

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, we place no limits on the number of plans you may offer, no matter the size of your group. 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. Look on the reverse or use www.bcbsvt/find-a-plan.

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).



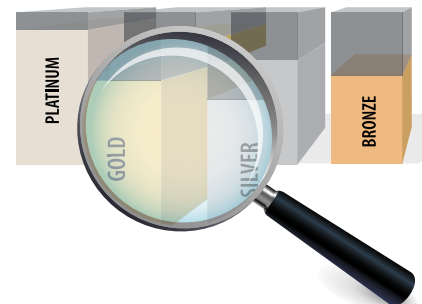
Some ways all of our plans are alike:

- Employees and their dependents choose a **primary care provider** for each family member, but you don't need referrals to see in-network specialists.
- Members must get all care from **network** doctors, hospitals and other health care providers in order to receive benefits. (Our network includes providers in all 50 states and more than 190 countries and territories worldwide.)
- All plans have **deductibles** — but certain **preventive care** is covered at 100 percent before the deductible in all plans.
- No matter what cost-sharing your plan requires, no individual will have to pay more than \$7,350 per year out of pocket.
- Members can take advantage of deals and discounts with local vendors through our Blue ExtrasSM program.
- Regardless of the plan(s) you choose, employers and employees receive local, personalized service — including in-person help in navigating the health care system.

Some ways the plans differ:

- Blue Reward Gold, Silver and Bronze 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 Consumer-Directed Health Plans (CDHPs) that your employees can pair with **health savings accounts (HSAs)** or **health reimbursement arrangements (HRAs)**. We offer integrated financial services to help you set up accounts.
- Some plans have **aggregate deductibles**; some have **stacked deductibles**. See the chart on the opposite side for an explanation.

compare our plans

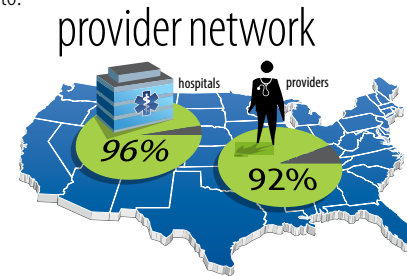


Details about our plans and rates for each appear on the reverse.

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 will 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!
- Doctors and hospitals in more than 190 countries and territories around the world through the Blue Cross Blue Shield Global Core[®] Program.



We're Vermonters serving Vermonters

Because we're right here in Vermont, we provide:

- The best customer service team among all Blue plans in the country!
- Outreach to communities to help confront health issues like obesity, tobacco use and substance abuse.
- Benefits that are based on the health care challenges of Vermonters.
- Case management by experienced health care professionals.



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.



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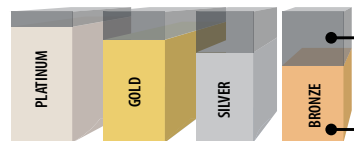
Steps to coverage in 2018 for employers.



We'll see you through.

Blue Cross and Blue Shield of Vermont
2018 plans and premiums
 Qualified Health Plans

