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.

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.

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.

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 Extras[™] 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

provider network



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

BlueCross BlueShield of Vermont An Independent Licensee of the Blue Cross and Blue Shield Associatio

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.





BlueCross BlueShield of Vermont

We'll see you through.

Blue Cross and Blue Shield of Vermont **2017 plans and premiums**

cost-sharing (deductibles, co-payments, etc.)

cost covered by your premium



(800) 255-4550 | consumersupport@bcbsvt.com | www.bcbsvt.com

Oualified Health Plans

Qualified Health Plans		Blu	e Rewards Hea	Ith and Wellness	Standard Plans								
		GOLD	SILVER	GOLD CDHP (HDHP)	BRONZE CDHP*	PLATINUM	GOLD	SILVER	BRONZE	SILVER CDHP (HDHP)	BRONZE CDHP (HDHP)		
PLAN BENEFITS The second secon													
Blue Rewards Health and Wellness Plans	up to \$300 per adult in health and wellness rewards	•	•	•	•								
Financial accounts	Health Savings Account (HSA)			•						•	•		
	Health Reimbursement Arrangement (HRA) (available only through an employer)	•	•	•	•	•	•	•	•	•	•		
Blue Rewards He	Rlue Rewards Health and Wellness Plans All BCRSVT Rlue Rewards plans include High Deductible Health Plans (HDHP)												

a \$300 reward for completing a health assessment, setting a personal health goal, getting an annual preventive check-up and getting a dental check-up or vision exam.

High Deductible Health Plans (HDHP)
An employer may pair any account with an HRA.

Deductible types—In many plans, you get coverage for most services only after you have met deductibles, which you pay once in a calendar year. You may have aggregate or stacked family deductibles. With an **aggregate** family deductible, a two-person plan or family must meet the family deductible before any family member receives

post-deductible benefits. With a **stacked** deductible, a member on a family plan may meet an individual deductible and begin receiving post-deductible benefits. When the family meets the family deductible, all family members receive post-deductible benefits.

MEDICAL

Individual plan deductible	deductible is doubled for 2-person and family policies deductible type (see above right for definitions)	\$1,250 aggregate	\$2,300 aggregate	\$2,500 aggregate	\$7,150 aggregate	\$250 stacked	\$850 stacked	\$2,150 stacked	\$4,600 stacked	\$1,550 aggregate	\$5,050 aggregate
Individual plan out-of-pocket maximum	out-of-pocket maximum is doubled for 2-person and family policies	\$4,250**	\$7,150**	\$2,500	\$7,150 **	\$1,300 medical plus \$1,300 Rx	\$4,500 medical plus \$1,300 Rx	\$6,000	\$7,150	\$6,400 **	\$6,550**
Medical cost-sharing	preventive care: visit www.bcbsvt.com/preventive for the full list of preventive services covered at \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	primary care provider or mental health visits	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$0	deductible, then \$0	\$10	\$15	\$25	deductible, then \$35	deductible, then 10%	deductible, then 50%
	specialist visits	deductible, then \$30	deductible, then \$50	deductible, then \$0	deductible, then \$0	\$30	\$30	\$65	deductible, then \$90	deductible, then 25%	deductible, then 50%
	emergency room	deductible, then \$250	deductible, then \$400	deductible, then \$0	deductible, then \$0	\$100	\$150	deductible, then \$250	deductible, then 50%	deductible, then 25%	deductible, then 50%
	inpatient	deductible, then \$500	deductible, then \$1,500	deductible, then \$0	deductible, then \$0	deductible, then 10%	deductible, then 20%	deductible, then 40%	deductible, then 50%	deductible, then 25%	deductible, then 50%

PHARMACY

Individual prescription deductible	deductible is doubled and aggregate for 2-person and family policies when combined with medical	combined with medical	combined with medical	combined with medical	combined with medical	\$0	\$100 per member	\$150 per member	\$700 per member	combined with medical	combined with medical
Individual prescription out-of-pocket maximum	out-of-pocket maximum is doubled for 2-person and family policies	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Prescription drugs cost-sharing	select wellness drugs (generic/preferred/non-preferred brands)	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$5/40%/60%	\$25/40%/60%	\$5/\$50/50%	\$5/ deductible, then \$50/50%	\$15/ deductible, then \$60/50%	deductible, then \$20/\$85/60%	\$10/\$40/50%	\$12/40%/60%
	prescription drugs (generic/preferred/non-preferred brands)	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	deductible, then \$0	deductible, then \$0	\$5/\$50/50%	\$5/ deductible, then \$50/50%	\$15/ deductible, then \$60/50%	deductible, then \$20/\$85/60%	deductible, then \$10/\$40/50%	deductible, then \$12/40%/60%
								·			
Monthly premiums Premium before any premium assistance.	single	\$582.30	\$507.01	\$553.14	\$438.18	\$686.76	\$603.29	\$520.92	\$440.84	\$515.81	\$442.96
	two person	\$1,164.60	\$1,014.02	\$1,106.28	\$876.36	\$1,373.52	\$1,206.58	\$1,041.84	\$881.68	\$1,031.62	\$885.92
	adult and child or children	\$1,123.84	\$978.53	\$1,067.56	\$845.69	\$1,325.45	\$1,164.35	\$1,005.38	\$850.82	\$995.51	\$854.91
	family	\$1,636.26	\$1,424.70	\$1,554.32	\$1,231.29	\$1,929.80	\$1,695.24	\$1,463.79	\$1,238.76	\$1,449.43	\$1,244.72

^{*}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.