



The signs  
of a healthier Vermont



*Active Employees*



*Benefits Guide of the  
Vermont Education  
Health Initiative*



**BlueCross BlueShield  
of Vermont**

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



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*Blue Cross and  
Blue Shield of  
Vermont's  
Programs for  
VEHI Members  
Offer You...*



- The freedom to choose your own doctors without having to get a referral
- Office visits and preventive care at a low cost to you
- The Blue HealthSolutions<sup>SM</sup> program, including health management features, chronic care management, a free self-care guide, access to a 24-hour nurse support line and an expansive health information website
- The Better Beginnings<sup>®</sup> prenatal program for expectant moms
- Discounts on health- and fitness-related and alternative services in Vermont and nationwide through Blue365
- Member service staff available Monday through Friday, 7 a.m. to 6 p.m., and 24-hour, seven-day-a-week access via our website
- A nationwide network of participating providers
- The security of the Blue Cross and Blue Shield card—the most recognized symbol in health benefits worldwide
- World-class wellness programming offered by BCBSVT and PATH, featuring online tools, face-to-face sessions and much more



**BlueCross BlueShield  
of Vermont**

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

Blue Cross and Blue Shield of Vermont  
Health Plans for Members of the  
**Vermont Education  
Health Initiative (VEHI)**

## About This Booklet

*This booklet contains information about health benefit plans for active employees. Plan descriptions and information begin on page 21. This booklet summarizes the benefits and requirements of the plans offered. For full information, you must consult a BCBSVT subscriber contract.*

## What is VEHI?

*The Vermont Education Health Initiative (VEHI) is a large, non-profit purchaser of health care plans for Vermont's school employees. This self-funded, fully-insured purchasing trust is managed jointly by the Vermont School Boards Insurance Trust (VSBIT) and the Vermont-National Education Association (VT-NEA).*

*VEHI purchases health plans on behalf of Vermont's public school employees, including active and retired teachers, administrators, paraprofessionals, secretaries, custodians, bus drivers and all other school district employees.*

*VEHI's mission is to purchase high-quality health care services in a cost-effective manner on behalf of its members. As a voluntary consumer/purchaser alliance, VEHI plays an active role in all areas of health plan delivery, including design, financing, marketing, risk management, wellness, consumer education and customer service.*

*We at VEHI urge our members to view themselves as purchasers of health care rather than as beneficiaries of insurance. We believe that involving consumers directly in the purchasing of health care services provides the necessary link between providers and consumers that can ensure high-quality products and services at affordable prices.*

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## VEHI Coverage

### Coverage for Active Employees

VEHI offers the Dual Option Plan, which gives employees a choice between two of Blue Cross and Blue Shield of Vermont's programs:

- Vermont Health Partnership, a point-of-service plan (see page 22), and
- Comprehensive, a fee-for-service program with a \$250 deductible that applies to most services (see page 24)

VEHI also offers the following fee-for-service health care plans to its members:

- JY Plan (see page 26)
- Comprehensive Plan with no deductible (see page 28)
- Comprehensive Plan with \$100 deductible (see page 28)
- Comprehensive Plan with \$1,000 deductible (see page 28 and page 32)
- Consumer-Directed High-Deductible Health Plan that can be paired with a health savings account (see page 30 and page 34)

All the plans offer virtually identical covered services. The variations occur in the plans' payment terms: each offers different member out-of-pocket arrangements.

Each group (school district) that purchases health benefit plans through VEHI chooses the plans offered to its members. For overviews of all of the plans offered, see the comparison chart on page 36 and page 37.

### Deductibles, Co-payments and Coinsurance

Our programs require different out-of-pocket cost-sharing arrangements for various services. For example, you may need to pay a co-payment for each visit for some services. These co-payments are not applied to your out-of-pocket maximums.

Other benefits require you to meet an annual deductible before we begin providing coverage. Each year, you may have a \$250 deductible for most services, for example. In that example, once your expenses total \$250 in a calendar year, we start to cover your care by paying 80 percent of our Allowed Price in coinsurance. You pay the other 20 percent. Participating and network providers must accept our Allowed Price as payment in full. Once you meet your out-of-pocket limit (if your coverage has one), we cover your expenses at 100 percent of the Allowed Price.

Look at the [benefit summaries](#) at the end of this booklet for more details on cost-sharing for the various programs VEHI offers.

### Emergency Care

We provide benefits for emergency room care and other emergency treatment when we determine that your condition is a true emergency. We cover emergency care when a person with average knowledge of medicine would expect your condition to result in serious harm to your mental or physical health without immediate care.

You may need urgent care even when your condition is not an emergency. Your primary care physician can help you find this care in the most cost-effective, convenient settings.

## Tips on Other Coverage

Your *Certificate of Coverage* and other subscriber contract documents give full details about your coverage. The **benefit summaries** after page 21 give more information as well. Here are some important tips to keep in mind:

- In most programs, for **mental health and substance abuse care**, you must get prior approval from our network of behavioral care providers by calling (800) 395-1356. (Some school districts have negotiated different mental health arrangements.)
- We cover **chiropractic** care for neuromusculoskeletal conditions. If you use more than 12 visits in a calendar year, your doctor must submit a treatment plan. You must use Participating chiropractors in order to receive benefits. There is no coverage for Non-participating chiropractic care.

Be sure to read the sections on **prescription drug coverage** (page 6) and our **prior approval** program (page 5). You may have to use network providers to receive benefits. Your coverage does require your physician to get approval from us before using certain medications or services.

## New Information About Your Health Plan

In 2010, the Vermont legislature and the Federal government passed reforms and mandates that change your health plan.

### The Affordable Care Act and Grandfathering

President Obama signed The Affordable Care Act on March 23, 2010. This federal health care reform bill made many change to health plans. The Act, though, allows employer benefit plans that existed before it took effect to continue to be offered, but with modifications. These already-existing plans are called “grandfathered.” Most VEHI plans are grandfathered. If your school, however, offered a VEHI plan for the first time after March 23, 2010, that specific plan is not grandfathered. Check the benefit summaries at the end of this booklet for details on the differences, which are not substantial, between grandfathered and non-grandfathered plans.

### Dependent Coverage to Age 26

Whether or not your health plan is grandfathered (see above) the new federal law requires us to allow dependents to remain on their parent’s plan until they turn 26 years of age. Our previous policy (for most groups) allowed parents to include all dependents up to age 19 or full-time students up to age 25. VEHI and BCBSVT implemented this provision early, so your dependents may already have stayed on your plan. As a reminder, you may cover these dependents even if they are:

- Married (although you may not cover your son or daughter’s spouse or children)
- Living away from you or even out of state
- Financially independent

If your plan existed before the passage of PPACA (is grandfathered) and your dependent has access to group coverage through a source other than a parent’s plan (through his or her employer or a spouse’s employer, for example), you may not include him or her on your coverage.

If you have dependents between 19 and 26 years of age who already came off your plan, you may add them back on during your next renewal, July 1, 2011. Even if you don’t currently have coverage through VEHI, you may enroll on July 1 and cover your dependents under age 26. You may also switch at that time from one type of coverage offered by your employer to another type.

## Other Health Care Reform News

Other recent provisions and mandates that will affect your coverage include the following:

- You will no longer have lifetime or annual dollar limits for “essential benefits” (as defined by The Federal Department of Health and Human Services<sup>1</sup>)

- Vermont has mandated enhanced coverage for dental anesthesia for children up to age 7 in certain medical circumstances. (We previously covered it only to age 5.) Please read your certificate of coverage carefully to understand this change.

Some members will also see changes in cost-sharing for preventive care if they are enrolled in a non-grandfathered plan. The latter are required under the ACA to provide certain preventive services at no cost, while most of VEHI’s plans, which are grandfathered, will continue to require co-payments or deductibles. Again, please check the benefit summaries at the end of this booklet to learn about the differences.

## General Policy Exclusions

You can be confident that your health plan covers a broad array of necessary services and supplies as described in this booklet. The following points highlight some of the services that your health plan does not cover:

- Services that are investigational, experimental, cosmetic or not medically necessary as defined in your Certificate of Coverage.
- Services that should be covered by another source, such as another type of insurance or an employer.
- Non-medical charges like fees for completion of a claim form, personal service items or home modifications.
- Visual, dental, auditory or podiatric services, unless specifically provided by your Certificate.
- Providers who are not approved to provide a particular service or who don’t meet the definition of “provider” in your Certificate.

If you would like to review our complete list of General Exclusions before enrolling, visit our website at [www.bcbsvt.com](http://www.bcbsvt.com) and navigate to “Online Benefit Booklets.” Once enrolled, you will receive your Certificate of Coverage, which details all General Exclusions. Please read your Certificate carefully; it is a part of your Contract which governs your benefits.

## How We Protect Your Privacy

We are required by law to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You have the right to gain access to your health information and to information about our privacy practices. A complete copy of our Notice of Privacy Practices is available at [www.bcbsvt.com](http://www.bcbsvt.com). Or to request a paper copy, contact member services at the phone number listed on the back of your ID card.

<sup>1</sup> HHS has not yet released guidance on what constitutes essential benefits. BCBSVT has made changes based on what we believe HHS will determine essential.



## Our Prior Approval Program

*To keep costs down and to help you get care in the most convenient and cost-effective settings, our staff of nurses and doctors may work with you and your medical providers through our prior approval program. A description of some of our most common programs follows.*

BCBSVT provides benefits for certain services, drugs and supplies only if you get prior approval. Network and participating physicians get prior approval for you. You must be sure your provider initiates prior approval if you use an out-of-network, nonparticipating provider. The services on the next page require prior approval regardless of the provider you choose: Please note that certain drugs also require prior approval. You may find a list on our website at [www.bcbsvt.com](http://www.bcbsvt.com).

Please call the member service number on the back of your BCBSVT ID card for help on how to obtain prior approval.

Our prior approval list changes periodically. BCBSVT lists the services that require prior approval on your Outline of Coverage, which is sent to you with the rest of your contract materials. For the most recent prior approval list, visit [www.bcbsvt.com/priorapproval](http://www.bcbsvt.com/priorapproval) or call the member services department at (800) 247-2583.

