

VACE *plus*

OCTOBER 17 2018





Introductions

- The VACE Team in Berlin
 - Shannon Wilson
 - Karen Winchester
 - Jessica Jacobs
 - Tom Scull
 - Tosha Jones

VACE Dental



- Member-only group rates for groups as small as one
- No employer contribution required
- Choice of plan options
- Delta Dental provides the most extensive dental networks available
 - Plan 1 – Delta Dental PPO Plus Premier
 - Plan 2 – Delta Dental PPO
- Health through Oral Wellness® (HOW®) program helps keep members healthy
- Double-Up Max included with the Delta Dental PPO Plus Premier plan
- Vision Discount Program is free and automatically included (Discounts up to 35% through EyeMed Vision Care)

2019 Dental Monthly Rates

PPO Plus Premier	Group Rates	Broker Commission
Single	\$50	\$5
Two Person	\$91	\$5
Family	\$152	\$5

PPO	Group Rates	Broker Commission
Single	\$40	\$5
Two Person	\$70	\$5
Family	\$111	\$5

VACE Vision



VACE*plus* offers vision coverage to eligible employees of Chamber members regardless of size or participation.

2019 VSP Vision Monthly Rates

	Group Rates	Broker Commission
Single	\$12	\$2
Two Person	\$19	\$2
Family	\$29	\$2

The VACE Health Insurance Program is back!

- DFR approved VACE's AHP application on October 12th
- Enrollment in fully-insured products begins immediately for January 1, 2019 effective date
- All group enrollment paperwork must be submitted to VACE no later than Friday, December 14th

VACE *plus*

Broker Compensation – VACEplus Program

- Health: \$10 per contract, per month paid by VACE quarterly in arrears
 - Applies to any tier: Single, 2-Person, Family
- BCBSVT Bonus program
 - \$25 PCPY for business new to BCBSVT
 - Will be paid by BCBSVT in Q1 2019

Insurance	Broker Commission – Per contract per month
Health	\$10
Dental	\$5
Vision	\$2
Total	\$17

VACE AHP Vendor Partners



Who can enroll in the VACE AHP?

- Small businesses domiciled in Vermont
 - Out-of-state employees ok
- Sole Proprietors
- Employers with 1-100 eligible
 - Employers who grow to over 100 employees can stay on the VACE AHP until end of plan year but cannot renew
- Must have membership in good standing with a Chamber of Commerce that is a member of Vermont Association of Chamber of Commerce Executives (VACCE)
 - Chamber dues renew throughout the year
- Employers who dis-enroll the ACE AHP cannot re-enroll for 18 months

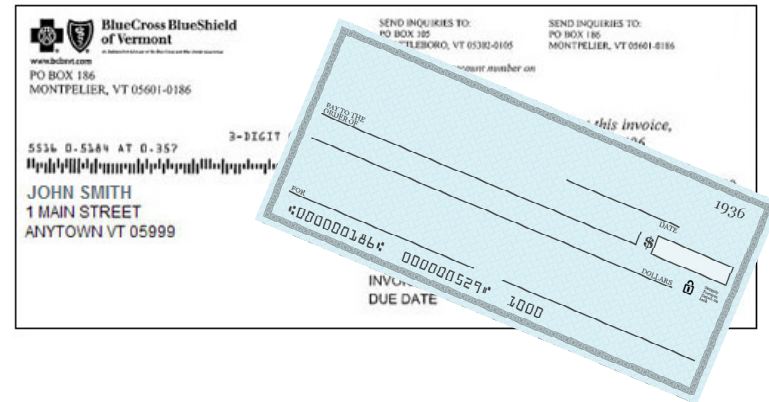
How to enroll in the VACE AHP?

- VACE processes all enrollment & eligibility
 - New group paperwork, binder check and all ongoing account maintenance must be sent to VACE:
 - Email: vacehealth@vtchamber.com
 - USPS: VACE Insurance, PO Box 810, Montpelier, VT 05601
 - Fax: 802-223-4257



BCBSVT processes group invoices and premium payments.