		PLAN BENEFITS			MEDICAL							PHARMACY				MONTHLY PREMIUMS				
		Blue Rewards Health & Wellness Plans	Financial accounts		Individual plan deductible		Individual plan out-of-pocket maximum	Medical cost-sharing				Individual prescription deductible	Individual prescription out-of-pocket maximum	Prescription drugs cost-sharing		Premium before any premium assistance.				
		up to \$300 per adult in health and wellness rewards	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 above 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	emergency room	inpatient	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	select wellness drugs (generic/preferred/non-preferred brands)	prescription drugs (generic/preferred/non-preferred brands)	single	two person	adult and child or children	family
Blue Rewards Health and Wellness Plans	GOLD	●		●	\$1,500	aggregate	\$4,500**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$20	deductible, then \$30	deductible, then \$250	deductible, then \$500	combined with medical	\$1,350	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$633.59	\$1,267.18	\$1,222.83	\$1,780.39
	SILVER	●		●	\$2,750	aggregate	\$7,350**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible applies, then co-pay \$30	deductible, then \$50	deductible, then \$400	deductible, then \$1,500	combined with medical	\$1,350	deductible, then \$5/40%/60%	deductible, then \$5/40%/60%	\$549.55	\$1,099.10	\$1,060.63	\$1,544.24
	BRONZE	●		●	\$7,350	aggregate	\$7,350**	\$0	combined 3/6/9 visits with no cost-sharing, then deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	deductible, then \$0	deductible, then \$0	\$484.78	\$969.56	\$935.63	\$1,362.23
	GOLD CDHP	●	●	●	\$2,750	aggregate	\$2,750	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	\$1,350	\$5/40%/60%	deductible, then \$0	\$607.36	\$1,214.72	\$1,172.20	\$1,706.68
	BRONZE CDHP	●	●	●	\$6,650	aggregate	\$6,650**	\$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	deductible, then \$0	combined with medical	n/a*	\$25/40%/60%	deductible, then \$0	\$484.56	\$969.12	\$935.20	\$1,361.61
Standard Plans	PLATINUM			●	\$300	stacked	\$1,300 medical plus \$1,300 Rx	\$0	\$10	\$30	deductible, then \$100	deductible, then 10%	\$0	\$1,300	\$5/\$50/50%	\$5/\$50/50%	\$751.92	\$1,503.84	\$1,451.21	\$2,112.90
	GOLD			●	\$850	stacked	\$4,500 medical plus \$1,300 Rx	\$0	\$15	\$30	deductible, then \$150	deductible, then 30%	\$100 per member	\$1,300	\$5/deductible, then \$50/50%	\$5/deductible, then \$50/50%	\$657.15	\$1,314.30	\$1,268.30	\$1,846.59
	SILVER			●	\$2,600	stacked	\$6,800	\$0	\$25	\$75	deductible, then \$250	deductible, then 40%	\$300 per member	\$1,300	\$15/deductible, then \$60/50%	\$15/deductible, then \$60/50%	\$561.02	\$1,122.04	\$1,082.77	\$1,576.47
	BRONZE			●	\$5,000	stacked	\$7,350	\$0	deductible, then \$35	deductible, then \$90	deductible, then 50%	deductible, then 50%	\$900 per member	\$1,300	deductible, then \$20/\$85/60%	deductible, then \$20/\$85/60%	\$488.26	\$976.52	\$942.34	\$1,372.01
	BRONZE without Rx MOOP			●	\$7,350	stacked	\$7,350	\$0	\$40	\$100	deductible, then \$0	deductible, then \$0	\$0	n/a*	\$25/deductible, then \$0	\$25/deductible, then \$0	\$499.22	\$998.44	\$963.49	\$1,402.81
	SILVER CDHP		●	●	\$1,550	aggregate	\$6,400**	\$0	deductible, then 10%	deductible, then 30%	deductible, then 30%	deductible, then 30%	combined with medical	\$1,350	\$10/\$40/50%	deductible, then \$10/\$40/50%	\$571.48	\$1,142.96	\$1,102.96	\$1,605.86
	BRONZE CDHP		●	●	\$5,250	aggregate	\$6,550**	\$0	deductible, then 50%	deductible, then 50%	deductible, then 50%	deductible, then 50%	combined with medical	\$1,350	\$12/40%/60%	deductible, then \$12/40%/60%	\$492.22	\$984.44	\$949.98	\$1,383.14



● cost-sharing (deductibles, co-payments, etc.)
 ● cost covered by your premium

Blue Rewards Health and Wellness Plans All BCBSVT Blue Rewards plans include a \$300 reward for completing a health assessment, attending a workshop, getting an annual preventive check-up and getting a dental check-up or vision exam.

Consumer Directed Health Plans (CDHP) All BCBSVT CDHPs come with the option of an integrated health savings account (HSA), where you may save money tax free to help pay for qualified care expenses.

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.

*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.

**Regardless of all other cost-sharing, if one individual's out-of-pocket costs reach \$7,350 in a year, we begin paying 100 percent of the allowed amount for that person's covered services and supplies.