<b>Type of Procedure</b>	<b>What Requires Prior Approval</b>
<b>Ambulance</b>	All air or water ambulance transport and non-emergent ground ambulance
<b>Capsule Endoscopy</b>	All services
<b>Chiropractic</b>	Chiropractic care after initial 12 visits in a calendar year
<b>Chondrocyte Transplants</b>	All services
<b>Continuous Glucose Monitoring (Outpatient)</b>	Outpatient, 72-hour continuous glucose monitoring
<b>Continuous Passive Motion (CPM) Equipment</b>	All services
<b>Dental</b>	Dental services—oral surgery, trauma and orthognathic surgery. Exceptions are wisdom teeth extraction and oral lesion excision and biopsy
<b>Durable Medical Equipment (DME)</b>	Durable medical equipment with a purchase price over \$500, including continuous positive airway pressure/bilevel positive airway pressure (CPAP/ BIPAP) machines, vacuum-assisted closure of chronic wounds, external bone growth stimulators, oxygen and related supplies, nebulizers, hospital beds, wheelchairs and hospital-grade electric breast pumps (other than those provided through Better Beginnings®).
<b>Genetic Testing</b>	Most tests—those with Health Care Procedure Coding System (HCPCS) Codes between S3800 and S3890
<b>Home Infusion Therapy</b>	All services
<b>Hospice Care</b>	All services
<b>Hyperbaric Oxygen Therapy</b>	All services
<b>Medical Nutrition for Inherited Metabolic Disease</b>	Medical supplies and pumps, enteral formulae and parenteral nutrition
<b>Mental Health and Substance Abuse Treatment *</b>	All services. Some contracts waive Prior Approval; please see your Certificate of Coverage for specifics.*
<b>New Medical Procedures</b>	New procedures still considered investigational or experimental
<b>Orthotics</b>	All orthotics with a purchase price greater than \$500 and some devices under \$500
<b>Osteochondral Autograft Transfer System (OATS)/Mosaicplasty</b>	All services
<b>Out-of-state Facility Care</b>	All services.
<b>Plastic and Cosmetic Procedures</b>	All services except breast reconstruction for patients with a diagnosis of breast cancer
<b>Polysomnography (sleep studies) and Multiple Sleep Lateral Testing (MSLT)</b>	All services
<b>Prescription Drugs</b>	Separate lists apply; please see Rx Center at <a href="http://www.bcbsvt.com">www.bcbsvt.com</a>
<b>Private Duty Nursing</b>	All services
<b>Prosthetics</b>	All, regardless of cost
<b>Radiology Services</b>	All services. Examples include CT, MRI, MRA, MRS, PET and nuclear cardiology. Providers will work with American Imaging Management (AIM).
<b>Rehabilitation (cardiac/pulmonary/inpatient rehabilitation facility)</b>	All services
<b>Surgery</b>	Certain surgical procedures including bariatric (obesity) surgery, gastric electrical stimulation, percutaneous vertebroplasty, vertebral augmentation, temporomandibular joint manipulation/surgery and anesthesia and tumor embolization.
<b>Transcutaneous Electrical Nerve Stimulation (TENS) Units/ Neuromuscular Stimulators</b>	All units require approval
<b>Transplants (except kidney and corneal)</b>	All services
<b>UPPP/Somnoplasty</b>	All services
<b>Wound Care Management</b>	All services.



## Our Pharmacy Programs

As a VEHI member, you will get your prescription drugs through our **network of pharmacies**, here in Vermont and nationwide. Present your Blue Cross and Blue Shield of Vermont ID card at a Network Pharmacy and the pharmacist will file a claim for you.

Almost all Vermont pharmacies and a large percentage of pharmacies nationwide currently belong to this network. All major chains (*Rite-Aid, Kinneys, CVS, etc.*) participate. Call (877) 493-1949 or visit the Find a Doctor page of BCBSVT's website for a list of network pharmacies.

Your out-of-pocket cost varies depending on the drugs you choose. Our **three-tier** program helps VEHI keep prescription drug costs down for you and for your health plan.

### Three-Tier Drug Program

Prescription drug prices are a contributing cause to increases in health care costs and insurance premiums. One way to substantially reduce medication costs is to use generic drugs whenever possible. Generics are less expensive than brand-name medications and are just as effective medically. In 2001, VEHI helped pioneer the tiered pharmacy benefit in Vermont that, through lower co-payment amounts for generic drugs, encouraged generic utilization by our members.

## Generic Medications

To promote greater utilization of generic medications, VEHI has eliminated the annual deductible and reduced the generic co-payment to zero. Your benefit is now:

\$0 deductible, per covered member per calendar year, then:

- \$0 co-payment for **generic** drugs
- \$15 for **Preferred Brand-name** drugs
- \$40 for **Non-preferred Brand-name** drugs

The Preferred Brand-name Drug List can change and will be updated periodically to ensure that newer, more effective drugs are added. Drugs automatically come off the list when generic alternatives become available. Reduce your out-of-pocket expenses by asking your physician to authorize a generic substitution whenever possible. This guarantees you the lowest co-payment.

When a generic is not available, ask your doctor if one of the drugs on the Preferred Brand-name drug list would be appropriate for you. These drugs can often meet patient needs at a lower cost. A list of Preferred Brand-name drugs is available at the Rx Center of our website, [www.bcbsvt.com/RxCenter](http://www.bcbsvt.com/RxCenter).

## Convenient Refills and Savings with Our Mail Order Program

If you use prescription drugs on an ongoing basis, our mail order service may be a less expensive, more convenient way for you to buy prescriptions. If you use mail order, you can get a **90-day supply** of a drug for just two co-payments (rather than three). To begin using mail order service for your maintenance drug, send our mail order pharmacy your doctor's prescription, an order form (available online or by phone) and your co-payment amount. To request refills, you may use a web-based ordering system, [www.express-scripts.com](http://www.express-scripts.com), or call the toll-free number, (877) 493-1949. (*Narcotics and antibiotics are not available through the mail order service.*)

## Over-the-Counter Drugs

We cover certain over-the-counter drugs, requiring only a generic-level co-payment from you. For example, if you take Claritin for allergies or Prilosec for stomach acid and reflux, you may ask for a prescription from your doctor. With that prescription, your pharmacist can dispense up to a 30-day supply of the medication and charge you just the co-payment you normally pay for generic drugs.

## Our Review of Certain Drug Classes Keeps Costs Down for You and Your Health Plan

### Prior Approval

Our Prior Approval list changes periodically. The most current list can be found on the BCBSVT website or by calling toll-free (877) 493-1949. Prior approval is required for drugs that have been on the market less than 12 months and medications without National Drug Code numbers. For example:

- Chemotherapeutics
- Growth hormone replacement therapy
- Hepatitis C medications
- Low molecular weight heparin anticoagulants (for use in excess of 30 days per calendar year)
- Primary pulmonary hypertension therapy
- Biologics and other medications
- Brand-name drugs with generic equivalents

A complete list of drugs that require prior approval is available at the Rx Center of our website, [www.bcbsvt.com/RxCenter](http://www.bcbsvt.com/RxCenter).

### Quantity Limits

If your doctor prescribes a drug in an amount that exceeds certain criteria, such as the manufacturer's recommendations, we may ask for documentation. Visit our website at [www.bcbsvt.com](http://www.bcbsvt.com) or call toll-free (877) 493-1949 to get a current list of drugs covered by this review or to learn the quantity limit for a particular drug. At present, we place quantity limits on the following types of drugs:

- Sleeping agents (such as Ambien)
- Glucose test strips
- Inhalers (like Advair)
- Pain medications (like Oxycontin)
- Anti-migraine medications (like Imitrex)

### Step Therapy

Our Step Therapy program saves members money by encouraging patients and their doctors to try less expensive drugs in a therapeutic class before using the newest, most expensive ones. Step therapy applies to drugs in categories such as:

- Anti-migraine Agents (like Zomig®)
- Certain medications for depression (like Prozac Weekly®)
- Non-sedating antihistamines (like Allegra®)
- COX-2 inhibitors (like Celebrex®)
- Medications for stomach acid (like Nexium®)
- Medications for hypertension (like Cozaar®)
- Anti-viral medications
- Sleeping agents (like Lunesta®)
- Statins (cholesterol-lowering drugs)
- Nasal steroids (like Nasacort®AQ)
- Osteoporosis agents (like Boniva®)

Visit our website at [www.bcbsvt.com](http://www.bcbsvt.com) or call toll-free (877) 493-1949 to get a current list of drugs covered by this review or to learn the procedures to follow for review of your prescription use.



## Visit [www.bcbsvt.com/member](http://www.bcbsvt.com/member)



### Our Secure Member Site

From BCBSVT's home page, you may log into the secure Member Site, where you can:

- check claims status
- look up your health plan benefits
- use secure e-mail to ask questions and hear back within 24 hours
- use Healthcare Advisor to compare cost and quality data on a variety of providers, services and supplies
- order ID cards
- file a change of address

To gain entry to the member site, visit [www.bcbsvt.com/member](http://www.bcbsvt.com/member) and click on **Member Login**.

### What's on the Rest of the Site

Many features found on BCBSVT's public site (*which is accessible without password entry*) can prove very useful. There you may:

- view the Preferred Brand-name drug list
- read about your health plan benefits
- view a sample annotated Explanation of Benefits
- find many BCBSVT medical policies
- download any form that you may need—claim forms, applications and student certification forms
- use the "Find a Doctor" search tool—look up providers in your area by health plan, location or specialty
- read the news section of BCBSVT's site, which contains news releases and legislative reports on health insurance-related issues
- view newsletters in PDF (Acrobat) file format or save them to read from your computer at your leisure



## Provider Network

The VEHI Plan uses an expansive Participating provider network in Vermont, as well as in other states and worldwide.

To find the most up-to-date list of Participating providers, visit [www.bcbsvt.com](http://www.bcbsvt.com) and click on the “Find a Doctor” link.

Our Vermont network includes well over 95 percent of the physicians in the state and all of Vermont’s hospitals. Our pharmacy network includes virtually every Vermont pharmacy.

Please note that for mental health and substance abuse services, you do not use the Vermont Preferred or Participating network. BCBSVT maintains a smaller network—the Managed Mental Health and Substance Abuse Providers network—to achieve greater savings. You must get prior approval from BCBSVT to receive benefits for mental health and substance abuse services. (Depending on local, negotiated agreements, your benefits for mental health services may differ. Call your school’s business office if you have questions.)

- find PDF files of subscriber contract documents (*like Certificates of Coverage and riders*)
- look up discounts available to you through the Blue365 program
- enjoy other fun features like an interactive health and history timeline
- visit our Wellness Center, where you can view information customized to your specific health needs (*registration required*)

### Find a Doctor on the BCBSVT Website

The most up-to-date provider information is available at [www.bcbsvt.com](http://www.bcbsvt.com). Click on the “Find a Doctor” Quick Link for a choice of seven different types of provider searches. You can find a local doctor, or one outside of Vermont if you’re traveling. All tools are easy to use and guide you step by step through your search.

You can also go to [www.bluecares.com](http://www.bluecares.com) to locate providers nationwide. See page 16 for more information on our BlueCard program, a national program that enables members of one Blue plan to obtain health care services while traveling or living in another Blue plan’s service area.

Our paper directories are also available online as PDF files that you may download. Please note, however, that those directories are updated far less frequently than our Find a Doctor online databases, which are updated nightly.

If you have questions about Find a Doctor or would like help using the search tool, please call our member service representatives at (800) 247-2583 from 7 a.m. to 6 p.m., Monday to Friday.

[www.bcbsvt.com/FindaDoctor](http://www.bcbsvt.com/FindaDoctor)



## Membership Information

### You may add a dependent when any of the following events occurs...

#### Open Enrollment

You may add dependents for any reason on the group's open enrollment date. If we receive your request before this date, we will make the change effective on the open enrollment date. If we receive your request during the month in which your open enrollment occurs, we will make the change effective on the first of the following month. VEHI provides two open enrollment periods in January and July.

#### Changing Plans

You may change health plan options once in any 12-month period during one of VEHI's two open enrollment periods in January and July.

#### Marriage/Civil Union

When you marry or enter a civil union, you may add your partner and his or her dependents to your membership. If we receive your application within 31 days after the date of marriage or civil union, your new type of membership is effective the first day of the month following the date of marriage or civil union. If we receive your request within 32 to 60 days after the date of your marriage or civil union, your new membership becomes effective the first day of the month after we receive your request. Your new dependent or dependents may enroll on your current plan, or you and your dependents may change to any other plan your employer offers.

