



# YOUR GUIDE FOR OUR INDIVIDUAL AND FAMILY HEALTH PLANS

Find the right health plan for you and your family in 2024 with Blue Cross Vermont.

# TABLE OF CONTENTS

01	INTRODUCTION TO OUR HEALTH PLANS	PG. 3
02	HOW TO ENROLL IN ONE OF OUR HEALTH PLANS	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

## 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 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 and well-being is important and so is choosing one of our plans that meets your budget and needs. Use this guide to help you decide which plan is best for you.

### TAKE ADVANTAGE OF POTENTIAL SAVINGS

You (and your household) may be able to save money on your health insurance through Vermont Health Connect (VHC) if:

- For a single only plan, have an annual salary range up to \$134,058
- For a married couple plan, have an annual salary range up to \$268,117
- For a family plan, have an annual salary range up to \$376,704

To learn more, please call Vermont Health Connect (VHC) at (855) 899-9600 or visit [VermontHealthConnect.gov](https://VermontHealthConnect.gov).



### 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 our [2024 Individual & Family Plans & Premiums Chart](#) or our Find-a-Plan tool online at [bluecrossvt.org/findplan](https://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 IN ONE OF OUR PLANS

It's important to check out your available coverage options and costs before choosing your plan.

## OPEN ENROLLMENT

You can select or make changes to your health plan during Open Enrollment.

### IMPORTANT DATES:

OPEN ENROLLMENT DIRECTLY THROUGH BLUE CROSS VT RUNS FROM NOVEMBER 1, 2023 - JANUARY 31, 2024.

- Plan enrollment and changes made by December 31, 2023 will take effect on January 1, 2024.
- Plan enrollment and changes made in January 2024 will take effect on February 1, 2024.
- If you're directly enrolled in one of our plans and don't have any changes, there's nothing you need to do. Your coverage will automatically renew for 2024.



## VERMONT HEALTH CONNECT ENROLLMENT DATES

OPEN ENROLLMENT RUNS FROM NOVEMBER 1, 2023 - JANUARY 15, 2024.

- Plan enrollment and changes made through Vermont Health Connect by December 15, 2023 will take effect January 1, 2024.
- Plan enrollment and changes made through Vermont Health Connect between December 16, 2023 and January 15, 2024 will take effect February 1, 2024.
- If you're currently enrolled in one of our health plans through Vermont Health Connect, and you wish to change plans, you must do so by January 15, 2024.
- If you wish to keep the same plan through Vermont Health Connect in 2024, there is nothing you need to do.
- If you choose to enroll through Vermont Health Connect for the first time, you must do so by January 15, 2024.



### CHOOSING A NEW PLAN:

#### BLUE CROSS AND BLUE SHIELD OF VERMONT ENROLLMENT

If you are enrolled in your health plan directly through us (Blue Cross VT) and you want to change your coverage, you can:

1. View our plan options online at [bluecrossvt.org/findplan](https://bluecrossvt.org/findplan) or with our plan comparison chart.
2. Select a new plan online at [bluecrossvt.org/QHP](https://bluecrossvt.org/QHP) or give us a call.

#### VERMONT HEALTH CONNECT ENROLLMENT

If you are enrolled in a Blue Cross VT health plan through Vermont Health Connect, you can view or update your information, choose a new plan, or check eligibility status\* by contacting Vermont Health Connect at:



(855) 899-9600



[VermontHealthConnect.gov](https://VermontHealthConnect.gov)



### IF YOU'RE KEEPING YOUR CURRENT COVERAGE:

#### BLUE CROSS AND BLUE SHIELD OF VERMONT ENROLLMENT

If you enrolled in your health plan directly through Blue Cross VT and want to keep your current coverage:

- **There's nothing you need to do.**
- Your plan will automatically renew for 2024 - a seamless continuation of coverage.

#### VERMONT HEALTH CONNECT ENROLLMENT

If you are enrolled in your health plan through Vermont Health Connect and want to keep your current coverage in 2024:

- **There is nothing you need to do.** Your coverage will automatically renew.
- Check your eligibility status\*, view, or update your information at [VermontHealthConnect.gov](https://VermontHealthConnect.gov).

