



VERMONT EDUCATION HEALTH INITIATIVE



YOUR ENROLLMENT
GUIDE FOR RETIREES
WITHOUT MEDICARE.

VEHI's health benefit plans are administered by:



BlueCross BlueShield®
of Vermont

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



ABOUT THIS BOOKLET

The Vermont Education Health Initiative (VEHI) is a member owned, non-profit organization that serves Vermont school districts and the Vermont State Teachers' Retirement System (VSTRS).

This booklet contains information about health benefit plans for retirees and their dependents (who meet eligibility standards) and is intended to help you make an educated choice regarding which healthcare plan suits you best. This booklet summarizes the benefits and the plans offered through VEHI, for VSTRS.

For full information, you must consult your summary of benefits and coverage, available at vehi.org/retirees.

WELCOME TO VEHI

VERMONT EDUCATION HEALTH INITIATIVE

Dear Former School Employees,

VEHI is committed to providing a range of benefit plans that are cost-effective, affordable, and high-quality. Our program also invests in school-based and post-employment wellness programs that give you and your families the confidence, support, and resources to lead healthy, productive lives. We are also intent on keeping school districts, local unions, and the Vermont State Teachers' Retirement System (VSTRS) informed about the healthcare market, healthcare reform initiatives and regulatory compliance under federal and state law.

We urge you, with the aid of this booklet, to consider yourself an informed patient and purchaser of healthcare, as well as a beneficiary of insurance. Involving you directly in how you and your doctor choose the care you need and in the purchase of healthcare services provides a necessary link between providers and consumers that can help ensure high-quality care, products, and services at affordable and sustainable prices. Vermont schools, taxpayers, VSTRS, active school employees, and our healthcare system all benefit from the medically smart and appropriate use of healthcare services.

Sincerely,
VEHI Management Team

CARE YOU CAN TRUST



VEHI's health program has been operating for three decades. It is managed jointly by the Vermont School Boards Insurance Trust (VSBIT) and the Vermont-National Education Association (VT-NEA). All funding for VEHI's health program comes from active employees, retirees like you, school districts and the Vermont State Teachers' Retirement System (VSTRS).

HOW WE USE YOUR DOLLARS



Over 90 percent of all funding goes to pay actual health claims. Approximately 9 percent pays for Blue Cross and Blue Shield of Vermont's (Blue Cross) administration of the program and state and federal taxes, assessments, and fees. The remaining one percent funds VEHI's wellness program and administrative costs.

POWERED BY YOUR FRIENDS AND NEIGHBORS



Blue Cross is Vermont's only local, non-profit health plan. As your friend and neighbor, Blue Cross is dedicated to keeping Vermonters well.

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INTRODUCTION
TO ENROLLMENT

When you enroll in a health plan through VEHI, you not only get coverage that's focused on your health and well-being, you also get:

- Coverage from a trusted, local, not-for-profit organization with support from local staff.
- Award-winning, Vermont-based customer service.
- Access to the largest network of doctors and hospitals in Vermont, throughout the U.S., and internationally.
- VEHI's wellness program, PATH, which offers incentive rewards.
- 24/7 telemedicine access.
- Preventive colorectal and mammogram screens received in-network, at no cost to you.

FIND THE RIGHT
PLAN FOR YOU



Your health plan plays a significant role in determining your access to care and its cost. This enrollment guide will help you identify the most appropriate plan for your health needs.

WHAT TO LOOK FOR



This guide highlights important plan benefits, features, and covered services. Use the enclosed plan comparison chart to review the deductible and cost-sharing structure for each plan.

GLOSSARY OF TERMS



We've defined key terms and phrases to help you understand your options and make the best decision for your healthcare needs.

HOW TO ENROLL IN A HEALTH PLAN

It's important to consider your coverage options with a retirement specialist before enrolling in, renewing, or changing your plan.

OPEN ENROLLMENT



Each year, the Vermont State Teachers' Retirement System (VSTRS) provides retirees one enrollment period. Retirees may switch medical plans once per year. This change is effective January 1.

ELIGIBILITY



Health insurance is available after retirement depending on your membership group, age, and years of service at retirement.

QUESTIONS?



If you have questions regarding enrollment, eligibility or life events, please contact VSTRS locally at (802) 828-2305 or toll-free at 1 (800) 642-3191 (TTY: 711).

Hours of operation are Monday – Friday, 7:45 a.m. – 4:30 p.m.

STEPS TO ENROLL



Follow these three (3) easy steps to enroll in the right health plan for you and your needs.

STEP

1 EVALUATE YOUR HEALTHCARE NEEDS

Consider your health spending from last year. This includes:

- Health plan costs like your premium, copayment, coinsurance, and doctor visits
- Prescription medication costs
- Your budget
- Any anticipated costs due to non-recurring medical needs

Once you have estimated your medical expenses and your budget, you can begin to review your plan options.

STEP

2 REVIEW PLAN OPTIONS

Use the enclosed charts (pages 10-16) to review plan details. If you are interested in a specific plan, you can review detailed summaries of benefits and coverage at the VEHI website, vehi.org/vstrs-health-plan-information. You can review premiums at vermonttreasurer.gov/vstrs.

