BLUE EDGE BUSINESS THE CHOICE IS YOURS.

We're Vermonters offering local businesses predictability, flexibility, and a strong partner

As Vermont's only local health plan, it means we understand Vermont and the challenges and rewards for doing business here. Blue Edge Business is a partnership developed with Business Resource Services (BRS), and is designed specifically for small businesses in Vermont with five or more enrolled employees, offering a big benefit package at a budgetfriendly price point with a lot of great value. Here's how we give your business an edge:

Blue Edge Business Includes



FINANCIAL PREDICTABILITY Predictable and consolidated monthly rates that allow you to budget accordingly.



INTEGRATED STOP LOSS Health and wellness benefits and an integrated stop loss policy with the ability to share in stop loss gains and positive group claims experience.



FLEXIBILITY & CHOICES An alternative benefit package to Qualified Health Plans with options you can choose from.



VERMONT-BASED ACCOUNT MANAGEMENT With 150 years of combined service – our account managers live across the state, have children in local schools. volunteer their time in our communities, and all pride themselves on taking good care of you.



Blue Edge Business Gives Your Employees Access to:



BE WELL VERMONTSM PORTAL

The Be Well Vermont digital platform to engage and motivate employees to participate in healthier behaviors.



EDUCATION & SUPPORT

Personalized support with a registered nurse or licensed social worker through care management programs - from healthy goal setting to managing chronic or acute conditions.



AWARD WINNING CUSTOMER SERVICE

Support delivered by Vermonters based in Berlin, Vermont.



NETWORK OF PROVIDERS

Our plans provide access to the largest network of providers in Vermont and the U.S. and to hospitals in more than 200 countries and territories around the world through the Blue Cross Blue Shield Global Core® Program.



COST TRANSPARENCY TOOL

Employees can research the relative cost of over 1,600 services before they see a provider. The tool also shows their year-to-date out-of-pocket costs and addresses facility quality measures.



ONLINE RESOURCES

Self-service Member Resource Center & Pharmacy Resource Center available online to order ID cards, view summary of health care benefits, compare medication costs, refill home delivery prescription drugs and much more!

Provides administrative support:





BlueCross BlueShield of Vermont

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







Blue Cross and Blue Shield of Vermont (Blue Cross VT) does not discriminate on the basis of race, color, national origin, age, disability, genetic information, gender identity, sex, ethnicity, sexual orientation, or HIV-Status...

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



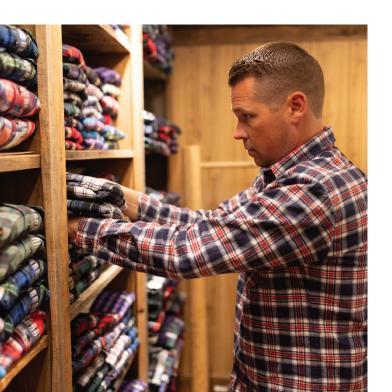
For free language-assistance services, call (800) 247-2583.

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

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

		PLAN BENEFITS		MEDICAL								PHARMACY			
2025 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	
	5	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 bluecrossvt.org/members/coverage 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)
Co-pay 1			•	\$850	Stacked	\$4,500 medical plus \$1,650 Rx	\$0	\$30 co-payment per visit	\$50 co-payment per visit	Deductible, then \$500	Deductible, then 30% co-insurance	\$100	\$1,650	same as any other	\$5/deductible, then \$50/ 50%
SSENTE Co-pay 2			•	\$3,000	Stacked	\$9,200*	\$0	\$30 co- payment per visit	\$50 co- payment per visit	Deductible, then \$500	Deductible, then \$500 per day	\$0	\$1,650	same as any other	\$10/\$50/\$75
H H H															
BLUE EDGE I HEALTH I		•	•	\$3,000	Aggregate	\$3,000*	\$0	Deductible, then no cost				combined with medical	\$1,650	\$5/40%/60%	deductible, then no charge
CDHP 2		•	•	\$6,550	Aggregate	\$6,550*	\$0	Deductible, then no cost			combined with medical	\$1,650	\$12/40%/60%	deductible, then no charge	

^{*}Your prescription drug and medical expenses accumulate to the overall out-of-pocket maximum.