*\*Financial help, including premium tax credits and cost sharing reductions, may be available. Extensions to these benefits continue to be available for this next plan year as a result of the Inflation Reduction Act passed in 2022.*

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



(800) 255-4550 (TTY: 711)



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



Work with a certified Assister or your Agent



## HOW TO CHOOSE THE BEST PLAN FOR YOU:

### DETERMINE YOUR BUDGET

The best way to pick a plan that meets your needs and budget all starts with knowing how much you spent on your health care last year.

Consider your:

- Monthly plan **premiums**
- Cost-share for each plan such as **deductible**, **copayments**, and **coinsurance**
- Prescription drug costs
- Other costs related to non-recurring medical needs
- Overall budget

Once you have an idea of what your medical expenses and budget are, review your plan options.



## REVIEW YOUR PLAN OPTIONS:

### BLUE CROSS AND BLUE SHIELD OF VERMONT ENROLLMENT

If you are enrolled in your health plan directly through Blue Cross VT and want to keep your current coverage:

- The [2024 Individual & Family Plans & Premiums Chart](#) outlines our available plans, plan details, monthly premiums, and more.
- Our online Find-a-Plan tool to view and compare our 2024 health plans at [bluecrossvt.org/findplan](https://bluecrossvt.org/findplan). The tool allows you to filter by plans, premiums, and deductible types as well as estimate your potential financial help and monthly premiums if you qualify to enroll through Vermont Health Connect (VHC).
- View our health plans' Summary of Benefits and Coverage (SBC) and Certificate of Coverage at [bluecrossvt.org/QHP](https://bluecrossvt.org/QHP).



## WHAT TO CONSIDER:

- **Costs** – Including premium, **deductible**, **out-of-pocket limit**, cost-sharing, and pharmacy benefits.
- **Financial Help** – Through 2025, the Inflation Reduction Act is available to provide financial help, also referred to as premium tax credits. These premium tax credits may help pay for your coverage if you enroll through Vermont Health Connect.



## ENROLL IN A PLAN:

Now that you've estimated your budget, and selected the right plan, it's time to enroll.

### BLUE CROSS AND BLUE SHIELD OF VERMONT

If you **don't qualify for financial help**, you can enroll directly into one of our plans.



(800) 255-4550



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

### VERMONT HEALTH CONNECT ENROLLMENT

If you **do qualify for financial help**, you should enroll in a health plan through Vermont Health Connect.



(855) 899-9600



[VermontHealthConnect.gov](https://VermontHealthConnect.gov)

03

# UNDERSTANDING YOUR COVERAGE

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

## MANAGING HEALTH CARE ON YOUR TERMS

This section explains how cost-sharing works and some services included in all plans.

For a more detailed summary of how our plans help you pay for provider visits, medications, hospital care, medical equipment, and more, please see our **2024 Individual & Family Plans & Premiums Chart** or the Summary of Benefits and Coverage (SBC) online at [bluecrossvt.org/QHP](https://bluecrossvt.org/QHP).



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



## COST COMPARISON TOOL

As a member, you can estimate the cost of services before you go to your provider using our cost estimator in the Member Resource Center (MRC) which is available to you once you receive ID card(s) in the mail. If you're already a member, visit [bluecrossvt.org/MRC](https://bluecrossvt.org/MRC).



## HOW COST-SHARING WORKS

We cover a share of your health care costs based on your health plan. This typically includes office visits, hospital care, medications, and **copayments**.

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. To understand what your **out-of-pocket costs** may be, please see our [2024 Individual & Family Plans & Premiums Chart](#) or compare plans at [bluecrossvt.org/QHP](https://bluecrossvt.org/QHP).



## MANAGING COSTS WITH AN HSA

If you are enrolled in one of our Consumer-Directed Health Plans (CDHP), you may choose to set up a Health Savings Account (HSA). An HSA is a tax-free savings account used to pay for IRS approved medical expenses. To learn more about our HSAs, check out our learning center at [bluecrossvt.org/MyMoney](https://bluecrossvt.org/MyMoney).

To determine which of our plans qualify for an HSA account, please see our [2024 Individual & Family Plans & Premiums Chart](#).

If you qualify, this is a great way to save for future health expenses and lower your taxable income. We offer free, integrated HSA management services. To learn more, including if you qualify, annual contribution limits, and a list of qualified medical expenses, visit [bluecrossvt.org/MyMoney](https://bluecrossvt.org/MyMoney).

# Understanding Benefits

No matter which plan options you choose, these benefits are included in all plans.