To schedule a personalized retirement counseling session with a Vermont State Teachers' Retirement (VSTRS) specialist, please contact the Retirement Division below.

STEP

3 ENROLL IN A PLAN

Now that you've estimated your budget and spending and found the right plan, it's time to enroll. To do so, please contact the Vermont State Teachers' Retirement System to enroll.



PHONE
Local: (802) 828-2305
Toll Free: (800) 642-3191
(TTY: 711)



EMAIL
TRE.RetirementBenefitPayroll@vermont.gov



HOURS OF OPERATION
Monday-Friday,
7:45 a.m. – 4:30 p.m.



FAX
(802) 828-5182



MAIL
109 State Street, 4th Fl
Montpelier, VT 05609-6901

UNDERSTANDING YOUR PLAN OPTIONS



VEHI offers three plans for retirees and dependents *without* Medicare



FIND-A-DOCTOR
IN YOUR AREA

With your Vermont State Teachers' Retirement System (VSTRS) retiree plan, you have access to the largest network of doctors and hospitals in Vermont. Blue Cross's **BlueCard®** program includes access to doctors across the United States and around the world.

To view a list of doctors in your network, visit bluecrossvt.org/find-doctor.

If you have questions, call Blue Cross's customer service team at (800) 344-6690 or the national provider finder line at (800) 810-2583.



VERMONT HEALTH PARTNERSHIP (VHP)

- With this plan, you are **required** to choose a Primary Care Provider (PCP) for you and each family member.
- This plan offers a vision exam benefit, which includes one routine vision exam per member, per calendar year. *This benefit does not cover the evaluation and fitting of contact lenses or other supplemental tests.*

COMPREHENSIVE AND JY PLAN

- With this plan, you are **not required** to choose a Primary Care Provider (PCP); however we encourage each family member to designate a PCP.

ALL PLANS

- Comprehensive medical coverage in every major benefit category.
- A range of cost-sharing options (see the comparison on page 16).
- A calendar-year deductible and cost-sharing (starts on January 1).
- The security of the Blue Cross and Blue Shield ID card—the most recognized symbol in health benefits worldwide. Emergencies are covered wherever you are.
- Preventive colorectal and mammogram screens, received in-network, are provided at no cost to you.
- Hearing aid services, which includes one hearing aid, per ear, every three years when the hearing aid(s) are prescribed, fitted, and dispensed by a hearing care Professional within the hearing benefit network. To locate a hearing care Professional within the hearing benefit network, visit Blue Cross's website at bluecrossvt.org/find-doctor.
- In an emergency, dial 9-1-1 or go directly to the emergency room. Call customer service as soon as possible after an **out-of-network** emergency, at (800) 344-6690.
- Keep costs down and get the care you need in the most convenient and cost-effective settings. Blue Cross's staff of nurses and doctors work with you or your provider through our prior approval program. You can find the list of drugs and services that require prior approval on our website at bluecrossvt.org/priorapproval.

IMPORTANT TERMS

Out-of-Pocket Costs:

These are made up of your deductible, any coinsurance, and any copayments. You are responsible for these costs when you seek care.

Deductible:

The dollar amount you pay for services and/or medications before your plan begins to pay a larger portion of your costs.

Coinsurance:

The share of a medical cost you are responsible to pay after your deductible has been met. For example, if you have a 20% coinsurance, your health plan pays 80% of the cost and you pay 20%.

Copayment:

The amount you pay for specific healthcare services at the time of care. Your copayment is determined by your health plan.

Out-of-Pocket Limit:

The most you will pay for covered services in a plan year. Amount varies by plan.

VHP PLAN

(VERMONT HEALTH PARTNERSHIP)

Please note that this page contains only a summary of information. Your Benefit Description and other contract documents that govern your benefits are available at vehi.org/retirees.

This plan requires you to list a primary care provider (PCP).

Please note that this page contains only a summary of information. Your Benefit Description, your outline of coverage, and your other contract documents govern your benefits.

IN-NETWORK (PREFERRED BENEFITS)

- Your overall deductible is not applicable, but Durable Medical Equipment (DME) and Supplies has a \$100 individual deductible per member per calendar year.
- Your overall out-of-pocket limit is not applicable.
- Your prescription drug deductible is \$0.
- Your out-of-pocket limit for prescription drugs is \$600 individual / \$1,200 family per calendar year.

The benefits listed in this summary apply when you use network providers (preferred benefits) or get prior approval to go outside of the network. If you see an out-of-network provider (standard benefits), you may pay more out of pocket. For certain services you must use a network provider or there is no benefit.

OUT-OF-NETWORK (STANDARD BENEFITS)

- Your out-of-network deductible is \$500 individual/ \$1,000 family per calendar year, then 30% coinsurance up to your \$2,500 individual / \$5,000 family out-of-pocket limit per calendar year.
- For certain services you must use a network provider or there is no benefit. Please refer to the "Out-of-Network" section of your Benefit Description for a full listing of providers who must be in the network.

HOW YOUR PHARMACY COVERAGE WORKS

Some prescription drugs require prior approval. You must use a network pharmacy. Find a network pharmacy at bluecrossvt.org/vtbluerx.

