



2020 health and wellness benefits

Enrollment guide for employers offering qualified health plans



BlueCross BlueShield
of Vermont

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

Understanding your coverage

What matters to our members matters to us.

From the care your employees want to the experience they deserve, at Blue Cross and Blue Shield of Vermont, the difference is in our products, our network and our personalized service.

Blue Cross plans include the largest provider network in Vermont, and our BlueCard® program gives members access to networks across the United States and around the world. Our Exclusive Provider Organization (EPO) network includes participating providers in Vermont as well as preferred providers in all other states that have agreements with other Blue Cross Blue Shield plans.

With Blue Cross, members have access to local, award-winning customer service and nurse care managers to guide them. Plus,

- All of our qualified health plans cover certain preventive health services, in network, with no member cost.
- Our Blue Rewards Gold, Silver and Bronze plans cover three, six or nine visits (depending on the type of plan) with primary care or mental health providers, with no member cost.
- Once members reach the maximum amount of their deductibles, copays and coinsurance specified under the plan in which they enroll (the out-of-pocket limit), we begin paying 100 percent of covered services and supplies.

Connect with us online

The Employer Resource Center (ERC) is our online portal that provides group benefit managers with access to important information affecting plan benefits. See Steps to Enroll on page 6 for details about adding or deleting members, checking membership history or viewing invoices. The ERC is available at www.bcbsvt.com/erc.



Your employees can visit the Member Resource Center (MRC) at www.bcbsvt.com/mrc to see details about their coverage, view their claims and how we paid them, and even order their ID cards or print proof of coverage. Plus, members can use our national "Find A Doctor" tool to get information on providers around the state and around the country.

Utilization management

When members receive care from a provider in the Blue Cross network, the provider takes care of prior approval, pre-admission review, admission review or concurrent review for them. If they see a provider who is out of state or not in our network, though, members are responsible for obtaining any necessary approval. Read how we review prescription drugs on page 6.

Our nurses and social workers are here to help

Blue Cross and Blue Shield of Vermont offers health and wellness programs that span from birth to end of life, addressing both our members' medical and mental health. We focus on prevention, early detection, intervention, acute management and living with illness.

Through our Blue Health SolutionsSM program, our individualized, integrated approach helps members with getting better when acutely ill, living with chronic conditions, achieving a full-term, healthy pregnancy and navigating difficult decisions that affect end-of-life care.

Members may receive a call from one of our licensed nurses or social workers to discuss a program, or they may self-refer at any time. Our integrated health programs are voluntary and available at no cost. Read about the range of services we offer through Blue Health Solutions at www.bcbsvt.com/health-and-wellness.

Managing costs and engaging employees

Employers can help offset the health care costs of employees by offering one or more of our Consumer-Directed Health Plans (CDHP). A group that offers a CDHP enables its employees to establish a **Health Savings Account (HSA)** if they



choose. HSAs are funded by employees, often with an employer match, through pretax contributions. An employer that offers a CDHP, then, may potentially:

- offer plans that cost less than those that have lower deductibles.
- support smart consumer choices, like buying generic drugs.

Blue Cross can help both employers and employees with an integrated financial solution. We have partnered with HealthEquitySM to provide best-in-class HSA services to members of our small groups. Any member who establishes an HSA through HealthEquity will receive:



- assistance in setting up their account.
- a debit card to pay for qualified medical expenses.
- Blue Cross claims sent directly to their HealthEquity HSA for payments and to satisfy tax requirements.
- free investment opportunities to help HSA savings grow faster.

To learn more about how an HSA can benefit your employees, including annual contribution limits and a list of qualified medical expenses, visit sales.healthequity.com/bcbsvt/.

Employers also have the option to establish **Health Reimbursement Arrangements (HRAs)** through HealthEquity for employees enrolled in any of our qualified health plans.

- HRAs are accounts set up and funded by the employer through an administrator to cover the qualified medical expenses of employees.
- Employers may also permit employees to use HRA funds to cover all or some portion of their deductibles, co-payments and/or co-insurance expenses.

