



Enrollment Guide Benefits Program

We'll see you through.



**BlueCross BlueShield
of Vermont**

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

About us

We're different

We're a nonprofit, community-based Vermont company. At Blue Cross and Blue Shield of Vermont (BCBSVT), we're committed to providing you with the best possible service. That's why when you enroll with Blue Cross and Blue Shield of Vermont, you'll immediately have:

- The freedom to choose your own providers without needing a referral.
- The largest, most extensive network of providers within Vermont and the U.S. with over 96 percent of hospitals and 93 percent of health care providers in the U.S.
- Office visits and other preventive care at lower costs.
- A Blue Cross and Blue Shield ID card, the most recognized symbol in health benefits worldwide.
- A robust online member Web portal, the Member Resource Center, that offers 24/7 access to benefit information, claims status, medical information, wellness tools, a provider directory and more.
- Our Blue Health SolutionsSM program, which offers health and wellness programs designed to help you achieve and maintain your best health at every stage of life, including:
 - Our popular and effective Better Beginnings[®] prenatal program for expectant mothers.
 - Our My Blue Health and Wellness CenterSM, where you can create a wellness program to meet your specific health goals.
 - Access to providers and hospitals in more than 200 countries and territories around the world through the Blue Cross Blue Shield Global Core[®] Program.



- Our Blue ExtrasSM program that gives deals and discounts to our members with participating local vendors

Because we're right here in Vermont, you get:

- Local, responsive, highly personalized service
- The benefits of our efforts with Vermont's health care providers to manage costs and improve quality of health care
- In-person help with your concerns and assistance in navigating the health care system

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How our health plans work



Your coverage

Your employer has selected Blue Cross and Blue Shield of Vermont to provide your health benefits. This guide gives general information about your coverage. The Summary of Benefits and Coverage (SBC) that accompanies this guide gives details of the plan or plans your employer has selected for you.

Please note that this guide does not give all of the limitations and exclusions of your coverage.

After you enroll, you will receive an ID card and *Outline of Coverage* in the mail and your plan materials electronically through the Member Resource Center (MRC). Through the MRC you'll receive either a:

- Subscriber contract, which includes a *Certificate of Coverage*, any riders and endorsements that amend your coverage, and an *Outline of Coverage*; or
- A *Summary Plan Description (SPD)* and an *Outline of Coverage* (if your group is self-funded).

You may request hard copies, if you wish, by calling our customer service team at the number listed on the back of your ID card.

If you would like to see samples of fully-insured plan documents, please visit our website at www.bcbsvt.com/contracts. For self-insured plan documents, please contact your group benefits manager.

Office visits and preventive care

We encourage you to get preventive care and to receive all of your care in the most convenient, cost-effective settings. Many plans require little or no cost-sharing for preventive benefits. To see specifics for your plan, please see the summary of benefits and coverage for more general information.

Primary Care Providers

While we do not require provider referrals for any of our programs, your plan may require you to select a **primary care provider (PCP)**. A PCP coordinates your care and guides you to network specialists. The SBC indicates whether you need to make this selection.

Even if your plan doesn't require you to select a primary care provider, we encourage you to develop a relationship with a single health care provider who knows about your health and can help you make decisions about your care.

Prescription Drug Coverage

If your plan includes a prescription drug rider, you will receive benefits through Express Script's® network of pharmacies in Vermont and nationwide. To use the program, present your Blue Cross and Blue Shield of Vermont ID card at a network pharmacy. For more details on your prescription drug coverage, please see the *Prescription Drug insert* included with this document.

Vision Service Plan (VSP) Coverage

If your plan includes a vision materials rider or vision exam rider, you will receive your routine vision benefits through VSP® and their network of vision service providers.

We offer several different kinds of vision programs. Check your SBC for the program, or programs, available to your group.

To use our vision program, present your Blue Cross and Blue Shield of Vermont ID card at a VSP network provider.

Please note when receiving vision services, or calling VSP to inquire about benefits, give them your two-part ID number—this is your subscriber ID plus your member number. Your subscriber ID is located on the front, left-hand side of your ID card, while your member number is on the front, right-hand side of your ID card. You do not need to provide the alpha characters associated with your subscriber. For help locating your

member ID, please call VSP's customer service team at (800) 877-7195. If you are calling on behalf of one of your dependents, you will need to use his or her unique member number in order to access his or her benefits.

