

Three steps to an easy open enrollment!

If you own or manage a business with up to 100 employees (including full-time employee equivalents), you can purchase your qualified health plan directly from Blue Cross and Blue Shield of Vermont (BCBSVT). Follow these steps and our team will make sure your coverage meets requirements of the Affordable Care Act and state law.

1. Decide: Keep things the same or change them?
If you're currently with us and want to offer the same plan or plans you offered last year, you don't need to do a thing. If you want to change your BCBSVT plan, we can help you do that with easy tools on our online Employer Resource Center. If you don't currently offer a Blue plan, please take a look at our plans.

2. Decide on plans and your contribution level.
You can offer employees their choice of BCBSVT plans. In fact, this year, we place no limits on the number of plans you may offer, no matter the size of your group. Of course, the choice is up to you. You may decide to offer one plan or all available plans. No matter how many plans you offer, you set the contribution level that works for your business.

3. Register or log in at www.bcbsvt.com/erc or through our representatives by phone at (800) 255-4550, by email at consumersupport@bcbsvt.com, or in person at our headquarters in Berlin (445 Industrial Lane) or at our Information and Wellness Center at South Burlington's Blue Mall (150 Dorset Street).



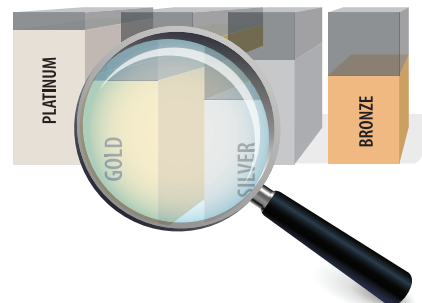
Some ways all of our plans are alike:

- Employees and their dependents choose a **primary care provider** for each family member, but you don't need referrals to see in-network specialists.
- Enrollees must get all care from **network** doctors, hospitals and other health care providers in order to receive benefits. But our network includes providers in all 50 states and 200 countries and territories worldwide.
- All plans have **deductibles** and some offer benefits that apply before the deductible, but those benefits may differ between plans.
- No matter what cost-sharing your plan requires, no individual will have to pay more than \$7,150 per year out of pocket.
- Certain **preventive care** is covered at 100 percent before the deductible in all plans.
- Enrollees get deals and discounts with local vendors through our Blue ExtrasSM program.
- We are proud of our local, responsive, highly personalized service, including in-person help in navigating the health care system.

Some ways the plans differ:

- 3-6-9 plans** allow coverage at 100 percent of our allowed amount for a certain number of visits with primary care providers or mental health professionals before you meet deductibles. You get three visits if you have a single plan, six visits (combined) with a two-person plan or nine visits (combined) with a family plan.
- We offer four Consumer-Directed Health Plans (or CDHPs), three of which are also High Deductible Health Plans (HDHPs) that can pair with **health savings accounts (HSAs)** or **health reimbursement arrangements (HRAs)**. We offer integrated financial services to help you and your employees set up accounts.
- Some plans have **aggregate deductibles**; some have **stacked deductibles**. See the chart on the opposite side for an explanation.

Use our convenient Plan Finder online to find the best plan for you or your family.
www.bcbsvt.com/find-a-plan
compare our plans

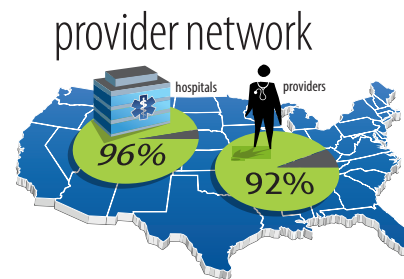


Details about our plans and rates for each appear in the inside of this brochure.

the value of Blue

What matters to you matters to us — from the care you want to the experience you deserve. At Blue Cross and Blue Shield of Vermont, the difference is in our products, our network and our personalized service. As a BCBSVT member, you'll have access to:

- The largest, most extensive network of providers within Vermont and the U.S. About 92 percent of U.S. providers and 96 percent of hospitals participate in the network and the percentage is even higher in Vermont.
- Access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide[®] Program



We're Vermonters serving Vermonters

Because we're right here in Vermont, you get:

- Local, responsive, highly personalized service
- Our efforts with Vermont's health care providers to manage costs and improve quality of health care
- In-person help with your concerns and help in navigating the health care system



Reach us in any of these ways:

By phone at
(800) 255-4550,
by email at
consumersupport@bcbsvt.com,
online at
www.bcbsvt.com,

or in person at our headquarters in Berlin or at our Information and Wellness Center at the Blue Mall in South Burlington.

Blue Cross and Blue Shield of Vermont (BCBSVT) does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex.

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

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

Steps to coverage in 2017 for employers.



We'll see you through.

Blue Cross and Blue Shield of Vermont
2017 plans and premiums

Qualified Health Plans

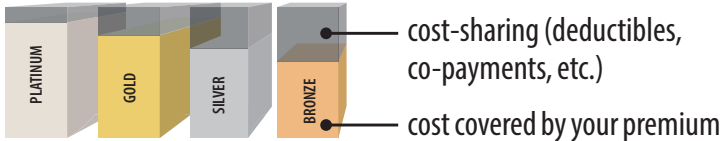


Table with 11 columns: PLAN BENEFITS, Blue Rewards Health and Wellness Plans (GOLD, SILVER, GOLD CDHP (HDHP), BRONZE CDHP*), Standard Plans (PLATINUM, GOLD, SILVER, BRONZE, SILVER CDHP (HDHP), BRONZE CDHP (HDHP)). Rows include Blue Rewards Health and Wellness Plans, Financial accounts, and a summary row for Blue Rewards Health and Wellness Plans.

MEDICAL

Table with 12 columns: Medical benefit, Blue Rewards Health and Wellness Plans (GOLD, SILVER, GOLD CDHP (HDHP), BRONZE CDHP*), Standard Plans (PLATINUM, GOLD, SILVER, BRONZE, SILVER CDHP (HDHP), BRONZE CDHP (HDHP)). Rows include Individual plan deductible, Individual plan out-of-pocket maximum, and Medical cost-sharing.

PHARMACY

Table with 12 columns: Pharmacy benefit, Blue Rewards Health and Wellness Plans (GOLD, SILVER, GOLD CDHP (HDHP), BRONZE CDHP*), Standard Plans (PLATINUM, GOLD, SILVER, BRONZE, SILVER CDHP (HDHP), BRONZE CDHP (HDHP)). Rows include Individual prescription deductible, Individual prescription out-of-pocket maximum, and Prescription drugs cost-sharing.

Table with 12 columns: Monthly premiums, Blue Rewards Health and Wellness Plans (GOLD, SILVER, GOLD CDHP (HDHP), BRONZE CDHP*), Standard Plans (PLATINUM, GOLD, SILVER, BRONZE, SILVER CDHP (HDHP), BRONZE CDHP (HDHP)). Rows include Monthly premiums for single, two person, adult and child or children, and family.

*Please note that the Blue Rewards Bronze CDHP no longer meets federal requirements to be paired with a Health Savings Account (HSA).
**Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$7,150 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.