GENERIC DRUGS	Retail or home delivery pharmacy: \$5 copayment per 30-day supply \$10 copayment per 60-day supply \$15 copayment per 90-day supply	Prescription out-of-pocket: \$600 individual / \$1,200 family per calendar year. No charge for diabetic medications and supplies obtained through your prescription drug benefit. Your plan follows the Vermont Blue Rx National Performance Formulary (NPF).
PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$20 copayment per 30-day supply \$40 copayment per 60-day supply \$60 copayment per 90-day supply	
NON-PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$45 copayment per 30-day supply \$90 copayment per 60-day supply \$135 copayment per 90-day supply	

SERVICES, COSTS, AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE		
PREVENTIVE CARE	Preventive care office visits with PCP: \$15 copayment per visit Colorectal and mammogram screenings: No charge	Preventive care benefits must meet the plan's definition of screening/preventive. For screening mammograms, you may use network or non-participating providers and obtain network benefits.
OFFICE VISITS	Primary care provider office visits: \$15 copayment per visit Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor): \$25 copayment per visit Outpatient physical, occupational, and speech therapy: \$25 copayment per visit	Certain provider specialties must be network or there is no benefit. Outpatient physical, speech, and occupational therapy benefits are covered up to 30 visits combined per calendar year. You must use a network chiropractor and requires prior approval after 12 visits per calendar year. For Nutritional Counseling you must use a network provider.
AMBULANCE SERVICES	\$50 copayment per member per day	Your condition must meet the criteria for an emergency medical condition in your Benefit Description. All non-emergency ambulance transport requires prior approval. You must get prior approval within 48 hours of non-emergency air and water transport.
EMERGENCY CARE	No charge	Your condition must meet the criteria for an emergency medical condition in your Benefit Description. For emergency care, you may use network or non-participating providers and obtain network benefits.
URGENT CARE	\$25 copayment per visit	For urgent care in a facility, you may use network and non-participating providers and obtain network benefits. Your condition must meet the criteria for urgent services as defined in your Benefit Description.
HOME HEALTH & HOSPICE	No charge	Private duty nursing is covered up to 14 hours per member per calendar year, subject to a \$25 copayment per visit.
INPATIENT & OUTPATIENT (HOSPITAL)	No charge	You must get prior approval for out-of-network inpatient care. Some surgeries, diagnostic, inpatient, and outpatient services require prior approval.
MEDICAL EQUIPMENT & SUPPLIES	\$100 deductible, then 20% coinsurance	Some medical equipment and supplies may require prior approval. Diabetic medication and supplies are not subject to deductible, coinsurance, or copayment.
CARE DURING PREGNANCY	Inpatient delivery: No charge Office visit: \$25 copayment per visit	One copayment covers all pre-natal and post-natal office visits by one network provider. Other services and tests may take additional cost-sharing. Members enrolled in our Better Beginnings program receive extra benefits.
REHABILITATION / SKILLED NURSING FACILITY CARE	Inpatient treatment: No charge Outpatient cardiac or pulmonary rehabilitation: No charge	You must get prior approval for inpatient rehabilitations. This benefit does not cover care in a out-of-network physical rehabilitation facility.
TELEMEDICINE SERVICES	Acute care: \$15 copayment per visit MH/SUD: \$25 copayment per visit Nutritional counseling: \$25 copayment per visit	For telemedicine consultations, visit bluecrossvt.org/telemedicine .
VISION CARE	Adult and Pediatric exam: \$20 copayment Adult and Pediatric material: Not covered	One routine vision exam per member, per calendar year through a VSP network provider. This benefit does not cover the evaluation and fitting of contact lenses or other supplemental tests.
HEARING AID SERVICES	\$100 deductible, then 20% coinsurance	Hearing aids covered up to one per ear, every three years. Coverage includes evaluation, hearing aids, and batteries. You must see a hearing care professional within the hearing benefit network. Some medical equipment and supplies may require prior approval.

COMPREHENSIVE PLAN

Please note that this page contains only a summary of information. Your Benefit Description and other contract documents that govern your benefits are available at vehi.org/retirees.



This plan does not require you to list a primary care provider (PCP).

DEDUCTIBLES AND LIMITS

- Your overall deductible is \$300 individual / \$600 family per calendar year.*
- Your overall out-of-pocket limit is \$600 individual / \$1,200 family per calendar year.
- Your prescription drug deductible is \$0.
- Your out-of-pocket limit for prescription drugs is \$600 individual / \$1,200 family per calendar year.