General exclusions

You can be confident that your health plan covers a broad array of necessary services and supplies. The following points highlight some of the services that our health plans generally do not cover:

- Services that are investigational, experimental, cosmetic or not medically necessary as defined in your Certificate of Coverage or Summary Plan Description.
- 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 of Coverage or Summary Plan Description and any endorsements or riders that amend your coverage.
- Providers who are not approved to provide a particular service or who don't meet the definition of "provider" in your Certificate of Coverage or Summary Plan Description.

If you would like to review our complete list of general exclusions before enrolling, go to www.bcbsvt.com/contracts. Click on the plan in which you are enrolling and read the chapter entitled "Exclusions." If your employer chooses to self-fund your plan, please contact your group benefit manager for a list of exclusions.

Once enrolled, you will receive either a *Certificate of Coverage* or *SPD*, which will detail all general exclusions. **Please read your Certificate of Coverage or Summary Plan Description carefully; it governs your benefits.**

Prior approval program



BCBSVT's prior approval program

To keep costs down and to help you get care in the most convenient and cost-effective settings, BCBSVT's staff of nurses, clinicians and doctors may work with you or your provider through the prior approval program.

Depending upon your plan, you may be required to get prior approval for out-of-network care. Your plan also requires prior approval for certain services and drugs even when you use network providers.

- Network providers get prior approval for you.
- If you see an out-of-network provider, you may need to get prior approval before seeking care. Any provider may help you fill out the form and give you other information you need to submit your request.
- BCBSVT plans do not require prior approval for emergency medical services, regardless of where you seek care.
- BCBSVT lists the services that require prior approval in your Certificate of Coverage or SPD—this list can change from time to time.
- For the most recent prior approval list, visit www.bcbsvt/priorapproval.com or call the customer service number on the back of your BCBSVT ID card.
- The services on the next page require prior approval regardless of the provider you choose.



Utilization management

We do not require your participation in prior approval (in-network provider), preadmission review, admission review or concurrent review. Network providers take care of this for you. If you have questions about what appears on our prior approval list, please visit www.bcbsvt.com/priorapproval or review your certificate of coverage or SPD for details.



<i>Type of procedure</i>	<i>What requires prior approval</i>
Ambulance	Non-emergency ambulance transport, including air or water transport
Anesthesia	Monitored
Autism Services	Treatment of autism spectrum disorder and intellectual disability
Capsule Endoscopy	All services
Chiropractic Care	Chiropractic care after initial 12 visits in a calendar year
Cochlear implants	Any aural rehabilitation devices
Chondrocyte Transplants	All services
Cosmetic Procedures	All services except breast reconstruction for patients with a diagnosis of breast cancer
Dental (medical dental for accidental injury)	All services
Durable Medical Equipment (DME)	With a purchase price of \$500 or more
Electroconvulsive Therapy (ECT)	All services
Transgender Services	Services to treat gender dysphoria
Genetic Testing	All tests
Hip resurfacing	All services
Hospital Beds	All supplies
Hyperbaric Oxygen Therapy	All services
Medical Nutrition for Inherited Metabolic Disease	Medical supplies and pumps, enteral formula and parenteral nutrition
New Medical Procedures	New procedures still considered investigational or experimental
Non-network services	All non-network services
Out-of-state Facility Care	All inpatient and partial inpatient care
Percutaneous Radiofrequency Ablation of Liver	All services
Polysomnography (sleep studies) and Multiple Sleep Latency Testing (MSLT)	All services
Prescription Drugs	Separate lists apply; please see Rx Center at www.bcbsvt.com/rxcenter
Prosthetics	With a purchase price of \$500 or more
Psychological Testing	All services
Radiation Treatment	Such as high-dose electronic brachytherapy
Radiology Services	Certain services. Examples include CT, MRI, MRA, MRS, PET echocardiogram and nuclear cardiology.
Rehabilitation	Skilled nursing facility care, inpatient rehabilitation treatment for medical conditions, intensive outpatient services or residential treatment for mental health and substance abuse treatment
Surgery	Certain surgical procedures, including bariatric (obesity) surgery, gastric electrical stimulation, percutaneous vertebroplasty, vertebral augmentation, temporomandibular joint manipulation/surgery and anesthesia and tumor embolization.
Transcutaneous Electrical Nerve Stimulation (TENS) Units/Neuromuscular Stimulators	All units require approval
Transplants (except kidney)	All services
Wheelchairs	All supplies

Emergency and urgent care



Knowing when and where to get the most appropriate care is important. If possible, you should always try to arrange a visit with your primary care provider (PCP) first. Your PCP has the best overall picture of your health and can help you make informed decisions regarding your care.