Steps to enroll

If your business employs up to 100 employees, you can purchase a qualified health plan (QHP) from Blue Cross and Blue Shield of Vermont. For 2020, we offer 13 plans for small businesses; you can select any or all of our qualified health plans to offer to your employees. See plan options on pages 4-5.

Open enrollment for small groups begins November 1 and continues through December 31, 2019.



Please review plan options for your group and employees for the 2020 calendar year. If you would like to review the 2020 Summary of Benefits Coverage (SBC) for any plan, please go to www.bcbsvt.com/qhp.

If you have any questions on starting or renewing coverage for 2020, please contact us at (800) 255-4550 and we can help.



If you are a new group enrollment for 2020

To enroll in coverage, you first need to complete the New Small Group Enrollment Packet, downloadable from our website: www.bcbsvt.com/smallbiz.

Return the packet to us one of three ways:

Mail: Consumer Support

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

Email: consumersupport@bcbsvt.com

Fax: (802) 371-3719

Once your enrollment information is processed, you'll need to create your account on our Employer Resource Center (ERC). The ERC is available at www.bcbsvt.com/erc. This portal allows you to manage your employees' enrollment, view invoices and plan choices, and complete renewal during open enrollment.

Then, follow the steps listed in the next column.



If you are renewing your coverage for 2020

If you are enrolling in the same plan(s) that you have in 2019, with *no changes*, you don't have to do anything. Blue Cross will automatically renew your group to avoid a break in coverage for 2020.

(Note: If you have a Health Reimbursement Arrangement (HRA) or support a Health Savings Account (HSA) and/or Flexible Spending Account (FSA) for your employees, please contact your vendor to complete the renewal and contact Blue Cross to update your group's account.)

If you need to make *any* changes to your group's enrollment, please follow these steps:

Step 1

- Log on to our Employer Resource Center (ERC). Starting Nov. 1, there will be a "Renewal" tab on the group detail page.
- The renewal page will have your enrolled employees' information pre-populated.

Step 2

- On the renewal page you can make changes to plan selections, add or remove employees and/or dependents as applicable.
- Once you have entered all changes from your employees into the renewal tab, type your name in the "Authorized by" space.

Step 3

- Please click "Complete, submit for processing" to complete the renewal. (Note: If you don't hit "Complete, submit for processing" your renewal will not be processed.)
- Once the renewal is submitted in the ERC, no other changes will be allowed through this portal. However, if you have more changes, just call us at (800) 255-4550 or email us at consumersupport@bcbsvt.com.

Blue Cross and
Blue Shield of Vermont

2020 plans and premiums

Qualified Health Plans

		PLAN BENEFITS		MEDICAL						
		Financial accounts		Individual plan deductible		Individual plan out-of-pocket maximum	Medical cost-sharing			
		Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA) (available only through an employer)	deductible is doubled for 2-person and family policies	deductible type (see below right for definitions)	out-of-pocket maximum is doubled for 2-person and family policies	preventive care: visit www.bcbsvt.com/preventive for the full list of preventive services covered at \$0	primary care provider or mental health visits	specialist visits ⁴	urgent care
Blue Rewards Health and Wellness Plans	GOLD		●	\$1,550	aggregate	\$5,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$40	deductible, then \$40
	SILVER REFLECTIVE ³		●	\$3,000	aggregate	\$8,150 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$50
	BRONZE		●	\$7,900	aggregate	\$7,900 ²	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0
	GOLD CDHP	●	●	\$3,250	aggregate	\$3,250	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0
	SILVER CDHP REFLECTIVE ³	●	●	\$4,450	aggregate	\$4,450 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0
	BRONZE CDHP	●	●	\$6,750	aggregate	\$6,750 ²	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0
Standard Plans	PLATINUM		●	\$350	stacked	\$1,350 medical plus \$1,350 Rx	\$0	\$15	\$40	\$50
	GOLD		●	\$900	stacked	\$5,000 medical plus \$1,350 Rx	\$0	\$20	\$50	\$60
	SILVER REFLECTIVE ³		●	\$3,200	stacked	\$7,900	\$0	\$35	\$80	\$90
	BRONZE		●	\$6,000	stacked	\$8,150	\$0	deductible, then \$35	deductible, then \$90	deductible, then \$100
	BRONZE without Rx MOOP		●	\$7,900	stacked	\$7,900	\$0	\$40	\$100	deductible, then \$0
	SILVER CDHP REFLECTIVE ³	●	●	\$1,700	aggregate	\$6,750 ²	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%
	BRONZE CDHP	●	●	\$5,500	aggregate	\$6,750 ²	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%

¹ This plan does not include a separate prescription drug out-of-pocket maximum (Rx MOOP). All expenses accumulate to the overall out-of-pocket maximum.

² Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$8,150 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.

³ Reflective Silver Plans are nearly identical to Silver Plans offered through Vermont Health Connect. If you are enrolled on a Reflective Silver Plan, you will not be eligible for Premium Assistance.

⁴ Does not include chiropractor or outpatient physical therapy. Refer to your plan contract documents for specific co-payments.

Purple figures indicate a change for 2020 plans.

		PHARMACY				MONTHLY PREMIUMS			
		Individual prescription deductible	Individual prescription out-of-pocket maximum	Prescription drugs cost-sharing		single	two person	adult and child or children	family
emergency room	outpatient/inpatient hospital care			deductible is doubled and aggregate for 2-person and family policies when combined with medical	out-of-pocket maximum is doubled for 2-person and family policies				
deductible, then \$250	deductible, then \$750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$698.95	\$1,397.90	\$1,348.97	\$1,964.05
deductible, then \$450	deductible, then \$1,750	combined with medical	\$1,400	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$607.28	\$1,214.56	\$1,172.05	\$1,706.46
deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	deductible, then \$0	deductible, then \$0	\$545.43	\$1,090.86	\$1,052.68	\$1,532.66
deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$5/40%/60%	deductible, then \$0	\$694.59	\$1,389.18	\$1,340.56	\$1,951.80
deductible, then \$0	deductible, then \$0	combined with medical	\$1,400	\$15/40%/60%	deductible, then \$0	\$630.08	\$1,260.16	\$1,216.05	\$1,770.52
deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/40%/60%	deductible, then \$0	\$545.59	\$1,091.18	\$1,052.99	\$1,533.11
deductible, then \$100	deductible, then 10%	\$0	\$1,350	\$10/\$50/50%	\$10/\$50/50%	\$900.13	\$1,800.26	\$1,737.25	\$2,529.37
deductible, then \$150	deductible, then 30%	\$100 per member	\$1,350	\$10/deductible, then \$50/50%	\$10/deductible, then \$50/50%	\$777.60	\$1,555.20	\$1,500.77	\$2,185.06
deductible, then \$250	deductible, then 50%	\$350 per member	\$1,350	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	\$644.75	\$1,289.50	\$1,244.37	\$1,811.75
deductible, then 50%	deductible, then 50%	\$1,000 per member	\$1,350	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%	\$549.48	\$1,098.96	\$1,060.50	\$1,544.04
deductible, then \$0	deductible, then \$0	combined with medical	n/a ¹	\$25/deductible, then \$0/\$0	\$25/deductible, then \$0/\$0	\$560.45	\$1,120.90	\$1,081.67	\$1,574.86
deductible, then 30%	deductible, then 30%	combined with medical	\$1,400	\$10/\$40/50%	deductible, then \$10/\$40/50%	\$663.91	\$1,327.82	\$1,281.35	\$1,865.59
deductible, then 50%	deductible, then 50%	combined with medical	\$1,400	\$12/40%/60%	deductible, then \$12/40%/60%	\$559.27	\$1,118.54	\$1,079.39	\$1,571.55



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of Vermont

Questions? Contact us at: (800) 255-4550
consumersupport@bcsvt.com | www.bcsvt.com/qhp

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Blue Rewards Health and Wellness ProgramSM

NEW format for 2020!

We created our Blue Rewards Health and Wellness Program to give members a boost in achieving their best health.

For 2020, we've made changes to help members who enroll in Blue Rewards take the steps they need to make in order to improve their wellbeing while helping to keep health care costs in check.

We've included a flier detailing the new Blue Rewards suite of benefits with this guide. We invite you to learn how our Blue Rewards plans can help your employees take their wellness to the next level!