**If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of the deductible expenses paid by all family members meets the overall family deductible.*

HOW YOUR PHARMACY COVERAGE WORKS		
Some prescription drugs require prior approval. You must use a network pharmacy. Find a network pharmacy at bluecrossvt.org/vtbluerx .		
GENERIC DRUGS	Retail or home delivery pharmacy: \$5 copayment per 30-day supply \$10 copayment per 60-day supply \$15 copayment per 90-day supply	Prescription out-of-pocket: \$600 individual / \$1,200 family per calendar year. No charge for diabetic medications and supplies obtained through your prescription drug benefit. Your plan follows the Vermont Blue Rx National Performance Formulary (NPF).
PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$20 copayment per 30-day supply \$40 copayment per 60-day supply \$60 copayment per 90-day supply	
NON-PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$45 copayment per 30-day supply \$90 copayment per 60-day supply \$135 copayment per 90-day supply	

SERVICES, COSTS, AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE		
PREVENTIVE CARE	Preventive care office visits with PCP: Deductible, then 20% coinsurance Colorectal and mammogram screenings: No charge	Preventive care benefits must meet the plan's definition of screening/preventive. For screening mammograms, you may use network or non-participating providers and obtain network benefits.
OFFICE VISITS	Primary care provider office visits: Deductible, then 20% coinsurance Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor): Deductible, then 20% coinsurance Outpatient physical, occupational, and speech therapy: Deductible, then 20% coinsurance	Certain provider specialties must be in network or there is no benefit. Outpatient physical, occupational, and speech therapy benefits are covered up to 30 visits combined per calendar year. You must use a network chiropractor and obtain prior approval after 12 visits per calendar year. For nutritional counseling you must use a network provider.
AMBULANCE SERVICES	Deductible, then 20% coinsurance	Your condition must meet the criteria for an emergency medical condition in your Benefit Description. All non-emergency ambulance transport requires prior approval. You must get prior approval within 48 hours of non-emergency air and water transport.
EMERGENCY CARE	Deductible, then 20% coinsurance	Your condition must meet the criteria for an emergency medical condition in your Benefit Description. For emergency care, you may use network or non-participating providers and obtain network benefits.
URGENT CARE	Deductible, then 20% coinsurance	For urgent care in a facility, you may use network and non-participating providers and obtain network benefits. Your condition must meet the criteria for urgent services as defined in your Benefit Description.
HOME HEALTH & HOSPICE	Deductible, then 20% coinsurance	Private duty nursing is covered up to 14 hours per member per calendar year.
INPATIENT & OUTPATIENT (HOSPITAL)	Deductible, then 20% coinsurance	You must get prior approval for out-of-network inpatient care. Some surgeries, diagnostic, inpatient, and outpatient services require prior approval.
MEDICAL EQUIPMENT & SUPPLIES	\$100 Deductible, then 20% coinsurance	Some medical equipment and supplies may required prior approval.
CARE DURING PREGNANCY	Inpatient delivery or office visit: Deductible, then 20% coinsurance	Members enrolled in our Better Beginnings program receive extra benefits.
REHABILITATION / SKILLED NURSING FACILITY CARE	Inpatient treatment and outpatient cardiac or pulmonary rehabilitation: Deductible, then 20% coinsurance	You must get prior approval for inpatient rehabilitations. This benefit does not cover care in a out-of-network physical rehabilitation facility.
TELEMEDICINE SERVICES	Acute care, MH/SUD, Nutritional counseling: Deductible, then 20% coinsurance	For telemedicine consultations, visit bluecrossvt.org/telemedicine .
VISION CARE	Adult & Pediatric exam: Not covered Adult & Pediatric material: Not covered	Please see your Benefit Description for optometry services to treat a disease condition.
HEARING AID SERVICES	\$100 Deductible, then 20% coinsurance	Hearing aids covered up to one per ear, every three years. Coverage includes evaluation, hearing aids, and batteries. You must see a hearing care professional within the hearing benefit network. Some medical equipment and supplies may require prior approval.

JY PLAN

Please note that this page contains only a summary of information. Your Benefit Description and other contract documents that govern your benefits are available at vehi.org/retirees.



This plan does not require you to list a primary care provider (PCP).

DEDUCTIBLES AND LIMITS

Your overall deductible is not applicable. Your other deductibles are:

- \$100 per individual up to a maximum of three member deductibles per family per calendar year for ambulance services, infusion therapy, medical equipment and supplies, orthotics, prosthetics, and private duty nursing.
- Your overall out-of-pocket limit is \$600 per member, per calendar year.
- Your prescription drug deductible is \$0.
- Your out-of-pocket limit for prescription drugs is \$600 individual/\$1,200 family per calendar year.

HOW YOUR PHARMACY COVERAGE WORKS		
Some prescription drugs require prior approval. You must use a network pharmacy. Find a network pharmacy at bluecrossvt.org/vtbluerx .		
GENERIC DRUGS	Retail or home delivery pharmacy: \$5 copayment per 30-day supply \$10 copayment per 60-day supply \$15 copayment per 90-day supply	Prescription out-of-pocket: \$600 individual / \$1,200 family per calendar year. No charge for diabetic medications and supplies obtained through your prescription drug benefit. Your plan follows the Vermont Blue Rx National Performance Formulary (NPF).
PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$20 copayment per 30-day supply \$40 copayment per 60-day supply \$60 copayment per 90-day supply	
NON-PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$45 copayment per 30-day supply \$90 copayment per 60-day supply \$135 copayment per 90-day supply	