There may be times when you cannot see your PCP, whether it's after regularly scheduled hours, or in the event your PCP cannot see you as soon as is necessary. Using an urgent care facility, when appropriate, can help you save lengthy hours spent waiting in the emergency room for care and lower your health care costs.

Make sure your favorite urgent care center is part of the BCBSVT Network or the national Blue Card network

For a detailed list of urgent care facilities, please visit www.bcbsvt.com/findadoctor. Keep this information on hand by saving the urgent care facility's address and contact information in your phone or display it on your fridge.

What is an urgent medical condition?

Urgent care services are services that are necessary to treat a condition or illness, that if not treated within 24 hours presents a serious risk of harm, or, applying the judgment of a prudent layperson who possesses an average knowledge of health and medicine, could seriously jeopardize the ability of the individual to regain maximum function. Or, in the opinion of a Provider with knowledge of the individual's medical condition, would subject the individual to severe pain that cannot be adequately managed without care within 24 hours.

When to seek out urgent care services at an urgent care facility?

If your condition is not life threatening, but needs attention, an urgent care facility may be the most appropriate option. Urgent care facilities are located throughout Vermont and offer many of the same services your PCP offers. Most urgent care facilities have regularly scheduled hours.

What is an emergency medical condition?

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- a condition that places the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- serious impairment to bodily functions; or
- serious dysfunction of any bodily organ or part.

In the case of an emergency—seek care right away!

If you experience an emergency medical condition that places your health, or the health of an unborn child or dependent, in serious jeopardy, seek care immediately. Emergency rooms are open 24 hours a day, seven days a week and offer a wide range of services.

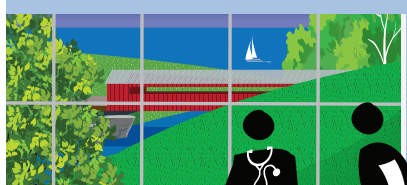
Undoubtedly, there may come a time when seeking emergency care is required. But, in many cases, people go to the emergency room for urgent services that are better treated by an urgent care facility, your PCP or a telemedicine visit.

Seeking care in the least restrictive, most appropriate manner is important, but so is educating yourself on the difference between urgent care and emergency care.

Primary care provider

You should contact your regular provider for most urgent care and common health issues during office hours. Some examples are:

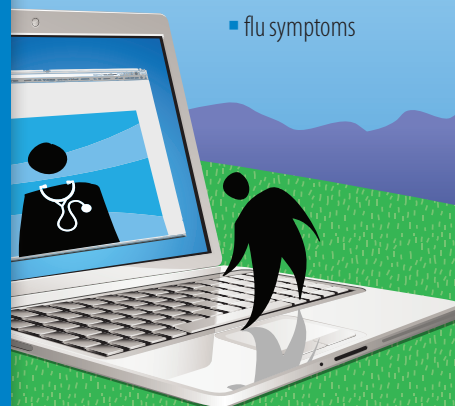
- infections
- cough
- digestive issues



Telemedicine

You can access a clinician remotely for diagnosis and treatment via phone, video or other technologies. Commonly treated conditions:

- pink eye
- rash
- flu symptoms



KNOW BEFORE YOU GO

Make the right care choice.

Be informed now so that you can choose the appropriate care for your situation. Understanding all your options may save you time and money.*

Get more information!

Go to: www.bcbsvt.com/knowbeforeyougo



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We'll see you through.