If you fail to add your new dependent within 60 days of your marriage or civil union, you must wait until an open enrollment date to do so.



## Dependent's Loss of Coverage

Any dependents covered under health coverage with another health plan are eligible for membership under your contract if they lose health coverage or terminate employment. Within 31 days after loss of coverage, a dependent may enroll on your current plan, or you and your dependents may change to any other plan your employer offers. If you fail to add your dependent within 31 days after they lose coverage, you must wait until an open enrollment date to do so.

## Court Ordered Dependents

The effective date of a court-ordered addition of a dependent is the first of the month after we receive your request. The request must include proof of the court order.

Please note that for purposes of enrollment, "days" refers to calendar days.

## Special Enrollment Rights Under "CHIP"

Effective April 1, 2009, the "Children's Health Insurance Program Reauthorization Act of 2009" ("CHIP") required group health plans to offer special 60-day enrollment periods to employees and their dependents who are not covered by the group plan in two situations:

- When employees lose eligibility for Medicaid, Vermont Health Access Program (VHAP) or Dr. Dynasaur; or
- When employees become eligible for Vermont's Employer Sponsored Insurance premium subsidy program.

You must request coverage not later than 60 days after losing coverage from Medicaid, VHAP or Dr. Dynasaur or when the State determines you are eligible for premium assistance. You may choose either the date coverage ends or the first of the month following receipt of a valid enrollment request as the effective date for coverage under your group health plan.

You (and/or any dependent) must submit proof that you are eligible to enroll because one of the events above has occurred.

Please contact your group benefits manager for more information.

## Birth or Adoption

If you already have a family membership, we cover your new child from the date of birth, legal placement for adoption or legal adoption. You should, however, notify us of your family addition within 31 days.

If you do not have a family membership, we cover your child for 31 days after:

- birth;
- legal placement for adoption (when placement occurs prior to adoption finalization);
- or**
- legal adoption (when placement occurs at the same time as adoption finalization).

We must receive your application for a membership change in order to continue benefits for the child past 31 days. If we receive your request within the 31 days, the child's effective date is retroactive to the date of birth, placement for adoption or adoption. The new type of membership is effective the first day of the month following birth, placement for adoption or adoption.

If we receive your request within 32 to 60 days, the child's membership and the new type of membership are effective the first day of the month following our receipt of your request. You may enroll your new dependent or dependents on your current plan, or you and your dependents may change to any other plan your employer offers.

If you fail to add your new dependents within 60 days, you must wait until an open enrollment date to do so. Dependents who do not become covered within 94 days must fulfill their own waiting periods for pre-existing conditions.



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blueHealthSolutions<sup>SM</sup>

## Better Care Through Blue HealthSolutions

### Health Management Programs That Keep Costs Down and Improve Your Health

Blue Cross and Blue Shield of Vermont's health management programs, Blue HealthSolutions, assist members of all ages, no matter what their health status. These programs keep our healthiest members healthy, while helping members with chronic or catastrophic illnesses get the special attention they need.

Chronic conditions and catastrophic injuries and illnesses make a sizable impact on health care spending. Blue HealthSolutions seeks to keep costs down by keeping you healthier and helping you learn about and manage chronic and serious conditions. Components include specialty case management, disease management, Better Beginnings and wellness.

#### Specialty Case Management

Our professional staff of in-house registered nurse case managers provide individual attention to members with chronic illnesses or catastrophic health events. Our doctors and nurses give you support and assist you in coordinating the medical care most appropriate for your needs. Specialty case managers



work as advocates, reviewing your condition and guiding you to care and other resources that can help keep you healthy and help you get the most out of your benefits. Our case management program is **voluntary** and available at no additional cost to members of Blue Cross and Blue Shield of Vermont.

## Disease Management

Blue HealthSolutions helps members with a variety of conditions. We send you information about your condition and give you access to our nursing staff and other resources to help you make behavioral and lifestyle changes that are critical for your short- and long-term health improvement.

We may call you to touch base with you about your condition. Our nurses want to be sure that you're getting the best care and screening available and help you comply with your doctor's treatment plan. Please know that our conversations with disease management participants are **strictly confidential** and that participation in the program is always **voluntary**.

## The Nurse Line and Other Information and Support

The Blue HealthSolutions information and support program helps you learn about the care you're receiving. For instance, the program offers a **24-hour phone-in nursing support line**.

If you have a chronic or serious condition, you can get fast phone support or information by mail on a range of diagnoses and treatment options from our nurses. If you need answers to everyday problems, our registered nurses provide easy access at any time of the day or night by phone or via the web. Call toll-free (866) 612-0285 to speak with one of our nurses.

Blue Cross and Blue Shield of Vermont makes it easy to find health care information. Just log on to the secure member site at [www.bcbsvt.com](http://www.bcbsvt.com) and use our web tools, like the **Healthwise Knowledgebase**,<sup>®</sup> which contains thousands of pages of information about health topics, and the **Healthcare Advisor**,<sup>®</sup> which helps members make health care decisions by providing

information on hospital or other provider quality, as well as cost comparisons between hospitals, physicians and medications.

In addition to health management and support programs, BCBSVT has a host of fun, effective programs designed to reward you for healthy behavior. Among them:

- **WalkingWorks**, a program that makes it easy and fun to keep track of your success at walking for fitness
- **Blue365**, an expanded health discount program (see page 17)
- **Community outreach programs** and events around the state

At BCBSVT, our goal is to ensure that all our members get the care and support they need, regardless of their health care status. Our full spectrum of Blue HealthSolutions programs allows us to maximize each member's chance at getting and staying healthier.

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**Our nurses want to be sure that you're getting the best care available and may call you to follow up. All calls are strictly confidential.**

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The signs  
of a healthier Vermont

## Better Beginnings®



### Better Beginnings®—Here's How it Works

Better Beginnings helps babies get the best start in life by providing mothers with educational materials and other prenatal and postpartum benefits depending on the option chosen. Most importantly, our registered nurse case manager works with the member and provider to support a healthy pregnancy, an uncomplicated delivery and a successful postpartum experience.

Please visit our website or call the customer service number on the back of your ID card for more information on this extremely popular program. Your benefits from this program decrease greatly after your 34th week of gestation and you are **not** eligible for this program once you have delivered, so please sign up early in your pregnancy to receive full Better Beginnings program benefits.

You must complete the Health Risk Assessment form and return it to us along with a consent form and your option choice in order to participate in the Better Beginning program. All forms are available on our website or by calling our member services department at (800) 247-2583.

# Wellness Programs



*Blue Cross and Blue Shield of Vermont and VEHI are committed to helping employers and employees get healthy and stay healthy, no matter where they fall in the health care continuum. We have services for members who are very healthy or who may be at risk, but may not even know it. For example, our Blue HealthSolutions Online Wellness Center allows you to assess your health status and use online tools to maintain or improve it—all on a totally confidential website. In addition to the wellness and worksite management tools available to all BCBSVT members, VEHI makes available a robust, best-in-class wellness program called PATH.*

## PATH Program from VEHI

The PATH program is a comprehensive, integrated wellness program designed to help improve the health of our member school districts' employees. Our mission is to support individuals like you in gaining skills, strategies and knowledge for living a healthy life in a healthy working community.

VEHI works hard to help you take Planned Action Toward Health—PATH, for short. VEHI PATH provides you with state-of-the-art health promotion services to help you address your entire wellbeing. When you create your own wellness account on the VEHI PATH website, we'll help you identify and respond appropriately to your personal health risks and we'll help you celebrate your success. Go to <https://secure.tomypath.com/> to participate.

The following PATH program services are available to all members:

- **PATH Adventures**—Our annual 10-week virtual walking, strength and healthy living program. These themed adventures are health action or health improvement programs that are championed by volunteer coordinators in every school district in Vermont. Here's what we hear each year from participating school district worksites:
  - 93 percent report a significant increase in staff morale during the 10 weeks.
  - 85 percent report at least one employee who makes a life-saving lifestyle change. Through early detection they confront and avoid a major illness or chronic condition.
  - 65 percent increase their physical activity; 59 percent feel healthier all-around; and 30 percent lost weight.
- **PATH Healthy Life Survey**—A health risk assessment tool designed to spot your risks and help you celebrate your health achievements. When you're ready, this important snapshot of your health will help change your risks over time
- **Path Community and Keeping Fit**—Participants track exercise workouts in six-month cycles and receive rewards for staying fit year-round! Teams help people build a sense of community around their goals and peer support for success.
- **Peer Coaching Course**—an eight week course on giving and receiving mutual support for reaching a health related goal.
- **PATH Everyday Calendar**—A self-care and first aid calendar that helps teach tips and strategies to minimize our everyday safety risks. You can go online to your PATH wellness account and take the monthly puzzlers for a prize. And the hard copy we mail you each year is beautiful to look at!



## The signs of a healthier Vermont



### The BlueCard® Program

## Your Coverage Travels With You

When you're a BCBSVT member, you can take your health care benefits with you—across the country and around the world.

The BlueCard program gives you access to doctors and hospitals almost everywhere, giving you peace of mind because you can always find the care you need.

More than 85 percent of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield Plans. Outside of the U.S., you have access to doctors and hospitals in more than 200 countries.

By using Blue Cross and Blue Shield providers, you can take advantage of the savings that local Blue Plans have negotiated with the doctors and hospitals in their respective areas. You will not pay any amount above these negotiated rates. Also, you most likely will not have to complete a claim form or pay up front for health care services and wait for reimbursement. You *will* have to pay your out-of-pocket costs (like non-covered charges, deductibles, co-payments and coinsurance).

With the BlueCard program, you can locate doctors and hospitals quickly and easily. Have your Blue Cross and Blue Shield of Vermont ID card handy and either visit the BlueCard doctor and hospital finder website at [www.bluecares.com](http://www.bluecares.com) or call **(800) 810-BLUE (2583)** for the names and addresses of doctors or hospitals in the area you're visiting.



[www.bcbsvt.com/blue365](http://www.bcbsvt.com/blue365)



Being a member of Blue Cross and Blue Shield of Vermont comes with perks! Now you get discounts on a wide variety of healthy products and services— here in Vermont and across the country.

Living well means having healthy options every day. That's why we've designed Blue365 to take you beyond your health insurance and offer you access to trusted health and wellness resources 365 days a year— and you can enjoy special member values on many services. Plus, you're invited to help shape this evolving program by sharing your feedback along the way.

Visit [www.bcbsvt.com/blue365](http://www.bcbsvt.com/blue365) for discounts on health and wellness, family care, financial well-being and even travel. Enjoy great deals from such vendors as:

- NutriSystem® and Jenny Craig® online services
- QualSight LASIK®
- H&R Block®

Plus, when you visit the Blue365 site, you'll find great information and tips on how to live better, 24/7, 365 days a year.



## Frequently Asked Questions

**1. How do the covered medical services differ in the health plans offered?**

The covered medical services in the Comprehensive options are identical to those in the JY plan. If you select the Vermont Health Partnership option (VHP), the covered services are virtually identical. The only additional benefit the VHP plan offers is for an annual vision exam.

**2. What are the key differences between the JY plan and the \$250 Comprehensive plans?**

The key difference between JY and the \$250 Comprehensive plans is the way they pay for the services they cover.