SERVICES, COSTS, AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE		
PREVENTIVE CARE	Preventive care office visits: \$20 copayment per visit Colorectal and mammogram screenings: No charge	Preventive care benefits must meet the plan's definition of screening/preventive. For screening mammograms, you may use network or non-participating providers and obtain network benefits.
OFFICE VISITS	Primary care provider office visits: \$20 copayment per visit Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor): \$20 copayment per visit Outpatient physical, occupational, and speech therapy: No charge	Certain provider specialties must be network or there is no benefit. Outpatient physical, occupational, and speech therapy benefits are covered up to 30 visits combined per calendar year. You must use a network chiropractor and obtain prior approval after 12 visits per calendar year. For nutritional counseling you must use a network provider.
AMBULANCE SERVICES	Deductible, then 20% coinsurance	Your condition must meet the criteria for an emergency medical condition in your Benefit Description. All non-emergency ambulance transport requires prior approval. You must get prior approval within 48 hours of non-emergency air and water transport.
EMERGENCY CARE	Facility: No charge Provider: \$20 copayment per visit	Your condition must meet the criteria for an emergency medical condition in your Benefit Description. For emergency care, you may use network or non-participating providers and obtain network benefits.
URGENT CARE	\$20 copayment per visit	For urgent care in a facility, you may use network and non-participating providers and obtain network benefits. Your condition must meet the criteria for urgent services as defined in your Benefit Description.
HOME HEALTH & HOSPICE	No charge	Private duty nursing is covered up to 14 hours per member per calendar year.
INPATIENT & OUTPATIENT (HOSPITAL)	No charge Mental Health/Substance Use Disorder outpatient: \$20 copayment per visit Mental Health/Substance Use Disorder Intensive outpatient: No charge	You must get prior approval for out-of-state inpatient care. Some surgeries, diagnostic, inpatient, and outpatient services require prior approval.
MEDICAL EQUIPMENT & SUPPLIES	Deductible, then 20% coinsurance	Some medical equipment and supplies may require prior approval. Diabetic medication and supplies are not subject to deductible, coinsurance, or copayment.
CARE DURING PREGNANCY	Inpatient delivery: No charge Office visit: No charge	Members enrolled in our Better Beginnings program receive extra benefits.
REHABILITATION / SKILLED NURSING FACILITY CARE	Inpatient treatment: No charge Outpatient cardiac or pulmonary rehabilitation: No charge	You must get prior approval for inpatient rehabilitations. This benefit does not cover care in a out-of-network physical rehabilitation facility.
TELEMEDICINE SERVICES	Acute care: \$20 copayment per visit MH/SUD: \$20 copayment per visit Nutritional counseling: \$20 copayment per visit	For telemedicine consultations, visit bluecrossvt.org/telemedicine .
VISION CARE	Adult & Pediatric exam: Not covered Adult & Pediatric material: Not covered	Please see your Benefit Description for optometry services to treat a disease condition.
HEARING AID SERVICES	\$100 Deductible, then 20% coinsurance	Hearing aids covered up to one per ear, every three years. Coverage includes evaluation, hearing aids, and batteries. You must see a hearing care professional within the hearing benefit network. Some medical equipment and supplies may require prior approval.

PLAN COMPARISON

This comparison chart contains only summary information. Your Benefit Description, outline of coverage, and other contract documents govern your benefits. Questions? Call Blue Cross at (800) 344-6690.

SERVICE	VHP	COMPREHENSIVE	JY
PRIMARY CARE PROVIDER	You must designate a valid Primary Care Provider (PCP) upon enrollment.	No—You do not need to designate a Primary Care Provider (PCP).	No—You do not need to designate a Primary Care Provider (PCP).
PREVENTIVE CARE (colorectal & mammogram screenings: No charge)	PCP: \$25 copayment per visit	You pay: \$300 individual/ \$600 family deductible. then 20% coinsurance until \$600 individual/ \$1,200 family out-of-pocket limit per calendar year.	\$20 copayment per visit
OFFICE VISITS	PCP: \$15 copayment per visit Specialist: \$25 copayment per visit		PCP: \$20 copayment per visit Specialist: \$20 copayment per visit
EMERGENCY AND URGENT CARE	Emergency care: No charge Urgent care: \$25 copayment per visit		Urgent care and ER Provider: \$20 copayment per visit
HOME HEALTH, REHABILITATION & SKILLED NURSING FACILITY CARE	No charge		No charge
INPATIENT & OUTPATIENT CARE IN A HOSPITAL	No charge MH/SUD primary care: \$15 copayment per visit MH/SUD specialist: \$25 copayment per visit		No charge MH/SUD primary care: \$20 copayment per visit MH/SUD specialist: \$20 copayment per visit
TELEMEDICINE	Acute Care: \$15 copayment per visit Specialty Care: \$25 copayment per visit		Acute Care & Specialty Care: \$20 copayment per visit
MEDICAL EQUIPMENT & SUPPLIES	\$100 deductible per member per calendar year, then 20% coinsurance		\$100 individual deductible three member deductibles per family per calendar year.
VISION EXAM	\$20 copayment, one per member per calendar year	Not covered	Not covered
PRESCRIPTION DRUGS	You have a \$0 prescription drug deductible. Then you pay: \$5 copayment per 30-day supply: generic drugs \$20 copayment per 30-day supply: preferred brand-name drugs \$45 copayment per 30-day supply: non-preferred brand-name drugs Your out-of-pocket maximum is \$600 for an individual or \$1,200 for a family per calendar year. Your plan follows the Vermont Blue Rx National Performance Formulary (NPF).		
HEARING AID SERVICES	\$100 Deductible, then 20% coinsurance	Hearing aids covered up to one per ear, every three years. Coverage includes evaluation, hearing aids, and batteries. You must see a hearing care professional within the hearing benefit network. Some medical equipment and supplies may require prior approval.	