Emergency room

In an emergency, you need care right away. Emergencies might include:

- chest pains
- head injury with fainting
- injury to spine

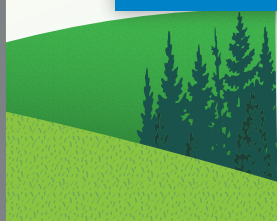
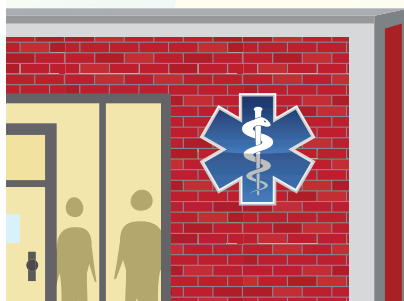
If you have an emergency at home or away, call 9-1-1 or go to the nearest doctor or emergency department. You should call an ambulance if necessary.



Urgent care center

When you have a condition or illness that is not an emergency, but still needs quick attention, you could seek urgent care services. Urgent care could include treatment for:

- minor cuts
- minor back pain
- broken bones



Better care through Blue Health SolutionsSM

Blue Health Solutions is our suite of free, customized health and wellness solutions designed to help you achieve and maintain optimal health at every stage of life.

From our wellness solutions and tailored, integrated case management services, to our popular health and wellness events throughout Vermont, we're here to support you at every stage of life. And we provide a local touch when it comes to our statewide events, case management services and health support for chronic and rare conditions—we're right here in your backyard!

For general concerns, contact us by calling the number on the back of your ID card. To speak with a licensed nurse or social worker or to learn more about our case management services, please call (800) 922-8778 or visit our website at www.bcbsvt.com/casemanagement.

Case management

Our caring case management staff ensures you find the right care at the right time for your diagnosis, regardless of your age, sex or gender identity.

Our team has cross-disciplinary medical, mental health and substance abuse treatment expertise—we look at the physical manifestations of disease, any emotional effects and other possible co-occurring conditions. In a sense, we look at the 'whole you.' Then, we build an individualized plan that helps you navigate the health care system. This means finding the appropriate provider for your needs, coordinating your care between various providers, explaining plan benefits to you and estimating your treatment costs. We'll also connect you to other community-based resources.

Fitness and health events

Blue Cross and Blue Shield of Vermont holds many events each year that help Vermonters get out and get active. Our events range from walking challenges at Vermont worksites to "Hike, Bike & Paddle" events at Vermont lakes and ponds to "Apple Days" and "Snow Days" at some of our state's most beautiful venues. See the updated calendar at www.bcbsvt.com/calendar.

Blue Extras Health and Wellness ProgramSM

Our Blue Extras Health and Wellness Program gives you discounts on area health, fitness, nutrition and wellness resources—even recreational activities in your communities. To check out the growing list of discounted services and other items, visit www.bcbsvt.com/blueextras.

Better Beginnings[®]

Our popular Better Beginnings program helps expectant moms create the healthiest, happiest start for their babies. The maternity program offers both pregnancy and postpartum support.

When a "mom-to-be" enrolls in our program, one of our Better Beginnings nurses will work directly with the mom-to-be to identify any risks that could lead to complications while helping to reduce those risks. The program offers a choice of several different benefit options. We offer an enhanced benefit for those who enroll before the 34th week of pregnancy.

A sample of benefits includes:

- Homemaker services for house cleaning
- Reimbursements toward a car seat
- Reimbursements toward birthing or fitness classes
- The choice of a book from our specially selected Better Beginnings book list

Cancer support services

Being diagnosed with cancer is a life-changing event—one that affects you physically as well as emotionally. Our registered nurses and licensed social workers are here to help you and your family during this challenging time.

When you call us, you'll speak with a registered nurse or licensed social worker. This person will:

- Be your single point of contact, or dedicated case manager
- Help you understand your health care benefits
- Link you to resources at the American Cancer Society and the Cancer Patient Support Foundation
- Help you make connections with your various providers, including your primary care provider (PCP) and your mental health provider
- Assist you in finding alternative funding and transportation, if necessary and available
- Connect you to cancer-specific resources that are dependent upon your diagnosis

Addiction support services

Many Vermonters know someone affected by substance abuse. We feel that we can play an important role by connecting members in need to important resources. If you or a loved one is struggling with addiction, be certain to call our integrated health case management team. We can connect you to the providers, community and care you need to help fight addiction. When you call us you'll:

- Speak with a registered nurse or licensed social worker as your single point of contact
- Help you understand substance abuse treatment benefits—when you call us, we don't look at just the medical diagnosis, we look at the "whole person" and take into consideration any co-occurring mental health and substance abuse treatment requirements
- Receive information about local support groups, whether you are in recovery or you have a family member fighting addiction and you need additional support for yourself
- Find out about other local recovery resources