The JY plan covers most necessary services at 100 percent of the Allowed Price. You pay only a \$15 co-payment for each office visit, including mental health and chiropractic visits. For certain services, such as ambulance, private duty nursing or medical equipment and supplies, you must pay a \$100 deductible and then 20% of the Allowed Price in coinsurance up to \$500 per calendar year. Co-payments you pay for office visits do not apply to this out-of-pocket maximum.

Under the \$250 Comprehensive plan, you must first meet your \$250 deductible. Then, we pay 80 percent coinsurance for covered services. Your maximum individual out-of-pocket expense under this plan is also \$500: a \$250 deductible and \$250 in coinsurance expenses. See page 24 for details.

Both plans offer the same Three-tier Prescription Drug plan. Refer to page 6 for details.

**3. How does VHP differ from fee-for-service plans?**

The Vermont Health Partnership is a point-of-service plan. In this type of plan, your Primary Care Physician manages your care, handles routine or preventive care needs and may direct you to specialty providers when you need further care. When you visit your Primary Care Physician, you pay only \$10 per visit. For visits with a VHP network specialist, you pay \$20 per visit. One co-payment covers all prenatal and postnatal visits with a VHP network OB/GYN provider.

**4. Can some family members select the \$250 Comprehensive plan while others select another plan?**

No. All family members must be on the same plan.

**5. If I choose the \$250 Comprehensive plan at first, can I later change my mind and move into the VHP option?**

Yes. Regardless of which plan you initially select, you may change plans once in a 12-month period, on either January 1 or July 1, in accordance with plan guidelines (see Changing Plans on page 10). You must give written notice to BCBSVT at least 30 days prior to the date you will be changing options. See representatives from your district's business office for the forms you need.

**6. What types of doctors are usually considered Primary Care Physicians under the VHP option?**

Pediatricians, general practitioners, internists and family practitioners. You can find a list of Primary Care Physicians on our website at [www.bcbsvt.com](http://www.bcbsvt.com).

**7. Are all Vermont Primary Care Physicians participating in the VHP network?**

Most are. In order to join the network, a Primary Care Physician must apply and be credentialed by BCBSVT. Presently, 85 percent of in-state BCBSVT Primary Care Physicians are in the VHP network. Many New Hampshire doctors along the Connecticut River, and some in New York, are also in the VHP network. You can always find the most current list of Primary Care Physicians in the "Find a Doctor" section of our website at [www.bcbsvt.com](http://www.bcbsvt.com).

**8. What if my present primary care doctor isn't in the VHP network? What are my options?**

First, ask your doctor why, and then urge him or her to apply. By doing so, you can help BCBSVT expand the list of network Primary Care Physicians. Second, you could consider picking a different Primary Care Physician who is in the network. Remember, while you do not need a referral from your Primary Care Physician for specialty care, you do need to use your Primary Care Physician for your primary care needs. Finally, you may consider another health plan option if your school district offers more than one. The list of Primary Care Physicians continues to grow, so you should regularly consult the most current listing. Call member service at (800) 247-2583 to get a current list or log onto our website at [www.bcbsvt.com](http://www.bcbsvt.com).

**9. If I select the VHP plan, can I designate a different Primary Care Physician for each member of my family?**

Each family member may designate a different Primary Care Physician. Any children away at college and covered by your VHP plan must also designate a Primary Care Physician from the VHP network.

**10. In my area, most of the Primary Care Physician practices are closed to new patients. What should I do?**

Although the Directory of Primary Care Physicians lists many physician offices as closed, openings occur from week to week. Consider calling the practice directly to inquire about recent openings.

**11. How often can I change my Primary Care Physician under VHP?**

We encourage you to develop a long-term relationship with your Primary Care Physician. However, should you need to change physicians, you may do so as often as once a month. Changes become effective the first of the month following the date BCBSVT receives your request to change. BCBSVT strongly encourages you to provide notice, by phone or in writing, by the 15th of the month in order to properly notify your new Primary Care Physician that you will be coming under his or her care for the upcoming month. Please note that we cannot make retroactive changes.

**12. If I select the VHP plan, when do I need my Primary Care Physician's referral?**

It is not necessary for your Primary Care Physician to submit a written referral to BCBSVT. We encourage you to contact your Primary Care Physician before seeking specialty care to ensure you get the correct level of care. Be sure to use a Network Provider, or Standard Benefits may apply.

**13. If I choose the VHP option, do I need to contact my Primary Care Physician if I need care out of state?**

If you are facing a medical emergency, seek care immediately. Contact your doctor as soon as possible afterward to coordinate follow-up care. Such emergencies never require advance approval, although you must notify BCBSVT within 48 hours if you are admitted to the hospital. For out-of-state care in non-emergency situations, your doctor may help you request Prior Approval from BCBSVT if you wish to receive Preferred Benefits. Otherwise, Standard Benefits may apply.

**14. Are adult dependent children covered?**

Yes. Generally, dependents can be covered until age 26 (see page 3). If your child no longer lives at home or is away at school, he or she may still receive benefits through your plan. If you have a Vermont Health Partnership (VHP) program, dependents may receive coverage for emergency care. We encourage you to keep the child's primary care doctor informed of any emergency care so that he or she can coordinate follow-up care. Under the VEHI VHP, we also pay Preferred Benefits for urgent care or, if you get Prior Approval, out-of-area care for any condition that needs continuing therapy. Students or other out-of-state dependents who have a VHP program should schedule more primary care and specialty care visits while at home visiting or on break. Out-of-area care may be covered by Standard Benefits if you don't get Prior Approval (for instance, if BCBSVT determines that care could be delivered in-network). For some services, you may not receive Standard Benefits. See the chart on page 23 for details. If you have any program other than a VHP, there are no restrictions on the types of care your dependents can get outside of Vermont. Your out-of-area dependents should try, however, to get care through a provider that participates with another Blue Cross and/or Blue Shield plan. You can then take advantage of rates negotiated by our sister plan.

**15. How does my coverage work in emergency situations?**

Emergency room treatment must meet the criteria in your Certificate of Coverage to be covered by any VEHI plan. No matter which plan you choose, it's also wise to inform your primary care doctor when you've received emergency care. He or she will want to coordinate necessary follow-up care and ensure you get the appropriate treatment. If you are admitted to the hospital, be sure to call BCBSVT for precertification to protect you from having to pay for unnecessary and noncovered hospital stays.

**16. What is the difference between Preferred and Standard Benefits?**

"Preferred" and "Standard" refer to levels of reimbursement for services covered by the Vermont Health Partnership. To find out how to obtain maximum, or "Preferred" benefits, please see the chart on page 23.



## Frequently Asked Questions

### 17. How do the different plans provide services for mental health and substance abuse care?

Most VEHI plans offer access to mental health and substance abuse services (MH/SA) only in a managed care setting. This means treatment is approved and directed by the clinical staff retained by BCBSVT. You can easily secure initial authorization by calling (800) 395-1356. None of the plans offered requires you to get a referral from your Primary Care Physician before seeking care. Network representatives will approve services and direct you to a network provider in your area who can provide the type of care you need.

Depending on local, negotiated agreements, your MH/SA benefits may differ from those described in this brochure. Call your school's business office if you have further questions.

### 18. How are dental services covered under the plan?

All plans offered require you to get Prior Approval for dental services other than extraction of wisdom teeth (see page 5). Covered dental services include only the procedures listed below:

- treatment for accidental injury to the jaws, teeth, mouth or face;
- surgery to correct gross deformity resulting from major disease;
- surgical removal of bone-impacted teeth; and
- treatment of temporomandibular joint syndrome.

### 19. My daughter just turned 26 and has purchased my existing plan under COBRA. Does she have other health plan choices in addition to the plan I've chosen?

Yes. According to COBRA regulations, unless she decides to waive COBRA and purchase a different plan outside of your group, she can select from any of the plan options offered by your employer. She is eligible for coverage for up to 36 months. Please note that your daughter may also qualify for Catamount Blue, a program that BCBSVT offers in conjunction with the State of Vermont. Catamount Blue, with premium

assistance through the State, can be an affordable alternative for young people who "age off" their parents' coverage.

### 20. My benefit summary says my plan is "grandfathered" What does that mean?

The Affordable Care Act (ACA), passed by the federal government, was signed into law on March 23, 2010. It mandated a number of reforms for health insurance plans. Many of these reforms apply to all health plans. Some provisions, however, apply only to plans that were created after March 23, 2010, or were first offered to employees after this date. These plans are non-grandfathered. Plans that existed or were offered to employees before March 23, 2010, on the other hand, are grandfathered.

So, if your school offered particular VEHI plans before March 23, 2010, like the Dual Option Plans, for example, those plans are considered grandfathered. If it offered a new plan for the first time after March 23, 2010, for instance the \$1,000 Comp, that plan would be non-grandfathered. So a school district could make available to employees at the same time both grandfathered and non-grandfathered plans.

- Grandfathered plans may keep their current preventive care benefits with existing cost-sharing arrangements, while non-grandfathered plans must include preventive care with no member cost-sharing. Non-grandfathered plans, according to the ACA, must offer coverage at 100 percent for any service or supply defined as preventive by the United States Preventive Services task force.
- If your plan is grandfathered, your employer can require an attestation that your dependent over age 18 does not have coverage besides a parent's (with an employer, for example).

Check the benefit summaries at the end of this booklet to see the differences between grandfathered and non-grandfathered plans.