Blue Edge Business Application Checklist

WHAT YOU NEED TO GET A QUOTE FOR BLUE EDGE BUSINESS:

· Broker of record, if not on file

Current Blue Cross groups:

• Group name and number

New to Blue Cross:

- Excel Census (to include: name, date of birth, sex, relationship to employee, enrollment tier, zip code, plan option if applicable)
- · Claims data, if available
- Plan designs or SBCs if applicable

WHAT YOU'LL NEED TO ENROLL IN BLUE EDGE BUSINESS:

- Signed Rate Sheet
- Signed Stop Loss Application
- Completed Group Enrollment Agreement
- Individual Enrollment Forms for new enrollees or a census (with employee plan selections)
- Check for first month's premium (only if new to Blue Cross)

- BRS Membership Form (new groups only)
- Single Case Agreement (broker use only)
- HRA Application and Forms (if applicable)

Once the items at left are signed and returned to BRS and Blue Cross, the below will be distributed to you for your signature:

- Stop Loss Fee Schedule
- Contract
- Stop Loss Policy (no signature required)

Contact BRS



Do you have questions about Business Resource
Services (BRS) health care plans or any other BRS
services? Would you like to learn more about
how BRS can work with you? Call, write or email
BRS directly, or ask your broker for details.

For more information about BRS membership, contact:

Business Resource Services P.O. Box 9367 South Burlington, VT 05407-9367

Phone: (802) 862-4865 Email: beb@nibsvt.com Web: www.brsvt.com

284.465 | 07-2023



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

Non-discrimination Disclaimer Notice

bluecrossvt.org









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**, 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**.

NOTICE: Discrimination is Against the Law

Blue Cross® and Blue Shield® of Vermont (Blue Cross VT) 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 VT 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 VT 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.

If you believe that Blue Cross VT 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 (TTY/TDD: 711), fax (802) 229-0511, or email 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

https://www.hhs.gov/ocr/complaints/index.html

For free language-assistance service, call (800) 247-2583 (TTY/TDD: 711).

للحصول على خدمات المساعدة اللغوية المجانية ، اتصل

(800) 247 2583 (TTY/TDD: 711).

lilhusul ealaa khadmat almusaeadat

allughawiat almajaaniat, atasal

(800) 247-2583 (TTY/TDD: 711).

CHINESE 如需免费语言协助服务, 请致电,

(800) 247-2583 (TTY/TDD: 711).

Rú xū miǎnfèi yǔyán xiézhù fúwù, qǐng

zhìdiàn (800) 247-2583 TTY/TDD: 711).

CUSHITE (OROMO) Tajaajila gargaarsa afaanii bilisaa

argachuuf, (800) 247-2583

(TTY/TDD: 711) bilbili.

FRENCH Pour des services d'assistance

linguistique gratuits, appelez le

(800) 247-2583 (TTY/TDD: 711).

GERMAN Für kostenlose

Sprachunterstützungsdienste rufen Sie

(800) 247-2583 (TTY/TDD: 711) an.

ITALIAN Per i servizi di assistenza linguistica

gratuiti, chiamare il numero

(800) 247-2583 (TTY/TDD: 711).

JAPANESE 無料の言語支援サービスについては,

(800) 247-2583 (TTY/TDD: 711).

Muryō no gengo shien sābisu ni tsuite

wa, (800) 247-2583 (TTY/TDD: 711)

made o denwa kudasai.

NEPALI निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल

गर्नुहोस् , (800) 247-2583

(TTY/TDD: 711). Niḥśulka bhāṣā-

sahāyatā sēvāharūkō lāgi, kala

garnuhōs (800) 247-2583

(TTY/TDD: 711).

PORTUGUESE Para serviços gratuitos de assistência

linguística, ligue para (800) 247-2583

(TTY/TDD: 711).

RUSSIAN Чтобы получить бесплатную

языковую помощь, позвоните по

телефону (800) 247-2583

(TTY/TDD: 711).

SERBO-CROATIAN (SERBIAN)

За бесплатне услуге језичке помоћи позовите (800) 247-2583 (TTY/TDD:

711). Za besplatne usluge jezičke pomoći pozovite (800) 247-2583

(TTY/TDD: 711).

SPANISH

Para servicios gratuitos de

asistencia lingüística, llame al

(800) 247-2583 (TTY/TDD: 711).

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 (TTY/TDD: 711).

THAI

สำหรับบริการช่วยเหลือด้านภาษาฟรี

โทร,(800) 247-2583 (TTY/TDD: 711).

Sahrab brikar chwyhelux dan phas'a frī

thor (800) 247-2583 (TTY/TDD: 711).

UKRAINIAN

Щоб отримати безкоштовні мовні

послуги, телефонуйте

(800) 247-2583 (TTY/TDD: 711).

Shchob otrymaty bezkoshtovni movni

posluhy, telefonuyte

(800) 247-2583 (TTY/TDD: 711)

VIETNAMESE

Đối với các dịch vụ hỗ trợ ngôn ngữ

miễn phí, hãy gọi

(800) 247-2583 (TTY/TDD: 711).