My Blue Health Wellness Center

By using <https://mybluehealth.bcbsvt.com>, you'll find the resources you need to help you take charge of your wellbeing. You can use My Blue Health on your mobile devices, making it easy to track while you're on the go. **New to My Blue Health Wellness Center?** Take a free health assessment! This assessment helps identify your health risks and then generates a personalized wellness plan. Our tool also offers:

- educational content;
- interactive wellness workshops,
- logs/trackers,
- fitness and diet plans; and
- exercise demos

Consumer support tools

Healthwise® Knowledgebase contains thousands of pages of information about health topics, or the Health Advisor, which helps you compare the price and quality of care from various providers.



Please note your unique situation may not fall into any of the examples listed in this document. Regardless of your diagnosis, call us today to understand how we can help you. Our registered nurses and licensed social workers will create treatment plans and coordinate resources that improve care for each participant. To speak with a registered nurse or licensed social worker or to learn more about our case management services, please call (800) 922-8778 or visit our website at www.bcbsvt.com/casemanagement.

Chronic Condition support

- | | | |
|-------------------|---------------------------|--------------------------------------|
| ■ ALS | ■ Multiple Sclerosis (MS) | ■ Ulcerative Colitis |
| ■ CIDP | ■ Myasthenia Gravis | ■ Asthma |
| ■ Crohn's Disease | ■ Parkinson's Disease | ■ COPD |
| ■ Cystic Fibrosis | ■ Polymyositis | ■ Diabetes |
| ■ Dermatomyositis | ■ Rheumatoid Arthritis | ■ Heart disease, or coronary disease |
| ■ Gaucher Disease | ■ Scleroderma | ■ Heart failure |
| ■ Hemophilia | ■ Seizure Disorders | |
| ■ Lupus | ■ Sickle Cell Disease | |

Transgender support services

When you call Blue Cross and Blue Shield of Vermont with questions about gender reassignment services (GRS), you'll be connected to a dedicated case manager. This person will:

- Be your single point of contact for as long as you'd like our support
- Help you understand your health care benefits related to transgender services
- Help you make connections with your various providers, including your PCP and your mental health provider
- Connect you to people at Outright Vermont, which provides support and advocacy to young people

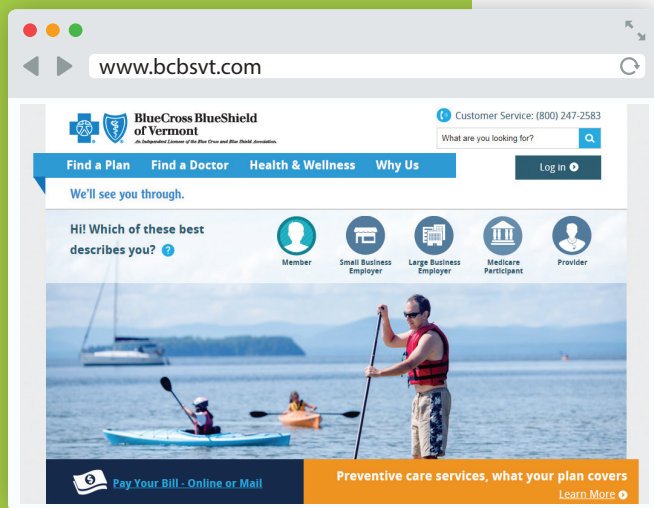
- Connect you to people at Pride Center of Vermont, a community center dedicated to supporting lesbian, gay, bisexual, transgender and queer Vermonters
- Give you information about The Trevor Project, a suicide prevention line for trans-teens
- Connect you to Safe Harbor for Trans Teens, an organization for trans youth in need of a temporary home
- Provide information and help you make connections to PFLAG, the nation's largest organization uniting families and allies
- Arrange transgender-specific services

End-of-life support services

When facing the end of your life, it is important to know about available resources and support that can help you understand your options. When you call us, you'll:

- Speak with a registered nurse or licensed social worker as your single point of contact
- Get information about the Vermont Ethics Network, which helps Vermonters, and Vermont businesses and hospitals, make ethical decisions related to health care
- Learn about the National Hospice and Palliative Care Organization and any associated resources
- Learn about local resources that help you make decisions that are right for you

Our website



Help us go green. Get your EOB online!