## 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** – flu, tetanus, MMR, etc.

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



## HEALTH & WELLNESS RESOURCES

A new wellness portal for our members will be available in 2024. You will have access to an interactive, personalized resource with easy-to-use tools and support. This benefit helps you set wellness goals, track your progress, and get the most from your coverage.

Resources on [bewellvermont.org](https://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 you. 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.

Learn more about available preventive care benefits

at [bluecrossvt.org/casemanagement](https://bluecrossvt.org/casemanagement).

04

# VERMONT PREFERRED HEALTH PLANS

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

## CONTROL YOUR COSTS WITH OUR 4-8-12 BENEFIT

Our Vermont Preferred health plans feature our extra 4-8-12 zero dollar office visit benefit.

This extraordinary combined 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 plans or other plans, check out our 2024 Individual & Family Plans & Premiums Chart.

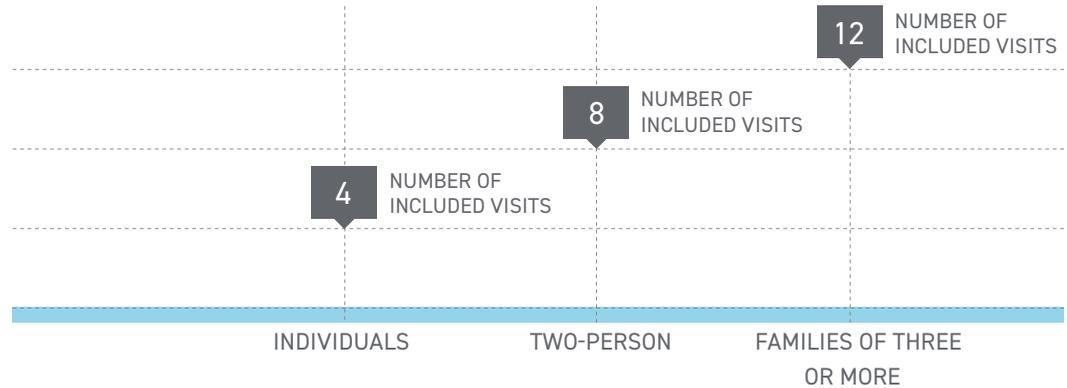




**HERE'S HOW IT WORKS:**

- 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 your 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 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 medication tier (generic, preferred brand, 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](http://bluecrossvt.org/formulary-lists).



05

# PRESCRIPTION DRUG COVERAGE

Our **Vermont Blue Rx<sup>SM</sup>** pharmacy benefits help you save money on your prescription drugs.

## EXPANDED SERVICES AND OPTIONS IN THE VERMONT BLUE RX NETWORK

Vermont Blue Rx provides you 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 our plans [drug formulary](#).

To understand what your **out-of-pocket costs** may be, please see the Summary of Benefits and Coverage (SBC) for each plan we offer at [bluecrossvt.org/QHP](https://bluecrossvt.org/QHP).





### 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 you enroll in a plan, you can check our drug list to ensure the medications you take are covered.

You can also see if your prescriptions are available as a generic, require prior approval, have quantity limits, and much more at [bluecrossvt.org/formulary-lists](https://bluecrossvt.org/formulary-lists). Each plan offers different levels of cost-sharing when purchasing generic, preferred brand, or non-preferred brand name drugs. Generally, generic drugs cost less and non-preferred drugs 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](https://bluecrossvt.org/vtbluerx).



### MEDICATION THERAPY MANAGEMENT

You can schedule one-on-one consultations with a pharmacist to talk about the medications you take and address any concerns or questions you may have. Each visit is tailored to your needs and focuses on drug safety, effects, tolerability, price, and simplifying your 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 you reach 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.

06

# 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. Amount 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

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@bcbsvt.com](mailto:civilrightscoordinator@bcbsvt.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@bcbsvt.com](mailto:civilrightscoordinator@bcbsvt.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. Iihusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583.
CHINESE	(800) 247-2583. Rú xū miǎnfēi yǔyán xiézhù fúwù, qǐng zhidiàn (800) 247-2583.
CUSHITE (OROMO)	Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 bilibili.
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 suite wa, (800) 247-2583 made o denwa kudasai.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस्, (800) 247-2583. Niḥsulka bhāṣā-sahāyatā sēvāharūkō laḡi, 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. Sǎfīrǎb brikār chwyhelǔx dǎn phǎs'ǎ fīrī 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.



@bluecrossvt

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



**BlueCross BlueShield**  
of Vermont

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