Additional benefits for a healthier you.



TELEHEALTH VISITS

Telehealth visits allow a member to see a healthcare provider from the comfort of their home.



PREVENTIVE CARE

Preventive colorectal and mammogram screens, received in-network, are provided at no cost to you.



DIABETIC MEDICATION

No charge for diabetic medications and supplies obtained through your prescription drug benefit.



HEARING AID SERVICES

Hearing aids covered up to one per ear, every three years. Coverage includes evaluation, hearing aids, and batteries. You must see a hearing care professional within the hearing benefit network.



CLAIMS & DEDUCTIBLES

If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Call Blue Cross at **(800) 344-6690** with questions.

Blue Cross provides administrative services and does not assume any financial risk for claims.

VEHI AND HINGE HEALTH



What is Hinge Health?

IS HINGE HEALTH FOR ME?

Whether a new injury or ongoing aches, Hinge Health is for anyone living with joint or muscle pain.

WHAT DOES MY PROGRAM INCLUDE?

- Unlimited access to your personalized exercises and stretches developed by physical therapists
- Convenient exercise sessions you can do anytime, anywhere with the Hinge Health app
- Dedicated 1-on-1 support from a physical therapist and qualified health coach

WHO IS IN MY CARE TEAM?

Your care team includes a physical therapist and qualified health coach. You can connect with them via text, email, phone call, or video chat to ask questions, set goals, and more.

HOW MUCH DOES THE PROGRAM COST?

Hinge Health is available to eligible employees at no additional cost.

WHO IS ELIGIBLE?

Subscribers and dependents 18+ enrolled in a Blue Cross of Vermont medical plan through Vermont Education Health Initiative (VEHI) are eligible.

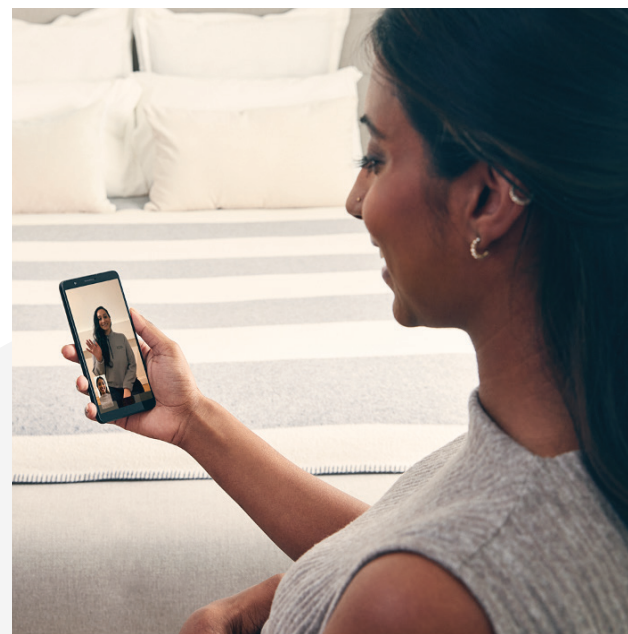
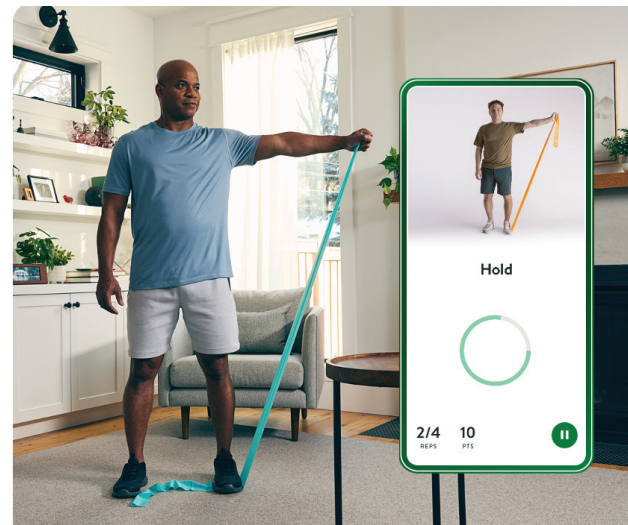
We provide members with personalized, expert-developed exercise therapy plans for lasting pain relief.

To learn more and apply, scan the QR code or visit hinge.health/vehi



Questions? Call (855) 902-2777

DISCLAIMER: Vermont Health Education Initiative (VEHI) provides the Hinge Health program through a direct contract with Hinge Health. Hinge Health is separate from your health plan.



MAKING THE MOST OF YOUR BENEFITS

We want you to feel your best. We have a variety of resources to help with your health and well-being.

Blue Cross cares about the whole you.

Blue Cross's caring team of registered nurses, licensed social workers, and behavioral health counselors can help you get the healthcare you need.

ADDICTION

Many Vermonters know someone who is affected by a substance use disorder. If you or a loved one struggles with addiction, please reach out for help. Our team can connect you to the providers, community, and care you need to achieve and sustain recovery.