Trying to reduce the amount of paper that comes into your home? You can get your Explanations of Benefits (EOB) on our Member Resource Center. You can also choose to get notifications about EOBs via email or text messages. To opt into this planet-friendly option:

- Visit www.bcbsvt.com/mrc and log in or "Register."
- Look for the "Go Green" button, which you can use to let us know that you will forego paper EOBs.
- Select whether you want online delivery only or whether you want email or text message notifications.
- You can then log in to the Member Resource Center at any time to see copies of your EOBs from the last 18 months.

You may also call our customer service team at (800) 247-2583 and opt into online EOB delivery.

Please note that each member age 12 or older must opt out of paper delivery separately. For privacy protection, members age 12 or older see only their services on their paper or online EOBs. The subscriber (the member whose name is on the membership) sees his or her services and those of members under age 12.

Check out www.bcbsvt.com!

Our website, www.bcbsvt.com, is your home for everything related to Blue Cross and Blue Shield of Vermont. Our site features up-to-date news on our company and info on any upcoming events.

Many features contained in BCBSVT's website will prove very useful. You may:

- View our drug lists and formularies
- Find medical policies that explain what's covered
- Download a claim form, application or other form you may need
- Read the news section of BCBSVT's website, which contains news and legislative reports on health care-related issues

Find helpful plan information on our Member Resource Center

The Member Resource Center is a secure site where you can:

- Read your subscriber contract documents
- Change your address (please be sure also to change this with your employer first)
- Change your primary care provider
- Order a new ID card
- Print a proof of coverage
- View your Explanation of Benefits documents for the last 18 months
- Send us a secure email message and much more!

To gain entry to the member portal, visit www.bcbsvt.com/member, then follow the prompts to either log in or register as a new user

Pharmacy Resource Center

From our robust pharmacy resource center, you can:

- **Price a drug**—compare the cost of a medication at your local pharmacy vs. the price of home delivery, or compare drug prices between pharmacies.
- **Locate a pharmacy**—easily locate a pharmacy near you or across the country. Each listing includes the pharmacy's phone number and directions.
- **Order prescriptions**—quickly refill home delivery prescriptions online, and check the status of your orders (email alerts keep you informed as your prescription is filled and shipped to you).
- **View pharmacy benefit information**—view your pharmacy benefits and review your prescription claims history.

To check out our pharmacy portal, visit www.bcbsvt.com/RxCenter.

How we protect your privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You have the right to gain access to your health information and to information about our privacy practices. We make a complete copy of our Notice of Privacy Practices available on our website, www.bcbsvt.com/privacypolicies, which includes information on:

- Our routine use and disclosure of personal health information (PHI);
- The internal protection of oral, written and electronic PHI; and
- The protection of information disclosed to Plan sponsors or to employers.

How to use our networks

Finding a network provider

Finding a network provider is easy.

- Visit www.bcbsvt.com/findadoctor to find a provider in Vermont or contiguous counties.
- Traveling out of state or abroad, visit provider.bcbs.com.

To understand your network requirements, please refer to the chart below. If you have questions, call our customer service team at the number on the back of your ID card or our national provider finder line at **(800) 810-BLUE (2583)**.

Steps to finding a provider in Vermont and contiguous counties

- Visit www.bcbsvt.com/findadoctor
- Click "providers and Hospitals in Vermont Service Area."
- Once there, you may search by name or by provider type.
- In the drop-down box marked "Network," select **BCBSVT Network Providers**.
 - Scroll down the page to refine your search.
 - You can search within a certain distance
 - Look for providers of a certain gender or those who speak a certain language
- After your search results appear, find the printer icon and select "Print Search Results Directory" to create a printer-friendly file you can print or save to your computer.

Steps to finding national providers and providers around the globe

Use the National Provider Hospital Finder to find national providers, hospitals and other providers in your plan's network. We encourage you to use this tool, rather than relying on out-of-state providers to advise you of whether or not they are in the network.

- Go to provider.bcbs.com
- Type in the first three letters (your alpha prefix) that appear in front of your member number on your ID card
- Your three-digit alpha prefix will signify what your provider network is. It will be either the **PPO/EPO network** or the **Traditional network**.
- Once you've selected your plan's appropriate network enter the type of provider you are looking for, your location and then click "Search."

