



Employee Mid-year Change Memo

This memo is written to advise you of your rights and responsibilities when making a mid-calendar year plan change from one VEHI health plan to another.

As you know, this district purchases a health plan through VEHI, which is administered by Blue Cross and Blue Shield of Vermont (BCBSVT). VEHI and BCBSVT agree to allow for “accumulator credit”, which includes credit for deductibles, copayments and coinsurance paid on the plan during the calendar year, to transfer to the new plan for the remainder of the calendar year. This also includes visit limits for certain covered services, such as chiropractic.

Please note these important terms:

- In order to receive accumulator credit, you must be moving from one VEHI health plan to another VEHI health plan during the calendar year.
 - You may be in this situation if you have an off-January open enrollment or special enrollment event which allows them to change health plans during the calendar year.
 - Additionally, you may be in this situation if you move from one VEHI employer to another VEHI employer during the calendar year.
- No money will be refunded to you if you reduce your deductible or out-of-pocket maximums mid-year and had met a higher amount prior to the change.

In most instances, accumulator credit will happen automatically by BCBSVT and will not require an action from you. There are some cases, however, where the transfer will not be automatic and will require you to notify BCBSVT in order for the accumulator credit to be processed manually. This notification should happen as soon as possible after the change event, but must occur within six months of the paid date of any claim impacted by the accumulator credit.

The most common instances where **action will be necessary** for the manual credit to occur include:

- When the subscriber of the policy changes from one spouse to another (both must be VEHI-eligible employees).
- When former dependents choose COBRA* (typically a child aging-off the plan, or a divorcee)
- When a participant moves from a plan where medical and pharmacy out-of-pocket maximums are tracked separately, such as the Platinum or Gold, to a plan where medical and pharmacy costs are combined toward the out-of-pocket maximum, such as the Gold CDHP and Silver CDHP.

*COBRA coverage is allowing employees or their dependents continuation of their current coverage when they are no longer eligible to participate. If you or a dependent select COBRA you will pay for the cost of the health plan, including access to the HRA, and a small administration charge. The employer will work with the HRA vendor to allocate HRA monies appropriately.



BCBSVT agrees to administer this policy in good faith and to the best of its ability, automatically where possible and manually when notified by the member. Please understand, this can require multiple adjustments as claims continue to be submitted for dates prior to the change.

To help ensure that this credit is made, please **ask your HR representative** to notify Allison Plante, Account Manager, BCBSVT and Bobby-Jo Salls, Program Manager, VEHI of the manual adjustment needed – bobbyjo@vsbit.org and plantea@bcbsvt.com. They will monitor the process.

If you have any questions about this, please contact BCBSVT customer service at **1-800-344-6690**, this number can be found on the back of your ID card.