CANCER CARE

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

CHRONIC CONDITION AND DISEASE MANAGEMENT

Our team is standing by to guide you through dealing with long-term health conditions. These include asthma, COPD, diabetes, heart disease, seizures, rheumatoid arthritis, Crohn's, colitis, and many others.

END-OF-LIFE

When facing end-of-life decisions, it is important to know the options and the available resources and support for you or your loved one.

MENTAL HEALTH

If you are struggling with anxiety, stress, depression, or other mental health conditions, you're not alone. Our team can connect you with professionals and resources to help you cope and feel better.

TRANSGENDER SUPPORT

Questions about gender affirmation services? Call to be connected to one of our case managers who can provide expert guidance and coordination.

Contact our integrated case management team at **(800) 922-8778**, option 3; send an email to healthsupport@bcbsvt.com; or visit our website at bluecrossvt.org/help-managing-your-health.



Wellness with VEHI PATH

Since 1991, VEHI PATH has provided our members with the health and nutrition information, fitness challenges, and personalized support they need to improve their physical, emotional, social, and spiritual health, and live richer, more rewarding lives. Best of all, PATH participants earn points toward wellness incentives and rewards.

Look below to find out how PATH can support you on your journey to better health. Improve your eating habits, track your fitness and your sleep, check in with a coach, or take a quick pop quiz. When you do, you're taking a step toward a healthier, happier you!



PATH ADVENTURES

These themed, annual, 10-week virtual adventures focus on fitness, healthy eating, and stress management. Participants report increasing their physical activity, losing weight, and feeling healthier all around.

HEALTHY LIFE SURVEY

This assessment tool is designed to take a snapshot of your health, spotting potential risks while highlighting the positive. Take this survey annually to compare your results and see how your health is improving.

PATH COMMUNITY AND KEEPING FIT

This online tracking tool allows you to record your workouts, sleep, flexibility, and mood. Join a team for added support or a bit of competition, or activate a cycle to earn PATHpoints in Keeping Fit.

PROGRESS HEALTH COACHING

This telephonic coaching service is staffed by certified professionals and is designed to help you find your best thinking around your lifestyle goals. Coaches work with you via phone appointments, conveniently scheduled to fit into your day.

INVEST EAP

The employee assistance program is here to help you and members of your household cope with stress, loss, and major life changes. Meet one-on-one with a mental health clinician, talk with an attorney or financial counselor, or access valuable resources, such as child and elder care services. Learn more about EAP services at tomypath.com.

QUIZZIFY

Take these monthly, trivia-style health quizzes that simplify complex topics. The Harvard-approved content offers a fun-filled way to brush up on skills for navigating your safety and healthcare.

SIZZLIN' SUMMER CHALLENGE

This weekly summer challenge is all about taking photos of lighthearted family health goals and posting them to your PATH account to qualify for the grand prize. It's stress free and fun for all members of your household.

ONLINE COURSES

At your own pace you can Rethink Your Sugar, practice mindfulness, and work on intuitive eating.

IF YOU HAVE
RECENTLY RETIRED

Contact the VEHI PATH Team to have your existing account moved to the retiree group.

Please submit a support request at tomypath.com.

Telemedicine Program

A faster, easier way to see a provider. Advice from a provider is as close as your computer, tablet, or smartphone. All plans include 24/7 telemedicine access. This means you can access the care you need anywhere at anytime. For more information, visit bluecrossvt.org/telemedicine.

After any telemedicine visit, follow up with your primary care provider's office. Keeping your primary care provider informed helps your provider manage your health.



WHAT IS TELEMEDICINE?

Telemedicine is an online video consultation with a provider via a computer or an app on a smartphone or tablet. Our telemedicine providers can help you with basic acute care issues like:

- | | |
|------------------------------|---------------|
| • Nutritional Counseling | • Rashes |
| • Behavioral Health Services | • Pink Eye |
| • Respiratory Infections | • Cough |
| • Bronchitis | • Flu |
| • Urinary Tract Infections | • Stuffy Nose |
| • Sore Throat | • Allergies |

WHEN SHOULD I USE TELEMEDICINE?

Our telemedicine providers can also prescribe medication, if needed. *(Please note distribution of prescriptions is subject to state law).* You can use telemedicine when:

- You need to see a provider, but can't fit it into your schedule
- Your provider's office is closed
- You feel too sick to leave the house
- You are caring for children and cannot leave the house

**Please note: a medical consultation via telemedicine requires cost-sharing.*

VERMONT BLUE RX HELPS YOU SAVE MONEY ON YOUR PRESCRIPTION DRUGS

Pharmacy Benefits

HOME DELIVERY

Take advantage of our home delivery program for a more convenient way to buy your prescription drugs. Learn more about our home delivery service at bluecrossvt.org/pharmacies-medications.

MEDICATION GUIDANCE

Get a one-on-one consultation with a pharmacist to talk about the medications you take and address any concerns or questions you may have about your prescriptions. Each visit is tailored to your needs and focuses on drug safety, effects, tolerability, price, and simplifying your medication regimen.

For more information, visit bluecrossvt.org/medmanage or call our customer service team at the number on the back of your ID card.