Plan Name	Vermont Network Name	BCBS Global Core Network Name	PCP required
Open Access	BCBSVT Network Providers	PPO/EPO	Yes
Plan J/Comp	BCBSVT Network Providers	Traditional	No
Vermont Freedom Plan (PPO)	BCBSVT Network Providers	PPO/EPO	No
The Vermont Health Partnership (POS)	BCBSVT Network Providers	Traditional	Yes
EPO (PCP)	BCBSVT Network Providers	PPO/EPO	Yes
EPO	BCBSVT Network Providers	PPO/EPO	No
Blue Care	The Vermont Health Plan	Traditional	Yes
Select	BCBSVT Network Providers	Traditional	Yes
Blue Care Access	The Vermont Health Plan	PPO/EPO	Yes

How to locate a VSP Network Provider

To find a VSP network provider, either visit www.VSP.com/find-eye-providers.html or call VSP's customer service team at (800) 877-7195. You can also:

- Visit www.bcbsvt.com/find-a-doctor
- Click "Dental, Pharmacy and Vision"
- Once there, click on "Vision" to be redirected to the VSP directory.

How to locate a network pharmacy

To find a network pharmacy, please follow the steps below:

- Visit www.bcbsvt.com/find-a-doctor
- Click "Dental, Pharmacy and Vision"
- Once there, click on "Pharmacy"

Understanding preventive care



What is preventive care?

Preventive care includes screenings, tests, medicines and counseling performed or prescribed by your provider when you don't have signs or symptoms of an injury or illness. Other preventive care helps detect health conditions early, so you can change your lifestyle or get treatment to improve your health. We encourage you to get appropriate preventive care for your age and gender. For more information about our preventive services visit www.bcbsvt.com/preventive.



What will preventive care cost me?

Your plan covers certain preventive services at no cost to you (i.e., with no "cost-sharing" like deductibles, co insurance or co-payments).

Your plan provides this benefit for:

- Services rated A or B by the United States Preventive Services Task Force (USPSTF);
- Immunizations that have a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- Guidelines supported by the Health Resources and Services Administration;
- The American Academy of Pediatrics' Bright Futures program recommendations; and
- Other applicable state and federal mandates.

The committees and administrations listed, provide guidelines about, and research on, preventive services to determine which are the most effective for population health.

Preventive care services limitations

- Preventive care benefits, at no cost to you, apply only if your plan is not "grandfathered" with respect to the Affordable Care Act.
- You will have to pay cost-sharing amounts for services that are not outlined or recommended by any of the committees or administrations listed above.
- Your plan may have specific network and out-of-network requirements for preventive care services. Please see your Summary of Benefits and Coverage for details.

What is the difference between preventive and diagnostic medicine?

A preventive procedure starts with the intent of confirming your good health when you are apparently free of symptoms or disease. Diagnostic medicine happens when you go to your provider or other health care provider with symptoms and your provider recommends screenings and tests to diagnose their cause. While we cover these services, you may have to pay deductibles, co-payments and/or co-insurance.

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Can preventive care turn diagnostic?

Yes. Sometimes a provider begins a preventive screening or test and, during its course, finds or suspects disease. The provider then bills for a diagnostic procedure. You may have to share in the cost. Also, if you have a history of a particular illness, a screening related to that illness might be considered diagnostic for you, while it may be preventive for other patients.

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Examples of the difference between ACA-defined preventive care and diagnostic screenings

In scenario 1, a 40-year-old man with no previous diagnosis of high cholesterol visits his PCP for a preventive annual visit. As part of his routine screenings, the PCP orders both a lipid test and a metabolic test, both of which return normal. He would not have to pay cost-sharing for the lipid test, but since the metabolic test does not appear on the USPSTF's list of A- and B-rated services, he must share in the cost of the metabolic test.

In scenario 2, a 40-year-old man who had been treated for high cholesterol from age 30 to age 36 visits his PCP for an annual preventive visit. The PCP orders a lipid test and metabolic test, both of which return normal. Due to the personal history of high cholesterol, this member may have to pay cost-sharing for the lipid test. He will also pay cost-sharing for the metabolic panel because the metabolic test doesn't appear on the USPSTF's list of A- and B-recommended services.