## Benefit Summaries for *Active Employees*



# Grandfathered Dual Option: Vermont Health Partnership

Preferred Benefits	What You Pay	How to Obtain Preferred Benefits
<b>In the Primary Care Physician's Office</b> <ul style="list-style-type: none"> <li>Well-child care, immunizations and physical examinations</li> <li>Lab, X-rays, allergy tests, other diagnostic services</li> <li>Care for urgent problems, day or night</li> <li>Surgery, casts, dressings administered in the office</li> </ul>	<ul style="list-style-type: none"> <li>\$10 co-payment</li> <li>For surgery in the office, one co-payment covers all pre- and post-operative visits</li> </ul>	<ul style="list-style-type: none"> <li>Pick a Primary Care Physician for yourself and each covered family member and use that doctor. The most current listing of Primary Care Physicians is available on our website at <a href="http://www.bcbsvt.com">www.bcbsvt.com</a>.</li> </ul>
<b>In the Specialty Provider's Office</b> <ul style="list-style-type: none"> <li>Care by all specialists who participate with BCBSVT (for example, cardiologist, oncologist, OB/GYN, chiropractor, mental health provider)</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Use a network specialty provider or get prior approval (see page 5) from BCBSVT.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<b>OB-GYN Office Visits</b> <ul style="list-style-type: none"> <li>Gynecological care</li> <li>Prenatal and postnatal maternity care</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-payment</li> <li>One co-payment covers all prenatal and postnatal maternity visits</li> </ul>	<ul style="list-style-type: none"> <li>Use a network OB/GYN provider or get prior approval from BCBSVT.</li> </ul>
<b>Inpatient Care in a Hospital</b> <ul style="list-style-type: none"> <li>Appropriate room and board accommodations</li> <li>All covered physicians' services, including surgery</li> <li>Maternity care for mother and child</li> <li>Laboratory, diagnostic and X-ray services</li> <li>Drugs and medications received <i>as an inpatient</i></li> <li>Therapy services</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Call for Preadmission or Admission Review.</li> <li>Use a network hospital or get prior approval to use an out-of-network provider. (See Prior Approval Program on page 5.)</li> <li>See below for mental health and substance abuse treatment benefits.</li> </ul>
<b>Hospital Emergency Room Care</b>		<ul style="list-style-type: none"> <li>Your condition must meet the criteria for an Emergency Medical Condition in your Certificate. See page 2 for details.</li> </ul>
<b>Hospital Outpatient Care</b> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Lab, X-rays, EKG and other diagnostic services</li> </ul>		<ul style="list-style-type: none"> <li>You may need prior approval (see page 5).</li> </ul>
<b>Hospital Outpatient Care</b> <ul style="list-style-type: none"> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-payment</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<b>Ambulance In or Out of Service Area</b> <ul style="list-style-type: none"> <li>Ambulance service to the nearest facility in an emergency</li> <li>Non-emergency transfer between facilities</li> </ul>	<ul style="list-style-type: none"> <li>\$50 co-payment</li> <li>Limited to one co-payment per person, per day</li> </ul>	<ul style="list-style-type: none"> <li>For emergency transport benefits, your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>Non-emergency treatment requires prior approval.</li> </ul>
<b>Home Care</b> <ul style="list-style-type: none"> <li>Skilled nursing visits, short-term therapy delivered in your home</li> <li>Private duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-payment for private duty nursing</li> <li>All other home care is covered in full</li> </ul>	<ul style="list-style-type: none"> <li>You must get prior approval for private duty nursing benefits.</li> <li>We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>Services to treat a neuromusculoskeletal condition</li> </ul>	<ul style="list-style-type: none"> <li>\$20 co-payment</li> </ul>	<ul style="list-style-type: none"> <li>You must use a network chiropractor.</li> <li>There are no Standard Benefits for these services.</li> <li>You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<b>Mental Health and Substance Abuse Treatment</b> <ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient visits</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>\$20 Visit Fee</li> </ul>	<ul style="list-style-type: none"> <li>You need prior approval. Call (800) 395-1356 to initiate treatment.</li> </ul>

Preferred Benefits	What You Pay	How to Obtain Preferred Benefits
<p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>▪ Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>▪ Diabetic supplies (e.g., test strips, insulin and syringes)</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 annual prescription drug deductible, then <ul style="list-style-type: none"> <li>• a \$0 co-payment for generic drugs, or</li> <li>• a \$15 co-payment for Preferred Brand-name drugs, or</li> <li>• a \$40 co-payment for Non-preferred Brand-name drugs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a network pharmacy. There are no Standard Benefits for this service.</li> <li>▪ You need prior approval before you buy certain drugs. See page 7 for details.</li> <li>▪ See page 7 for details about how to save money with the convenient mail order service.</li> </ul>
<p><b>Medical Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>▪ Supplies and equipment that have no non-medical use.</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$100 annual medical equipment and supplies deductible, then</li> <li>▪ 20 percent coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a network provider. There are no Standard Benefits for this service.</li> <li>▪ Your \$100 medical equipment and supplies deductible is separate from your Standard Benefits deductible (see below). Your medical equipment and supplies deductible and co-payments do not count toward your out-of-pocket limit.</li> <li>▪ See description of Prior Approval program on page 5.</li> </ul>
<p><b>Vision Exams</b></p> <ul style="list-style-type: none"> <li>▪ Exam to determine visual problems and prescribe any necessary lenses. Limit: one exam per member per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$20 co-payment</li> <li>▪ No coverage for evaluation, prescription or fitting of contact lenses</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a Vision Service Plan network provider. There are no Standard Benefits for this service.</li> </ul>
<p><b>Standard Benefits</b></p> <p>For some services, the Vermont Health Partnership provides a second “Standard” level of benefits if you fail to follow guidelines for Preferred Benefits (shown in the right hand column above). In these circumstances, you must share in the higher cost of your care. For Standard Benefits, you must pay:</p> <ul style="list-style-type: none"> <li>▪ an annual \$500 individual deductible for all Standard Benefits services (or a \$1,000 deductible for all family members’ Standard Benefits deductible services combined), then</li> <li>▪ 30 percent of the Allowed Price for all Standard Benefits services after you meet your deductible until you meet your out-of-pocket limit of \$2,500 per individual or \$5,000 per family for Standard Benefits* each calendar year.</li> </ul> <p>After you reach your out-of-pocket maximum, we pay 100 percent of the Allowed Price for the rest of the calendar year.</p> <p>Please note that for many services, we do not provide Standard Benefits. They include:</p> <ul style="list-style-type: none"> <li>▪ chiropractic care</li> <li>▪ nutrition counseling</li> <li>▪ prescription drugs</li> <li>▪ primary care physician services</li> <li>▪ rehabilitation</li> <li>▪ vision exams</li> <li>▪ medical equipment and supplies</li> </ul> <p>If you fail to follow the Preferred Benefits guidelines above, we provide no coverage at all.</p> <p>* Prescription drug and medical equipment deductibles and co-payments that you pay when you receive Preferred Benefits are not applied to your out-of-pocket limits.</p>		

# Grandfathered Dual Option: \$250 Deductible Comprehensive Plan

Covered Services	What You Pay	How to Obtain Benefits
<p><b>In the Doctor's Office</b></p> <ul style="list-style-type: none"> <li>▪ All physicians' visits, including preventive care and well-child care</li> <li>▪ Lab, X-rays, allergy tests, other diagnostic services</li> <li>▪ Care for urgent problems, day or night</li> <li>▪ Routine immunizations and physical examinations</li> <li>▪ Surgery, casts, dressings administered in the office</li> <li>▪ Care by specialists (for example, cardiologists, oncologists)</li> <li>▪ Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Your \$250 deductible, then</li> <li>▪ 20 percent of the allowed price up to your \$500 individual or \$1,000 family out-of-pocket limit</li> <li>▪ After you meet your out-of-pocket limit, you pay nothing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use Participating providers. If you use Non-participating providers, your out-of-pocket expenses may be much higher.</li> <li>▪ See Prior Approval program description on page 5.</li> <li>▪ See next page for a description of your mental health and substance abuse benefits.</li> <li>▪ Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<p><b>OB-GYN Office Visits</b></p> <ul style="list-style-type: none"> <li>▪ Gynecological care</li> <li>▪ Prenatal and postnatal maternity care</li> </ul>		<ul style="list-style-type: none"> <li>▪ Use a Participating OB/GYN provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<p><b>Inpatient Care in a Hospital</b></p> <ul style="list-style-type: none"> <li>▪ Appropriate room and board accommodations</li> <li>▪ All covered physicians' services, including surgery</li> <li>▪ Maternity care for mother and child</li> <li>▪ Laboratory, diagnostic and X-ray services</li> <li>▪ Drugs and medications received <i>as an inpatient</i></li> <li>▪ Therapy services</li> </ul>		<ul style="list-style-type: none"> <li>▪ You must comply with the Precertification program requirements by calling for Preadmission or Admission Review.</li> <li>▪ See Prior Approval Program description on page 5.</li> <li>▪ See next page for a description of your mental health and substance abuse treatment benefits.</li> </ul>
<p><b>Hospital Emergency Room Care</b></p> <ul style="list-style-type: none"> <li>▪ Emergency room care is covered only if your symptoms are severe enough that the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> <li>• place your physical or mental health in serious jeopardy; or</li> <li>• cause serious impairment to bodily functions; or</li> <li>• cause serious dysfunction of any bodily organ or part.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a non-participating provider.</li> </ul>
<p><b>Hospital Outpatient Care</b></p> <ul style="list-style-type: none"> <li>▪ Outpatient surgery</li> <li>▪ Lab, X-rays, EKG and other diagnostic services</li> <li>▪ Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Use a Participating provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>▪ See description of Prior Approval program on page 5.</li> <li>▪ Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<p><b>Ambulance In or Out of Service Area</b></p> <ul style="list-style-type: none"> <li>▪ Ambulance service to the nearest facility in an emergency</li> <li>▪ Non-emergency transfer between facilities</li> </ul>		<ul style="list-style-type: none"> <li>▪ Your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>▪ A transfer to another facility is covered when necessary to meet the patient's needs, but not covered when it is the patient's or provider's preference.</li> </ul>

Covered Services	What You Pay	How to Obtain Benefits
<b>Home Care</b> <ul style="list-style-type: none"> <li>▪ Skilled nursing visits, short-term therapy delivered in your home</li> <li>▪ Private duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Your \$250 deductible, then</li> <li>▪ 20 percent of the allowed price up to your \$500 individual or \$1,000 family out-of-pocket limit.</li> <li>▪ After you meet your out-of-pocket limit, you pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>▪ Private duty nursing benefits require prior approval (see page 5).</li> <li>▪ We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>▪ Services to treat a neuromusculoskeletal condition</li> </ul>		<ul style="list-style-type: none"> <li>▪ You must use a Participating chiropractor. We do not cover services by Non-participating chiropractors.</li> <li>▪ You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<b>Mental Health and Substance Abuse Treatment</b> <ul style="list-style-type: none"> <li>▪ Inpatient care</li> <li>▪ Outpatient visits</li> </ul>		<ul style="list-style-type: none"> <li>▪ You need prior approval. Call (800) 395-1356 to initiate treatment.</li> </ul>
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>▪ Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>▪ Diabetic supplies including test strips, insulin and syringes</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 annual prescription drug deductible, then <ul style="list-style-type: none"> <li>• a \$0 co-payment for generic drugs,</li> <li>• a \$15 co-payment for Preferred Brand-name drugs, or</li> <li>• a \$40 co-payment for Non-Preferred Brand-name drugs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a network pharmacy. We do not cover prescription drugs you purchase at an out-of-network pharmacy.</li> <li>▪ See page 7 for details about how to save money with the convenient mail order service.</li> <li>▪ You need prior approval before you buy certain drugs. See page 7 for details about the Prior Approval program.</li> <li>▪ Your prescription co-payments do not count toward your out-of-pocket limit.</li> </ul>
<b>Medical Equipment and Supplies</b> <ul style="list-style-type: none"> <li>▪ Supplies and equipment that have no non-medical use</li> </ul>	<ul style="list-style-type: none"> <li>▪ Your \$250 deductible, then</li> <li>▪ 20 percent of the allowed price up to your \$500 individual or \$1,000 family out-of-pocket limit.</li> <li>▪ After you meet your out-of-pocket limit, you pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>▪ See description of Prior Approval program on page 5.</li> </ul>
<b>Vision Exams</b>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>

