your organization's benefits administrator, we recommend for you to register online for our Employer Resource Center (ERC) at bluecrossvt.org/ERC.

Our secure Employer Resource Center (ERC) allows our clients enrolled in one of our group plans to have self-service features and conveniently manage their organization's health plans(s) and membership online including adding and changing employees' enrollment, download reports, and order employee materials.

If you're using a broker, we have a similar portal available, our Broker Resource Center (BRC). This portal will give your broker(s) access to your group details like the ERC, and allow for them to complete transactions on your behalf.

Brokers can register their own account at bluecrossvt.org/BRC.

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UNDERSTANDING YOUR GROUP'S COVERAGE

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

HELPING VERMONT BUSINESSES PROVIDE MEANINGFUL VALUE TO THEIR EMPLOYEES' HEALTH PLANS

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 provider visits, medications, hospital care, medical equipment, and more, please see the **2024 Small Group Plans & Premiums Chart** or visit bluecrossvt.org/smallbusiness.



ESSENTIAL BENEFITS INCLUDED IN OUR PLANS

Give your employees the experience they deserve. At Blue Cross Vermont, the difference is in our products, our network, and our personalized service.



PRIMARY CARE

A Primary Care Provider (PCP) coordinates your care and guides you to network specialists.

We encourage our members to develop a relationship with a single health care provider who knows about their health and can help them make decisions about their care. To select a primary care provider, please visit bluecrossvt.org/find-doctor.



OFFICE VISITS

Our plan covers services in an office setting*.

This means, for example, you're covered when you need:

- an examination, diagnosis and treatment for an injury or illness
- standard immunizations
- diagnostic services, such as X-rays, and laboratory tests
- nutritional counseling
- surgery
- therapy services, such as mental health or physical therapy

*Services above may be subject to a deductible, copayment, or coinsurance for each plan.

Once enrolled, employees will receive their specific plan's Outline of Coverage which explains their available benefits. Our Certificate of Coverage will explain limitations and general exclusions.



HOSPITAL CARE

Our plans provide coverage for care in a hospital, both outpatient and inpatient. Outpatient care may be provided in a hospital or ambulatory surgical center. These services can include surgery, diagnostic services, advanced imaging (MRI, CT or PET scan), treatments, or other types of procedures. If a member is admitted into a health care facility, like a hospital or other type of inpatient facility and spends at least one night, coverage is eligible. Some services may require prior approval.

Emergency services are also covered in our plans regardless of where our members are when they experience a medical emergency.

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

Read more about preventive care at bluecrossvt.org/preventive.

**As defined by state and federal law*



TELEMEDICINE

24/7 Telemedicine from Amwell®

Wherever you may be, have confidence that you can easily connect with a licensed, board certified doctor via live video on your computer, tablet, or smart phone. It's a convenient option for common, non-emergency health concerns. Access your account or sign up at: bluecrossvt.amwell.com.



HEALTH & WELLNESS RESOURCES

We'll be launching a brand new Be Well Vermont wellness portal in 2024. Our new wellness portal will provide an interactive, personalized resource with easy-to-use tools and support. This benefit helps our members set goals, track their progress, and get the most from their coverage. Resources on bewellvermont.org 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 free case management to members. We offer expertise in different areas of health care, including medical, mental health and substance use treatment.

This includes 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.

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VERMONT PREFERRED HEALTH PLANS

Experience the benefits of our **4-8-12** zero dollar office visit!

HELP CONTROL COSTS

Our Vermont Preferred health plans feature our 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!**

For additional plans available, please check out our [2024 Small Group Plans & Premiums Chart](#).

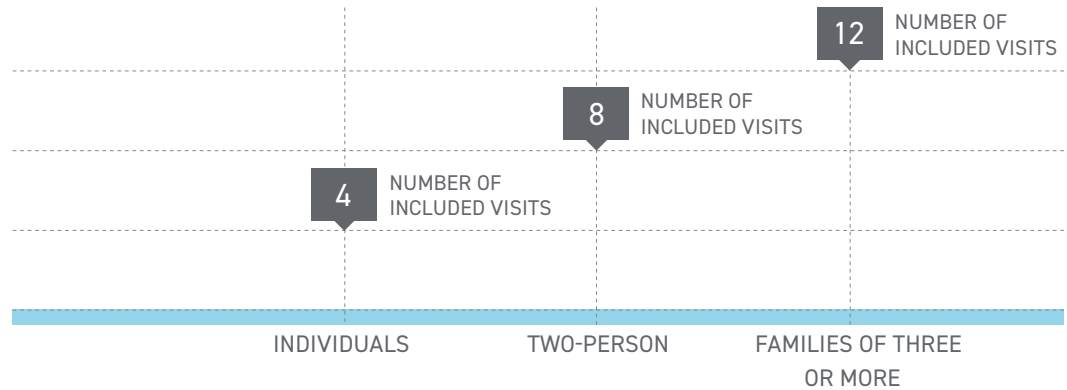




HERE'S HOW IT WORKS:

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

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



Additional 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 have access to receive **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**. Cost-share still applies based on drug tier (generic, preferred, non-preferred brand).

Common conditions include:

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

For a complete list of our wellness drugs, please visit bluecrossvt.org/formulary-lists.



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PRESCRIPTION DRUG COVERAGE

Our **Vermont Blue RxSM** 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.

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.





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, NPF Formulary information, and specialty drugs that each plan covers.

Before your employees enroll in a plan, they 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.

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 drugs cost more.



HOME DELIVERY

Members can take advantage of our home delivery program for a more convenient way to buy their prescription drugs. Learn more about our home delivery service at 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.



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.



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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.

COINSURANCE:

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% coinsurance, their health plan pays 80% of the cost and the member pays 20%.

COPAYMENT:

The amount a member pays for specific health care services at the time of care. A member will either pay coinsurance or copayment, 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 their 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 coinsurance, and any copayments. Members are responsible for these costs when they seek care.

OUT-OF-POCKET LIMIT:

A member will either pay coinsurance or copayment, 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, 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/privacy/policies.

NOTICE: Discrimination is Against the Law

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

If you need these services, **contact** civilrightscoordinator@bcsvt.com

If you believe that Blue Cross has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-Status, you can file a grievance with: Kienan D. Christianson, Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583, fax (802) 229-0511, or email civilrightscoordinator@bcsvt.com. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, Kienan D. Christianson, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically or through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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

ARABIC	للحصول على خدمات المساعدة اللغوية المجانية، اتصل (800) 247 2583. Iilhusul 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, (800) 247-2583 bilbilii.
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。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. Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (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. Sǎf rǎb brikār chwyhēlūx dǎn phǎs'ǎ 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.



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bluecrossvt.org/smallbusiness



BlueCross BlueShield
of Vermont

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