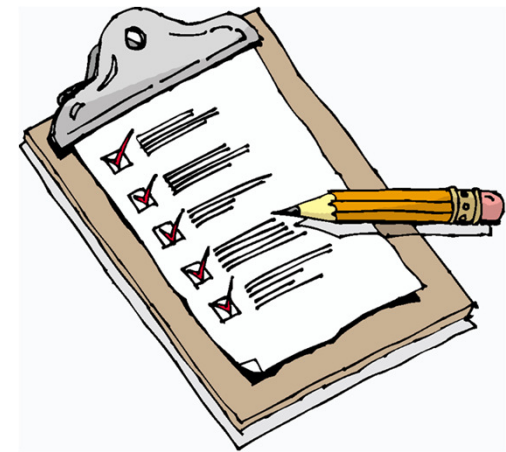
- Checks should be written out to BCBSVT



- VACE AHP groups are subject to BCBSVT's standard large group policies related to dunning, cancellation for non-payment and reinstatement

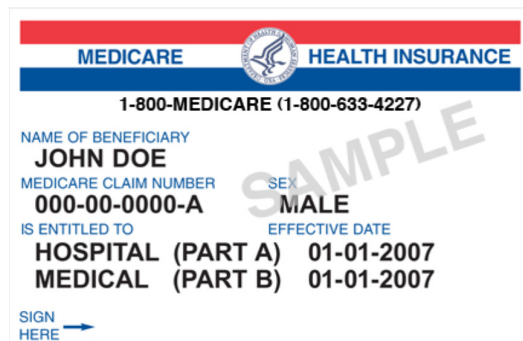
What's needed to enroll in the VACE AHP?

- Group Enrollment Agreement
 - *Probationary period cannot be longer than 90 days*
- Individual Enrollment/Change Forms
 - Primary Care Physicians must be selected on application
 - *VACE cannot process enrollment paperwork without a PCP*
- Proof of business:
 - Copy of most recent Quarterly Wage and Contribution Report from VT DOL
 - W9
 - Proof of Workers Comp Insurance (for sole proprietors)
- Binder check made payable to BCBSVT



What's different for Small Groups in VACE?

Medicare – Always secondary



A sample Medicare Health Insurance card for John Doe. The card features the Medicare logo and the text "MEDICARE HEALTH INSURANCE" at the top. Below this, it lists the phone number "1-800-MEDICARE (1-800-633-4227)". The beneficiary's name is "JOHN DOE", and the Medicare claim number is "000-00-0000-A". The card also indicates that the beneficiary is entitled to Hospital (Part A) and Medical (Part B) coverage, both effective as of 01-01-2007. A "SIGN HERE" label with an arrow points to a line at the bottom of the card. A large "SAMPLE" watermark is overlaid on the card.

NAME OF BENEFICIARY	MEDICARE CLAIM NUMBER	SEX
JOHN DOE	000-00-0000-A	MALE
IS ENTITLED TO	EFFECTIVE DATE	
HOSPITAL (PART A)	01-01-2007	
MEDICAL (PART B)	01-01-2007	

- COBRA – The DOL is consulting with the IRS and Treasury Department and expect to issue further guidance at some point in the future.
- For now, COBRA rules will apply to all groups in the AHP.
- VACE Groups can self-administer or choose a TPA
- Groups must process all COBRA transactions through VACE, not BCBSVT

What's different for Insurance Agents & Brokers who sell VACE?

1. Any person, including a licensed or unlicensed agent, broker or other individual offering or selling a health benefit plan on behalf of an association shall notify the Commission in writing prior to engaging in any conduct in connection with such sale.

Notification shall include: the person's name, address, telephone number, email address, name of the association and all materials in the person's possession used for the purposes of soliciting, offering or selling the health benefit plan, including advertising and marketing materials.

What do you need to do before finishing a “Sale”?