# Grandfathered JY Plan For Active Employees

Covered Services	What You Pay	How to Obtain Benefits
<b>Office Visits</b> <ul style="list-style-type: none"> <li>Preventive care and well-child care</li> <li>Care by a specialist (for example, cardiologist, oncologist, OB/GYN, chiropractor, mental health provider)</li> <li>Emergency Room Physician</li> </ul>	<ul style="list-style-type: none"> <li>\$15 co-payment</li> </ul>	<ul style="list-style-type: none"> <li>See next page for a description of your mental health and substance abuse benefits.</li> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>Mental health and substance abuse treatment may require prior approval.</li> </ul>
<b>Other Physicians' Services</b> <ul style="list-style-type: none"> <li>Medical care and physicians' visits while you're an inpatient</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> <li>Labs, X-rays, allergy tests, other diagnostic services</li> <li>Care for urgent problems, day or night</li> <li>Surgery, casts, dressings administered in the office</li> <li>Prenatal and postnatal maternity care</li> </ul>	<ul style="list-style-type: none"> <li>\$0 (covered at 100 percent of the Allowed Price)</li> </ul>	<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>See Prior Approval program description on page 5.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<b>Inpatient Care in a Hospital</b> <ul style="list-style-type: none"> <li>Appropriate room and board accommodations</li> <li>Maternity care for mother and child</li> <li>Hospital charges for therapy, laboratory, diagnostic and X-ray services</li> <li>Drugs and medications received <i>as an inpatient</i></li> </ul>		<ul style="list-style-type: none"> <li>Call for Preadmission or Admission Review.</li> <li>See Prior Approval program description on page 5.</li> <li>Mental health and substance abuse treatment may require prior approval.</li> </ul>
<b>Hospital Emergency Room Care</b> <ul style="list-style-type: none"> <li>Emergency room care is covered only if your symptoms are severe enough that the absence of immediate medical attention could reasonably be expected to:               <ul style="list-style-type: none"> <li>place your physical or mental health in serious jeopardy; or</li> <li>cause serious impairment to bodily functions; or</li> <li>cause serious dysfunction of any bodily organ or part.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<b>Hospital Outpatient Care</b> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Lab, X-rays, EKG and other diagnostic services</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> <li>See description of Prior Approval program on page 5.</li> </ul>
<b>Home Care</b> <ul style="list-style-type: none"> <li>Skilled nursing visits, short-term therapy delivered in your home</li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<b>Private Duty Nursing</b>		<ul style="list-style-type: none"> <li>Private duty nursing benefits require Prior Approval (see page 5).</li> <li>We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<b>Ambulance In or Out of Service Area</b> <ul style="list-style-type: none"> <li>Ambulance service to the nearest facility in an emergency</li> <li>Non-emergency transfer between facilities</li> </ul>	<ul style="list-style-type: none"> <li>\$100 JY Plan deductible,* then</li> <li>20 percent of the allowed price up to your \$500 out-of-pocket limit.</li> <li>After you meet your out-of-pocket limit, you pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>Your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>Transfer to another facility is covered when necessary to meet the patient's needs, but not covered when ambulance service is chosen solely according to the patient's or provider's preference.</li> </ul>

Covered Services	What You Pay	How to Obtain Benefits
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>▪ Services to treat a neuromusculoskeletal conditions</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$15 co-payment</li> </ul>	<ul style="list-style-type: none"> <li>▪ You must use a Participating chiropractor. We do not cover services by Non-participating chiropractors.</li> <li>▪ You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<b>Mental Health and Substance Abuse Treatment</b> <ul style="list-style-type: none"> <li>▪ You may have to call to initiate treatment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Outpatient care: \$15 co-payment</li> <li>▪ Inpatient care: \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may need prior approval. Call (800) 395-1356 to initiate treatment.</li> </ul>
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>▪ Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>▪ Diabetic supplies including test strips, insulin and syringes</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 annual prescription drug deductible, then <ul style="list-style-type: none"> <li>• a \$0 co-payment for generic drugs, or</li> <li>• a \$15 co-payment for Preferred Brand-name drugs, or</li> <li>• a \$40 co-payment for Non-preferred Brand-name drugs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a network pharmacy. We do not cover prescription drugs you purchase at an out-of-network pharmacy.</li> <li>▪ See page 7 for details about how to save money with the convenient mail order service.</li> <li>▪ You need prior approval before you buy certain drugs. See page 7 for details about the Prior Approval program.</li> <li>▪ Your prescription drug co-payments do not count toward your out-of-pocket limit.</li> </ul>
<b>Medical Equipment and Supplies</b> <ul style="list-style-type: none"> <li>▪ Supplies and equipment that have no non-medical use</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$100 JY Plan deductible,* then</li> <li>▪ 20 percent of the allowed price up to your \$500 out-of-pocket limit.</li> <li>▪ After you meet your out-of-pocket limit, you pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a non-participating provider.</li> <li>▪ See description of Prior Approval Program on page 5.</li> </ul>
<b>Vision Exams</b>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>

\* Note: This plan includes a JY Plan (general) deductible for services such as ambulance and private duty nursing, and the general deductible and the coinsurance apply to the out-of-pocket limit.

# Other Grandfathered Comprehensive Options

## (\$0, \$100 or \$1,000 Deductibles)

Covered Services	What You Pay	How to Obtain Benefits
<p><b>In the Doctor's Office</b></p> <ul style="list-style-type: none"> <li>All physicians' visits, including preventive care and well-child care</li> <li>Lab, X-rays, allergy tests, other diagnostic services</li> <li>Care for urgent problems, day or night</li> <li>Routine immunizations and physical examinations</li> <li>Surgery, casts, dressings administered in the office</li> <li>Care by specialists (for example, cardiologists, oncologists)</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>	<ul style="list-style-type: none"> <li>You pay your \$0, \$100 or \$1,000* deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>Once an individual has met his or her individual deductible, we pay 80 percent of the Allowed Price and you pay 20 percent coinsurance until you reach your individual out-of-pocket limit (\$500 for the \$0 and \$100 deductible plans or \$1,500 for the \$1,000 plan).</li> <li>If the family meets the family deductible, we pay 80 percent coinsurance for all family members' services.</li> <li>After you meet your out-of-pocket limit, you pay nothing for the rest of the year.</li> <li>If your family reaches the family out-of-pocket limit (\$1,000 for the \$0 and \$100 deductible plans or \$3,000 for the \$1,000 plan), we pay 100 percent for all family members' expenses for the rest of the calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>Use Participating providers. If you use Non-participating providers, your out-of-pocket expenses may be much higher.</li> <li>See Prior Approval program description on page 5.</li> <li>See next page for a description of your mental health and substance abuse benefits.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<p><b>OB-GYN Office Visits</b></p> <ul style="list-style-type: none"> <li>Gynecological care</li> <li>Prenatal and postnatal maternity care</li> </ul>		<ul style="list-style-type: none"> <li>Use a Participating OB/GYN provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<p><b>Inpatient Care in a Hospital</b></p> <ul style="list-style-type: none"> <li>Appropriate room and board accommodations</li> <li>All covered physicians' services, including surgery</li> <li>Maternity care for mother and child</li> <li>Laboratory, diagnostic and X-ray services</li> <li>Drugs and medications received <i>as an inpatient</i></li> <li>Therapy services</li> </ul>		<ul style="list-style-type: none"> <li>You must comply with the Precertification program requirements by calling for Preadmission or Admission Review.</li> <li>See Prior Approval program description on page 5.</li> <li>See next page for a description of your mental health and substance abuse treatment benefits.</li> </ul>
<p><b>Hospital Emergency Room Care</b></p> <ul style="list-style-type: none"> <li>Emergency room care is covered only if your symptoms are severe enough that the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> <li>place your physical or mental health in serious jeopardy; or</li> <li>cause serious impairment to bodily functions; or</li> <li>cause serious dysfunction of any bodily organ or part.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<p><b>Hospital Outpatient Care</b></p> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Lab, X-rays, EKG and other diagnostic services</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>		<ul style="list-style-type: none"> <li>Use a Participating provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>See description of Prior Approval program on page 5.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>

\*The \$1,000 deductible comprehensive plan includes a \$20 co-payment for each office visit with a Primary Care Physician, which includes general practice, family practice, internal medicine and pediatrics.

Covered Services	What You Pay	How to Obtain Benefits
<b>Ambulance In or Out of Service Area</b> <ul style="list-style-type: none"> <li>▪ Ambulance service to the nearest facility in an emergency</li> <li>▪ Non-emergency transfer between facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ You pay your \$0, \$100 or \$1,000 deductible for each member each year.</li> <li>▪ Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>▪ A transfer to another facility is covered when necessary to meet the patient's needs, but not covered when it is the patient's or provider's preference.</li> </ul>
<b>Home Care</b> <ul style="list-style-type: none"> <li>▪ Skilled nursing visits, short-term therapy delivered in your home</li> <li>▪ Private duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Once an individual has met his or her individual deductible, we pay 80 percent of the Allowed Price and you pay 20 percent coinsurance until you reach your individual out-of-pocket limit (\$500 for the \$0 and \$100 deductible plans or \$1,500 for the \$1,000 plan).</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a non-participating provider.</li> <li>▪ Private duty nursing benefits require Prior Approval (see page 5).</li> <li>▪ We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>▪ Services to treat a neuromusculoskeletal condition</li> </ul>	<ul style="list-style-type: none"> <li>▪ If the family meets the family deductible, we pay 80 percent coinsurance for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You must use a participating chiropractor. We do not cover services by non-participating chiropractors.</li> <li>▪ You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<b>Mental Health and Substance Abuse Treatment</b> <ul style="list-style-type: none"> <li>▪ Inpatient care</li> <li>▪ Outpatient visits</li> </ul>	<ul style="list-style-type: none"> <li>▪ After you meet your out-of-pocket limit, you pay nothing for the rest of the year.</li> <li>▪ If your family reaches the family out-of-pocket limit (\$1,000 for the \$0 and \$100 deductible plans or \$3,000 for the \$1,000 plan), we pay 100 percent for all family members' expenses for the rest of the calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may need prior approval. Call (800) 395-1356 to initiate treatment..</li> </ul>
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>▪ Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>▪ Diabetic supplies including test strips, insulin and syringes</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 annual prescription drug deductible, then <ul style="list-style-type: none"> <li>• a \$0 co-payment for generic drugs, or</li> <li>• a \$15 co-payment for Preferred Brand-name drugs, or</li> <li>• a \$40 co-payment for Non-preferred Brand-name drugs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a network pharmacy. We do not cover prescription drugs you purchase at an out-of-network pharmacy.</li> <li>▪ See page 7 for details about how to save money with the convenient mail order service.</li> <li>▪ You need prior approval before you buy certain drugs. See page 7 for details about the Prior Approval program.</li> <li>▪ Your prescription drug co-payments do not count toward your out-of-pocket limit.</li> </ul>
<b>Medical Equipment and Supplies</b> <ul style="list-style-type: none"> <li>▪ Supplies and equipment that have no non-medical use</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0, \$100 or \$1,000 deductible per member (family deductible is twice individual). 20 percent coinsurance until out-of-pocket maximum reached (see above), then you pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>▪ See description of Prior Approval program on page 5.</li> </ul>
<b>Vision Exams</b>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>