For details on the Blue Rewards plans for 2020, please refer to the plans and premiums chart on pages 4-5 or visit www.bcbsvt.com/bluerewardsprogram.

Members who enroll in a Blue Rewards plan through their employer will have access to the following resources and programs:

The new Blue Cross and Blue Shield of Vermont health and wellness portal

Blue Rewards member have access to our **new** online wellness center!



The portal is an interactive, user-friendly resource personalized to give members the tools and support they need to set wellness goals, track their progress, participate in self-guided programs,

improve their nutrition and physical activity, and connect all their health and wellness needs.

Our new wellness portal gives members access to:

- A mobile app, providing access to the portal anytime, anywhere
- An online health assessment
- Personalized articles, videos and other media
- Digital self-guided programs

Medication Therapy Management

Medication therapy management offers members a one-on-one consultation with a pharmacist to discuss the safety and tolerability of the medications they take and address any concerns or questions they may have.

Each visit will be tailored to a member's unique needs and focus on:

- **Safety:** Screening for potential drug interactions
- **Tolerability:** Monitoring for side effects—and helping to minimize side effects that do arise
- **Effects:** Discussing what results members may expect with each medication
- **Price:** Identifying appropriate lower-cost alternatives to reduce drug costs
- **Simplicity:** Working to simplify the medication regimen



Blue Extras

The Blue Extras program provides Blue Rewards members with discounts at participating Vermont and New Hampshire businesses that promote healthy lifestyles.

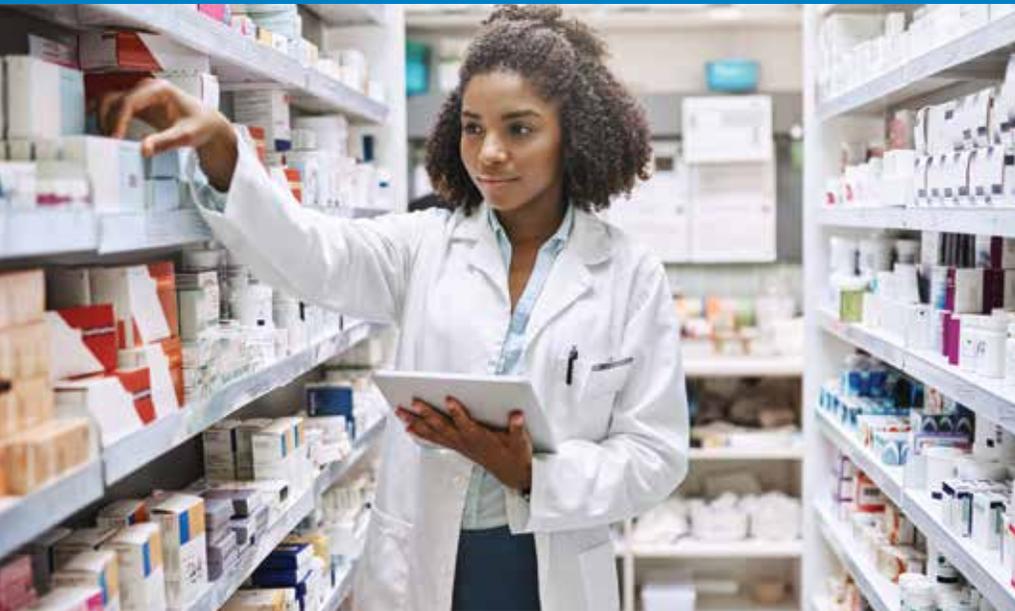
Members can save on:

- Memberships at health clubs, spas and yoga studios
- Skiing and golfing fees
- Massage therapy
- Personal trainer services

Visit www.bcbsvt.com/blueextras to see the full list of participating businesses.



Prescription drug coverage



Our pharmacy benefits help members save money on their prescription drugs. The national formulary that we use for our members includes medications that are both the most clinically appropriate and cost effective for their treatment.

How pharmacy benefits work

Our plans provide pharmacy benefits for medically-necessary use of prescription drugs and biologics if the formulary covers them for the treatment, prevention or diagnosis of members' specific medical conditions.