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What if your plan is grandfathered?

Your plan may be grandfathered in respect to the Affordable Care Act which means you may be required to pay cost-sharing amounts associated with preventive services. Please check with your group benefits manager to understand what your plan covers for preventive care.



Special enrollments



Open enrollment

You may add dependents for any reason during your group's open enrollment period. We will make your enrollment changes effective the first day of your group's new plan year.

For example, if your open enrollment period is November 1 through November 30, and your group's effective date is January 1, you will be able to begin using your newly selected plan benefits on January 1.

Special enrollment

If you are declining enrollment for yourself or your dependents (including your spouse or the other party to a civil union) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 31 days of the date your coverage or your dependents' other coverage ends.

You may also use a special enrollment period to enroll yourself and your dependents under this group's plan for the first time if one of the following events occur:

- Loss of other coverage
- Changes in family status
- Changes in employment status

We will not allow retroactive changes unless required by law.

Marriage

When you marry, you may add your spouse and his or her dependents to your membership. If we receive your application within 31 days after the date of marriage, your new type of membership is effective the first day of the month following the date of marriage. If we receive your request within 32 to 60 days after the date of your marriage, 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 dependent(s) may change to any other plan your employer offers.

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



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 in writing of your family addition within 60 days.*

If you do not have a family membership, we cover your child for 60 days* after:

- Birth
- Legal placement for adoption (when placement occurs prior to adoption finalization)
- 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 60 days. If we receive your request within the 60 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 61st day after birth, placement for adoption or adoption.

You may enroll your new dependent or dependents on your current plan, or you and your dependent(s) 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 period to do so.

Court- or administrative-ordered dependents

The effective date of an administrative or court-ordered addition of a dependent is the first of the month after we receive your request unless otherwise required by law. The request must include proof of the administrative or court order.

* Please note that these time frames apply to most employer groups. Some employers, typically those that self-fund their health plans, may restrict the time period in which you may add dependents.

Special enrollment rights under "CHIP"

The "Children's Health Insurance Program Reauthorization Act of 2009" ("CHIP") requires 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 or Dr. Dynasaur; or
- When employees become eligible for Vermont's Employer Sponsored Insurance (ESI) premium subsidy program

You must request coverage no later than 60 days after losing coverage from Medicaid 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



NOTICE: Discrimination is Against the Law

Blue Cross and Blue Shield of Vermont (BCBSVT) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex.

BCBSVT provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

BCBSVT provides free language services to people whose primary language is not English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, please call (800) 247-2583. If you would like to file a grievance because you believe that BCBSVT has failed to provide services

or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact:

Civil Rights Coordinator
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601
(802) 371-3394
TDD/TTY: (800) 535-2227
civilrightscoordinator@bcbsvt.com

You can file a grievance by mail, or email at the contacts above. If you need assistance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of
Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019
(800) 537-7697 (TDD)



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

ARABIC

للحصول على خدمات المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583

CHINESE

如需免費語言協助服務，請致電(800) 247-2583。

CUSHITE (OROMO)

Tajaajila gargaarsa afaan hiikuu kaffaltii malee argachuuf (800) 247-2583 bilbilaa.

FRENCH

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

GERMAN

Kostenlose fremdsprachliche Unterstützung erhalten Sie unter (800) 247-2583.

ITALIAN

Per i servizi gratuiti di assistenza linguistica, chiamare il numero (800) 247-2583.

JAPANESE

無料の通訳サービスのご利用は、(800) 247-2583 までお電話ください。

NEPALI

नःशुल्क भाषा सहायता सेवाहरूका लागि, (800) 247-2583 मा कल गर्नुहोस्।

PORTUGUESE

Para serviços gratuitos de assistência linguística, ligue para o (800) 247-2583.

RUSSIAN

Чтобы получить бесплатные услуги переводчика, позвоните по телефону (800) 247-2583.

SERBO-CROATIAN (SERBIAN)

Za besplatnu uslugu prevodjenja, pozovite na broj (800) 247-2583.

SPANISH

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

TAGALOG

Para sa libreng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.

THAI

สำหรับการให้บริการความช่วยเหลือด้านภาษาฟรี โทร (800) 247-2583

VIETNAMESE

Để biết các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi số (800) 247-2583.



BlueCross BlueShield of Vermont

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

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