# Grandfathered CDHP Blue

Covered Services	What You Pay	How to Obtain Benefits	
<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>Well-child care, adult physical exams</li> <li>Screening mammograms and colorectal screening</li> <li>Excludes diagnostic services</li> </ul>	<ul style="list-style-type: none"> <li>No member cost</li> </ul>		
<p><b>In the Doctor's Office</b></p> <ul style="list-style-type: none"> <li>All physicians' visits, including preventive care and well-child care</li> <li>Lab, X-rays, allergy tests, other diagnostic services</li> <li>Care for urgent problems, day or night</li> <li>Routine immunizations and physical examinations</li> <li>Surgery, casts, dressings administered in the office</li> <li>Care by specialists (for example, cardiologists, oncologists)</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>		<ul style="list-style-type: none"> <li>Use Participating providers. If you use Non-participating providers, your out-of-pocket expenses may be much higher.</li> <li>See Prior Approval program description on page 5.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>	
<p><b>OB-GYN Office Visits</b></p> <ul style="list-style-type: none"> <li>Gynecological care</li> <li>Prenatal and postnatal maternity care</li> </ul>		<ul style="list-style-type: none"> <li>Use a Participating OB/GYN provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>	
<p><b>Inpatient Care in a Hospital</b></p> <ul style="list-style-type: none"> <li>Appropriate room and board accommodations</li> <li>All covered physicians' services, including surgery</li> <li>Maternity care for mother and child</li> <li>Laboratory, diagnostic and X-ray services</li> <li>Drugs and medications received <i>as an inpatient</i></li> <li>Therapy services</li> </ul>		<ul style="list-style-type: none"> <li>You pay your \$1,500 deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>You must comply with the Precertification program requirements by calling for Preadmission or Admission Review.</li> <li>See Prior Approval program description on page 5.</li> <li>See next page for a description of your mental health and substance abuse treatment benefits.</li> </ul>
<p><b>Hospital Emergency Room Care</b></p> <ul style="list-style-type: none"> <li>Emergency room care is covered only if your symptoms are severe enough that the absence of immediate medical attention could reasonably be expected to:               <ul style="list-style-type: none"> <li>place your physical or mental health in serious jeopardy; or</li> <li>cause serious impairment to bodily functions; or</li> <li>cause serious dysfunction of any bodily organ or part.</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<p><b>Hospital Outpatient Care</b></p> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Lab, X-rays, EKG and other diagnostic services</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>			<ul style="list-style-type: none"> <li>Use a Participating provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>See description of Prior Approval program on page 5.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>

Covered Services	What You Pay	How to Obtain Benefits
<p><b>Ambulance In or Out of Service Area</b></p> <ul style="list-style-type: none"> <li>▪ Ambulance service to the nearest facility in an emergency</li> <li>▪ Non-emergency transfer between facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ You pay your \$1,500 deductible for each member each year.</li> <li>▪ Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>▪ If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>▪ A transfer to another facility is covered when necessary to meet the patient's needs, but not covered when it is the patient's or provider's preference.</li> </ul>
<p><b>Home Care</b></p> <ul style="list-style-type: none"> <li>▪ Skilled nursing visits, short-term therapy delivered in your home</li> <li>▪ Private duty nursing</li> </ul>		<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a non-participating provider.</li> <li>▪ Private duty nursing benefits require Prior Approval (see page 5).</li> <li>▪ We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<p><b>Chiropractic Care</b></p> <ul style="list-style-type: none"> <li>▪ Services to treat a neuromusculoskeletal condition</li> </ul>		<ul style="list-style-type: none"> <li>▪ You must use a participating chiropractor. We do not cover services by non-participating chiropractors.</li> <li>▪ You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<p><b>Mental Health and Substance Abuse Treatment</b></p> <ul style="list-style-type: none"> <li>▪ Inpatient care</li> <li>▪ Outpatient visits</li> </ul>		<ul style="list-style-type: none"> <li>▪ You may need prior approval. Call (800) 395-1356 to initiate treatment.</li> </ul>
<p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>▪ Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>▪ Diabetic supplies including test strips, insulin and syringes</li> </ul>	<ul style="list-style-type: none"> <li>▪ You pay your \$1,500 deductible for each member each year.</li> <li>▪ Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>▪ If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use a network pharmacy. We do not cover prescription drugs you purchase at an out-of-network pharmacy.</li> <li>▪ See page 7 for details about how to save money with the convenient mail order service.</li> <li>▪ You need prior approval before you buy certain drugs. See page 7 for details about the Prior Approval program.</li> <li>▪ Your prescription drug co-payments do not count toward your out-of-pocket limit.</li> </ul>
<p><b>Medical Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>▪ Supplies and equipment that have no non-medical use</li> </ul>	<ul style="list-style-type: none"> <li>▪ You pay your \$1,500 deductible for each member each year.</li> <li>▪ Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>▪ If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>▪ See description of Prior Approval program on page 5.</li> </ul>
<p><b>Vision Exams</b></p>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ No Benefits</li> </ul>

# Non-grandfathered Comprehensive Option (\$1,000 Deductible)

Covered Services	What You Pay	How to Obtain Benefits
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Well-child care, adult physical exams</li> <li>OB-GYN preventive visits</li> <li>Preventive labs and X-rays</li> <li>Screening mammograms and colonoscopies</li> </ul>	<ul style="list-style-type: none"> <li>No member cost.</li> </ul>	
<b>In the Doctor's Office</b> <ul style="list-style-type: none"> <li>All physicians' visits, including preventive care and well-child care</li> <li>Lab, X-rays, allergy tests, other diagnostic services</li> <li>Care for urgent problems, day or night</li> <li>Routine immunizations and physical examinations</li> <li>Surgery, casts, dressings administered in the office</li> <li>Care by specialists (for example, cardiologists, oncologists)</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>	<p><b>You pay \$20 for other primary care office visits. For all other care:</b></p> <ul style="list-style-type: none"> <li>You pay your \$1,000* deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>Once an individual has met his or her individual deductible, we pay 80 percent of the Allowed Price and you pay 20 percent coinsurance until you reach your individual out-of-pocket limit.</li> <li>If the family meets the family deductible, we pay 80 percent coinsurance for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>Use Participating providers. If you use Non-participating providers, your out-of-pocket expenses may be much higher.</li> <li>See Prior Approval program description on page 5.</li> <li>See next page for a description of your mental health and substance abuse benefits.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>
<b>OB-GYN Office Visits</b> <ul style="list-style-type: none"> <li>Gynecological care</li> <li>Prenatal and postnatal maternity care</li> </ul>	<ul style="list-style-type: none"> <li>You pay your \$1,000* deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> </ul>	<ul style="list-style-type: none"> <li>Use a Participating OB/GYN provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<b>Inpatient Care in a Hospital</b> <ul style="list-style-type: none"> <li>Appropriate room and board accommodations</li> <li>All covered physicians' services, including surgery</li> <li>Maternity care for mother and child</li> <li>Laboratory, diagnostic and X-ray services</li> <li>Drugs and medications received <i>as an inpatient</i></li> <li>Therapy services</li> </ul>	<ul style="list-style-type: none"> <li>Once an individual has met his or her individual deductible, we pay 80 percent of the Allowed Price and you pay 20 percent coinsurance until you reach your individual out-of-pocket limit.</li> <li>If the family meets the family deductible, we pay 80 percent coinsurance for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>You must comply with the Precertification program requirements by calling for Preadmission or Admission Review.</li> <li>See Prior Approval program description on page 5.</li> <li>See next page for a description of your mental health and substance abuse treatment benefits.</li> </ul>
<b>Hospital Emergency Room Care</b> <ul style="list-style-type: none"> <li>Emergency room care is covered only if your symptoms are severe enough that the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> <li>place your physical or mental health in serious jeopardy; or</li> <li>cause serious impairment to bodily functions; or</li> <li>cause serious dysfunction of any bodily organ or part.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>After you meet your out-of-pocket limit of \$1,500, you pay nothing for the rest of the year.</li> <li>If your family reaches the family out-of-pocket limit of \$3,000, we pay 100 percent for all family members' expenses for the rest of the calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<b>Hospital Outpatient Care</b> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Lab, X-rays, EKG and other diagnostic services</li> <li>Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>		<ul style="list-style-type: none"> <li>Use a Participating provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>See description of Prior Approval program on page 5.</li> <li>Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>

Covered Services	What You Pay	How to Obtain Benefits
<p><b>Ambulance In or Out of Service Area</b></p> <ul style="list-style-type: none"> <li>Ambulance service to the nearest facility in an emergency</li> <li>Non-emergency transfer between facilities</li> </ul>	<ul style="list-style-type: none"> <li>You pay your \$1,000* deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>Once an individual has met his or her individual deductible, we pay 80 percent of the Allowed Price and you pay 20 percent coinsurance until you reach your individual out-of-pocket limit.</li> <li>If the family meets the family deductible, we pay 80 percent coinsurance for all family members' services.</li> <li>After you meet your out-of-pocket limit of \$1,500, you pay nothing for the rest of the year.</li> <li>If your family reaches the family out-of-pocket limit of \$3,000, we pay 100 percent for all family members' expenses for the rest of the calendar year.</li> </ul>	<ul style="list-style-type: none"> <li>Your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>A transfer to another facility is covered when necessary to meet the patient's needs, but not covered when it is the patient's or provider's preference.</li> </ul>
<p><b>Home Care</b></p> <ul style="list-style-type: none"> <li>Skilled nursing visits, short-term therapy delivered in your home</li> <li>Private duty nursing</li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a non-participating provider.</li> <li>Private duty nursing benefits require Prior Approval (see page 5).</li> <li>We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<p><b>Chiropractic Care</b></p> <ul style="list-style-type: none"> <li>Services to treat a neuromusculoskeletal condition</li> </ul>		<ul style="list-style-type: none"> <li>You must use a participating chiropractor. We do not cover services by non-participating chiropractors.</li> <li>You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<p><b>Mental Health and Substance Abuse Treatment</b></p> <ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient visits</li> </ul>		<ul style="list-style-type: none"> <li>You may need prior approval. Call (800) 395-1356 to initiate treatment.</li> </ul>
<p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>Diabetic supplies including test strips, insulin and syringes</li> </ul>		<ul style="list-style-type: none"> <li>\$0 annual prescription drug deductible, then <ul style="list-style-type: none"> <li>a \$0 co-payment for generic drugs, or</li> <li>a \$15 co-payment for Preferred Brand-name drugs, or</li> <li>a \$40 co-payment for Non-preferred Brand-name drugs.</li> </ul> </li> </ul>
<p><b>Medical Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>Supplies and equipment that have no non-medical use</li> </ul>	<ul style="list-style-type: none"> <li>\$0, \$100 or \$1,000 deductible per member (family deductible is twice individual). 20 percent coinsurance until out-of-pocket maximum reached (see above), then you pay nothing.</li> </ul>	<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>See description of Prior Approval program on page 5.</li> </ul>
<p><b>Vision Exams</b></p>	<ul style="list-style-type: none"> <li>No Benefits</li> </ul>	<ul style="list-style-type: none"> <li>No Benefits</li> </ul>