2. Prior to completing a sale, you must disclose to the employer or sole proprietor that:

- You are being compensated for the sale of the VACE AHP
- The employer or sole proprietor has the option of purchasing insurance on the Exchange
- Purchasing through the VACE AHP may prevent the employer or sole proprietor from accessing premium subsidies and cost sharing reductions
- Purchasing through the VACE AHP may be more expensive than purchasing a plan on the Exchange

You must also provide the employer or sole proprietor with a crosswalk of benefits comparing VACE AHPs with plans offered on the Exchange

- *The Crosswalk of Benefits also known as the “Placemat” will be posted on VACE’s website*

VACE Health Plans – The VACE Advantage

- 3 simple plans with only a deductible and co-pays, **no confusing co-insurance**
- All plans have a \$3,000 stacked deductible
- 2x individual deductible for a 2-person or family plan
- 2 HSA-qualified plans
 - Generic wellness Rx is only a \$10 co-pay excluded from Deductible on both
- State Mandated Rx out-of-pocket maximum applies \$1,350
- Includes coverage for all State mandates and Essential Health Benefits
 - *Pediatric Vision/Dental not included*
- Employers can use any HRA, FSA or HSA of their choice
- Employers can offer employee choice of VACE AHPs
- Employers cannot offer VACE AHPs alongside QHPs or any other AHP



*The only
stacked HSA-
qualified plans
in the small
group market*

Plan #1

VACE Advantage 100% Stacked HSA Plan

2019 Premium Rates

Single	\$596
2-Person	\$1,169
Family	\$1,666

Deductible/ OOPM	VACE Advantage 100% HSA
Medical Deductible	\$3,000 / \$6,000
Medical OOPM	\$3,000 / \$6,000
Rx OOPM	\$1,350 / \$2,700
Medical Deductible Waived for:	Preventive Care Generic Wellness Rx

Preventive	\$0 – No Cost
PCP/MH/SA OV	Ded, then 0%
Specialist OV	Ded, then 0%
Urgent Care	Ded, then 0%
Ambulance	Ded, then 0%
ER	Ded, then 0%
Radiology	Ded, then 0%
Outpatient	Ded, then 0%
Inpatient	Ded, then 0%

Prescription Coverage	
Generic	\$10 co-pay Generic Wellness Rx OR Ded, then 0%
Preferred Brand	Ded, then 0%
Non- Preferred Brand	Ded, then 0%
Specialty	Ded, then 0%

Plan #2

VACE Advantage Copay Plan

2019 Premium Rates

Single	\$535
2-Person	\$1,047
Family	\$1,494

Deductible/ OOPM	VACE Advantage Copay
Medical Deductible	\$3,000 / \$6,000
Medical Deductible Waived for:	Preventive Care PCP/MH/SA Specialist Urgent Care
Preventive	\$0
PCP/MH/SA OV	\$30 co-pay
Specialist OV	\$50 co-pay
Urgent Care	\$50 co-pay
Ambulance	Ded, then \$500 co-pay
ER	Ded, then \$500 co-pay
Radiology	Ded, then \$1,750 co-pay
Outpatient	Ded, then \$2,000 co-pay
Inpatient	Ded, then \$500 per day
Ded + Co-Pay Maximum per Yr	\$7,900 / \$15,800

Prescription Coverage	
Generic	\$10
Preferred Brand	\$50
Non-Preferred Brand	\$75
Specialty	50%
Rx Max per Yr	\$1,350 / \$2,700

Plan #3

VACE Advantage Copay Stacked HSA plan

2019 Premium Rates

Single	\$507
2-Person	\$991
Family	\$1,415

Deductible/ OOPM	VACE Advantage Copay HSA
Medical Deductible	\$3,000 / \$6,000
Medical Deductible Waived for:	Preventive Care Generic Wellness Rx

Preventive	\$0
PCP/MH/SA OV	Ded, then \$30 co-pay
Specialist OV	Ded, then \$50 co-pay
Urgent Care	Ded, then \$50 co-pay
Ambulance	Ded, then \$500 co-pay
ER	Ded, then \$500 co-pay
Radiology	Ded, then \$1,750 co-pay
Outpatient	Ded, then \$2,000 co-pay
Inpatient	Ded, then \$500 per day
Ded + Copay Max	\$6,750 / \$13,500

Prescription Coverage	
Generic	\$10 Generic Wellness Rx co-pay OR Ded, then \$10 co-pay
Preferred Brand	Ded, then \$50 co-pay
Non-Preferred Brand	Ded, then \$75 co-pay
Specialty	Ded, then 50%
Rx OOPM	\$1,350 / \$2,700