Some plans have prescription drug deductibles and out-of-pocket maximums that are separate from medical deductibles and medical out-of-pocket maximums.

- If a member's plan has a separate out-of-pocket maximum for prescription drugs, after they have paid this amount for medications, Blue Cross begins to cover prescription drugs at 100 percent of our allowed amount.
- If their out-of-pocket maximum is combined with medical, both pharmacy and medical expenses must reach that amount before we pay 100 percent of our allowed amount.

Generic, Preferred and Non-preferred Drugs

Plans require different amounts of cost-sharing when members purchase generic, preferred brand or non-preferred brand drugs. Generally, generics require lower cost-sharing and non-preferred drugs require the most cost-sharing. See the up-to-date drug lists at www.bcbsvt.com/druglists/qhp.



Order prescriptions from home!

Members who use prescription drugs on an ongoing basis may take advantage of our home delivery program. Home delivery may be a more convenient and less expensive way for them to buy prescriptions.

Learn more about using our home delivery service for maintenance drugs at www.bcbsvt.com/pharmacy/mail-order-pharmacy.

Pharmacy services

Prior approval:

Before a provider prescribes certain high-cost drugs, the provider gets approval for the prescription to ensure the medication is appropriate in the specified quantity and dosage. Prior approval also helps shield the member from charges that aren't covered under their plan benefits.



Quantity limits: If a provider prescribes a drug in an amount that exceeds certain criteria, such as the manufacturer's recommendations, we may ask the provider to document the reason for the quantity of medication the member receives.

Step therapy: This is treatment that saves members money by encouraging them (and their doctors) to try less expensive drugs in a therapeutic class before using more expensive ones.

For more information about these and all of services in our pharmacy program, visit www.bcbsvt.com/rxcenter.

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 www.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 your Certificate of Coverage. Please read your certificate carefully; it's the part of your contract that governs your specific benefits.

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.

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.

If you need these services, please call (800) 247-2583.

If you would like to file a grievance because you believe that BCBSVT has failed to provide services or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact:

Civil Rights Coordinator
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601
(802) 371-3394
TDD/TTY: (800) 535-2227
civilrightscoordinator@bcbsvt.com

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 www.bcbsvt.com/privacypolicies.

You can file a grievance by mail, or email at the contacts above. If you need assistance, our 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 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
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019
(800) 537-7697 (TDD)

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

ARABIC

للحصول على خدمات المساعدة
اللغوية المجانية، اتصل على الرقم
(800) 247-2583

CHINESE

如需免費語言協助服
務，請致電 (800) 247-2583。

CUSHITE (OROMO)

Tajaajila gargaarsa afaan hiikuu kaffaltii
malee argachuuf (800) 247-2583 bilbilaa.

FRENCH

Pour obtenir des services d'assistance linguistique
gratuits, appelez le (800) 247-2583.

GERMAN

Kostenlose fremdsprachliche Unterstützung
erhalten Sie unter (800) 247-2583.

ITALIAN

Per i servizi gratuiti di assistenza linguistica,
chiamare il numero (800) 247-2583.

JAPANESE

無料の通訳サービス
ご利用は、(800) 247-2583
までお電話ください。

NEPALI

निःशुल्क भाषा सहायता सेवाहरूका
लागि, (800) 247-2583 मा कल गर्नुहोस्।

PORTUGUESE

Para serviços gratuitos de assistência
linguística, ligue para o (800) 247-2583.

RUSSIAN

Чтобы получить бесплатные услуги
переводчика, позвоните по телефону
(800) 247-2583.

SERBO-CROATIAN (SERBIAN)

Za besplatnu uslugu prevodjenja,
pozovite na broj (800) 247-2583.

SPANISH

Para servicios gratuitos de asistencia con
el idioma, llame al (800) 247-2583.

TAGALOG

Para sa libreng mga serbisyo ng tulong
pangwika, tumawag sa (800) 247-2583.

THAI

สำหรับการให้บริการความช่วยเหลือ
ด้านภาษาฟรี โทร (800) 247-2583

VIETNAMESE

Để biết các dịch vụ hỗ trợ ngôn ngữ miễn
phí, hãy gọi số (800) 247-2583.



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