# Non-Grandfathered CDHP Blue

Covered Services	What You Pay	How to Obtain Benefits	
<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>▪ Well-child care, adult physical exams</li> <li>▪ OB-GYN preventive visits</li> <li>▪ Preventive labs and X-rays</li> <li>▪ Screening mammograms and colonoscopies</li> </ul>	<ul style="list-style-type: none"> <li>▪ No member cost.</li> </ul>		
<p><b>In the Doctor's Office</b></p> <ul style="list-style-type: none"> <li>▪ All physicians' visits, including preventive care and well-child care</li> <li>▪ Lab, X-rays, allergy tests, other diagnostic services</li> <li>▪ Care for urgent problems, day or night</li> <li>▪ Routine immunizations and physical examinations</li> <li>▪ Surgery, casts, dressings administered in the office</li> <li>▪ Care by specialists (for example, cardiologists, oncologists)</li> <li>▪ Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Use Participating providers. If you use Non-participating providers, your out-of-pocket expenses may be much higher.</li> <li>▪ See Prior Approval program description on page 5.</li> <li>▪ Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>	
<p><b>OB-GYN Office Visits</b></p> <ul style="list-style-type: none"> <li>▪ Gynecological care</li> <li>▪ Prenatal and postnatal maternity care</li> </ul>		<ul style="list-style-type: none"> <li>▪ Use a Participating OB/GYN provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>	
<p><b>Inpatient Care in a Hospital</b></p> <ul style="list-style-type: none"> <li>▪ Appropriate room and board accommodations</li> <li>▪ All covered physicians' services, including surgery</li> <li>▪ Maternity care for mother and child</li> <li>▪ Laboratory, diagnostic and X-ray services</li> <li>▪ Drugs and medications received <i>as an inpatient</i></li> <li>▪ Therapy services</li> </ul>		<ul style="list-style-type: none"> <li>▪ You pay your \$1,500 deductible for each member each year.</li> <li>▪ Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>▪ If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ You must comply with the Precertification program requirements by calling for Preadmission or Admission Review.</li> <li>▪ See Prior Approval program description on page 5.</li> <li>▪ See next page for a description of your mental health and substance abuse treatment benefits.</li> </ul>
<p><b>Hospital Emergency Room Care</b></p> <ul style="list-style-type: none"> <li>▪ Emergency room care is covered only if your symptoms are severe enough that the absence of immediate medical attention could reasonably be expected to:               <ul style="list-style-type: none"> <li>• place your physical or mental health in serious jeopardy; or</li> <li>• cause serious impairment to bodily functions; or</li> <li>• cause serious dysfunction of any bodily organ or part.</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>▪ You may pay more out-of-pocket if you use a Non-participating provider.</li> </ul>
<p><b>Hospital Outpatient Care</b></p> <ul style="list-style-type: none"> <li>▪ Outpatient surgery</li> <li>▪ Lab, X-rays, EKG and other diagnostic services</li> <li>▪ Certain short-term therapies (e.g. physical, speech, occupational)</li> </ul>			<ul style="list-style-type: none"> <li>▪ Use a Participating provider. You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>▪ See description of Prior Approval program on page 5.</li> <li>▪ Outpatient physical, speech and occupational therapy benefits are limited to 30 visits per year, combined.</li> </ul>

Covered Services	What You Pay	How to Obtain Benefits
<p><b>Ambulance In or Out of Service Area</b></p> <ul style="list-style-type: none"> <li>Ambulance service to the nearest facility in an emergency</li> <li>Non-emergency transfer between facilities</li> </ul>	<ul style="list-style-type: none"> <li>You pay your \$1,500 deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>Your condition must meet the criteria for an Emergency Medical Condition in your Certificate.</li> <li>A transfer to another facility is covered when necessary to meet the patient's needs, but not covered when it is the patient's or provider's preference.</li> </ul>
<p><b>Home Care</b></p> <ul style="list-style-type: none"> <li>Skilled nursing visits, short-term therapy delivered in your home</li> <li>Private duty nursing</li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a non-participating provider.</li> <li>Private duty nursing benefits require Prior Approval (see page 5).</li> <li>We limit private duty nursing benefits to \$2,000 per calendar year.</li> </ul>
<p><b>Chiropractic Care</b></p> <ul style="list-style-type: none"> <li>Services to treat a neuromusculoskeletal condition</li> </ul>		<ul style="list-style-type: none"> <li>You must use a participating chiropractor. We do not cover services by non-participating chiropractors.</li> <li>You need prior approval for any visits after 12 in a calendar year.</li> </ul>
<p><b>Mental Health and Substance Abuse Treatment</b></p> <ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient visits</li> </ul>		<ul style="list-style-type: none"> <li>You may need prior approval. Call (800) 395-1356 to initiate treatment.</li> </ul>
<p><b>Prescription Drugs</b></p> <ul style="list-style-type: none"> <li>Prescription drugs and antigens prescribed by a physician for FDA-approved uses</li> <li>Diabetic supplies including test strips, insulin and syringes</li> </ul>	<ul style="list-style-type: none"> <li>You pay your \$1,500 deductible for each member each year.</li> <li>Deductible expenses for your entire family are limited to twice your individual deductible (which is your family deductible).</li> <li>If the family meets the family deductible, we pay 100 percent of the Allowed Price for all family members' services.</li> </ul>	<ul style="list-style-type: none"> <li>Use a network pharmacy. We do not cover prescription drugs you purchase at an out-of-network pharmacy.</li> <li>See page 7 for details about how to save money with the convenient mail order service.</li> <li>You need prior approval before you buy certain drugs. See page 7 for details about the Prior Approval program.</li> <li>Your prescription drug co-payments do not count toward your out-of-pocket limit.</li> </ul>
<p><b>Medical Equipment and Supplies</b></p> <ul style="list-style-type: none"> <li>Supplies and equipment that have no non-medical use</li> </ul>		<ul style="list-style-type: none"> <li>You may pay more out-of-pocket if you use a Non-participating provider.</li> <li>See description of Prior Approval program on page 5.</li> </ul>
<p><b>Vision Exams</b></p>	<ul style="list-style-type: none"> <li>No Benefits</li> </ul>	<ul style="list-style-type: none"> <li>No Benefits</li> </ul>

# Comparison of Grandfathered Plans for Active Employees

Selected Service	JY Plan	Dual Option \$250 Comprehensive Plan	\$0 or \$100 Comprehensive Plans	Comprehensive Plus \$1,000 Deductible	Dual Option Vermont Health Partnership	CDHP Blue
<b>Primary Care Physician</b>	You need not select a Primary Care Physician.				You select a Primary Care Physician upon enrollment.	
<b>Office Visits</b>	We pay all but your \$15 office visit co-payment.	You pay your deductible, then 20% until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay \$20 for primary care office visits. For all other visits, you pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit.	You pay: <ul style="list-style-type: none"> <li>\$10 co-payment for visits with your Primary Care Physician</li> <li>\$20 co-payment for visits with network specialty providers</li> </ul> We pay the rest. Standard benefits are available for some out-of-network visits.	No member cost for certain preventive care. For all other visits, you pay your \$1,500 or \$3,000 deductible each year and we cover the rest of your care at 100 percent of the allowed price.
<b>Prescription Drugs</b>	You pay: <ul style="list-style-type: none"> <li>a \$0 co-payment for each generic prescription</li> <li>\$15 co-payment for each prescription on our Preferred Brand-name Drug List</li> <li>\$40 co-payment for each Non-preferred prescription</li> </ul>					You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price.
<b>Hospital Inpatient and Outpatient</b>	We pay 100 percent of the Allowed Price.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit.	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit.	We pay 100 percent of the Allowed Price. Standard benefits are available for some out-of-network visits.	You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price.
<b>Emergency Room</b>	You pay a \$15 co-payment for the ER physician. We pay 100 percent of the Allowed Price.				We pay 100 percent of the Allowed Price.	
<b>Inpatient Mental Health Services**</b>	Covered in full. You may need to contact our mental health network to initiate mental health care.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must contact our mental health network to initiate mental health care.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You may need to contact our mental health network to initiate mental health care	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit. You may need to contact our mental health network to initiate mental health care.	We pay 100 percent of the Allowed Price. You must contact our mental health network to initiate mental health care.	You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price. You may need to contact our mental health network to initiate mental health care.
<b>Outpatient Mental Health Services**</b>	Same as office visits (above). You may need to contact our mental health network to initiate mental health care.				You pay a \$20 co-payment for each visit. We cover the rest. You must contact our mental health network to initiate mental health care..	
<b>Chiropractic Services</b>	You pay a \$15 co-payment. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible, then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible (limited to \$200 per family for the \$100 plan), then 20 percent until you reach your \$500 individual or \$1,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay a \$20 co-payment for each visit. You must use network providers and get prior approval for any visits after 12 in a calendar year. No Standard benefits are available.	You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.
<b>Lifetime Maximum (all services)</b>	None	None	None	None	None	None

# Comparison of Non-Grandfathered Plans for Active Employees

Selected Service	Comprehensive Plus \$1,000 Deductible	CDHP Blue
<b>Primary Care Physician</b>	You need not select a Primary Care Physician.	
<b>Preventive Care</b>	No member cost for all care determined by the United State Preventive Services Task Force as preventive care. Could include well-child care, adult physical exams, OB-GYN preventive visits, preventive labs and x-rays, screening mammograms and colonoscopies.	No member cost for all care determined by the United State Preventive Services Task Force as preventive care. Could include well-child care, adult physical exams, OB-GYN preventive visits, preventive labs and x-rays, screening mammograms and colonoscopies.
<b>Other Office Visits</b>	You pay \$20 for primary care office visits other than preventive care. For all other visits, you pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit.	For all other visits, you pay your \$1,500 or \$3,000 deductible each year and we cover the rest of your care at 100 percent of the allowed price.
<b>Prescription Drugs</b>	You pay: <ul style="list-style-type: none"> <li>▪ a \$0 co-payment for each generic prescription</li> <li>▪ \$15 co-payment for each prescription on our Preferred Brand-name Drug List</li> <li>▪ \$40 co-payment for each Non-preferred prescription</li> </ul>	You pay your \$1,500 or \$3,000 deductible each year and we cover the rest of your care at 100 percent of the allowed price.
<b>Hospital Inpatient and Outpatient</b>	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit.	You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price.
<b>Emergency Room</b>		
<b>Inpatient Mental Health Services**</b>	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit. You may need to contact our mental health network to initiate mental health care.	You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price. You may need to contact our mental health network to initiate mental health care.
<b>Outpatient Mental Health Services**</b>		
<b>Chiropractic Services</b>	You pay your deductible, then 20 percent until you reach your \$1,500 individual or \$3,000 family out-of-pocket limit. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.	You pay your \$1,500 deductible each year and we cover the rest of your care at 100 percent of the allowed price. You must use Participating providers and get prior approval for any visits after 12 in a calendar year.
<b>Lifetime Maximum</b> <i>(all services)</i>	None	None



## The signs of a healthier Vermont

### Contact BCBSVT or VEHI

Always call member service at BCBSVT first when you need help with your health plan. For your convenience, we list below frequently used phone numbers, addresses and websites. Feel free to contact us in any of the following ways when you need information.

#### Mail

**Blue Cross and Blue Shield of Vermont**  
P.O. Box 186  
Montpelier, VT 05601-0186

**Vermont Education Health Initiative**  
79 River Street, Suite 301  
Montpelier, VT 05602

#### Phone

Member Service (800) 247-2583  
Mental Health, Substance  
Abuse Network ..... (800) 395-1356  
Vermont-National Education  
Association (802) 223-6375  
Vermont School Boards  
Insurance Trust ..... (802) 223-5040  
24-Hour Nurse Line ..... (866) 612-0285  
Pharmacy Network ..... (877) 493-1949

#### Websites

**Blue Cross and Blue Shield of Vermont:**  
[www.bcbsvt.com](http://www.bcbsvt.com)

**Vermont Education Health Initiative:**  
[www.vehi.org](http://www.vehi.org)

**Pharmacy Network:**  
[www.express-scripts.com](http://www.express-scripts.com)

#### In Person

**Blue Cross and Blue Shield of Vermont**  
Berlin Office  
445 Industrial Lane (off Airport Road)  
Berlin, VT 05602

*VEHI's health benefit plans  
are administered by:*



**BlueCross BlueShield  
of Vermont**

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

P.O. Box 186  
Montpelier, VT 05601-0186  
Phone: (800) 247-2583