EXTENSIVE PHARMACY NETWORK

The VEHI plans offered through the Vermont State Teachers' Retirement System (VSTRS) follow the Vermont Blue Rx National Performance Formulary (NPF). To see the medications currently on the NPF, visit our Vermont Blue Rx Resource Center, bluecrossvt.org/vtbluerx.

Vermont Blue Rx provides you access to trusted local pharmacists and national retail pharmacies. Search pharmacies in the network and even compare costs.

UNDERSTANDING YOUR COSTS

Our plans help cover costs for prescription drugs used for the treatment, prevention, or diagnosis of specific medical conditions as outlined in your plan and drug formulary.

All plans follow the national performance formulary and have the same pharmacy benefit:

You have a \$0 prescription drug deductible. Then you pay:

- \$5 copayment per 30-day supply: generic drugs
- \$20 copayment per 30-day supply: preferred brand-name drugs
- \$45 copayment per 30-day supply: non-preferred brand-name drugs
- Your out-of-pocket maximum is \$600 for an individual or \$1,200 for a family per calendar year.

IMPORTANT TERMS

Drug Formulary:

A list of prescription drugs, both generic and brand name, covered by your plan.

Out-of-Pocket Costs:

These are made up of your deductible, any coinsurance, and any copayments. You are responsible for these costs when you seek care.

Maintenance Medicines:

Prescription drugs you take on a regular, daily basis to treat conditions such as high blood pressure, heart disease, and diabetes.

VEHI does not provide coverage for drugs designed to treat erectile dysfunction and infertility. Please note that services to determine a couple's infertility will be covered.

VEHI also does not provide Prescription Drugs and Biologics benefits for prescription drugs containing Glucagon-Like Peptide-agonist (GLP-1) products prescribed for conditions other than diabetes (including but not limited to Wegovy, Zepbound, and Saxenda). Note: Wegovy is not excluded if you are an adult with obesity and established cardiovascular disease defined as a prior heart attack, stroke, or symptomatic peripheral arterial disease and your Provider prescribes Wegovy to reduce the risk of major adverse cardiovascular events. Prior approval is required.

NEED HELP?

Call Vermont Blue Rx at **877-493-1949** (It's also on the back of your ID card) or visit: bluecrossvt.org/vtbluerx.

MENTAL HEALTH CARE SUPPORT

Increasing mental healthcare capacity with additional services for our members, including virtual therapy psychiatry services.

Find the support you need virtually. Blue Cross VT has partnered with virtual providers to increase access to mental healthcare for Vermonters.

The services connect you with providers for such conditions as:

- Depression
- Anxiety
- Stress
- Insomnia
- Attention deficit hyperactivity disorder (ADHD)
- Post-traumatic stress disorder (PTSD)
- And more

Access virtual mental health support or schedule a consultation by visiting bluecrossvt.org/mental-health-services.

IN-PERSON TREATMENT

If you'd rather see a mental health provider face to face, start your search using our Find-A-Doctor tool at bluecrossvt.org/find-doctor.

- Enter your location and the type of provider you're looking for.
- Filter your search results by different categories like distance or gender.
- Click on a provider's name to see more information about them.

OTHER OPTIONS FOR MENTAL HEALTH SUPPORT

You also have access to the Blue Cross VT case management team who are certified in mental health first aid. For more information, contact us:

- **Call:** (800) 922-8778, option 3
- **Email:** healthsupport@bcbsvt.com

HERE ARE SOME OTHER IDEAS FOR HOW TO GET HELP

- The National Suicide Prevention Lifeline is available in Vermont by dialing 988.
- Crisis Text Line is available 24/7 by texting "VT" to 741741
- Vermont Peer Support Line is available 24/7 by calling or texting 833-888-2557

If you have questions about your benefits or need help finding providers in our network, please give our Customer Service team a call at (800) 344-6690. We're available Monday to Friday from 7 a.m. to 6 p.m., except holidays. You can also log into your Member Resource Center account at bluecrossvt.org/member-logins to send us a secure email.

AFTER ENROLLMENT

After you contact the Vermont State Teachers' Retirement System, enroll in a plan, and have your ID card in hand, you can access these services to make the most of your benefits.

FIND HELPFUL PLAN INFORMATION ON OUR MEMBER RESOURCE CENTER

Blue Cross VT's secure member resource center

From Blue Cross VT's home page, you may log into the secure member site, where you can:

- Check claims status
- Review your Summary of Health Plan Payments (SHPP) for accuracy and report any discrepancies
- Track your out-of-pocket costs
- Look up your health plan benefits
- Check how many visit limits you have left in a calendar year for certain services such as chiropractic care
- Use secure email to ask questions and hear back within one business day
- Use Healthcare Advisor to compare cost and quality data on a variety of providers, services and supplies
- Order ID cards

To gain entry to the member site, visit bluecrossvt.org/member-logins.

HOW MUCH MIGHT YOU PAY OUT OF POCKET FOR YOUR HEALTHCARE?

Our cost estimate tool helps you check and compare your estimated out-of-pocket costs for many types of care from different providers and facilities, including:

- Office visits with your primary care physician or specialist
- Diagnostic imaging, like X-rays, CT scans, or MRIs
- Procedures, like a colonoscopy or knee replacement

HOW TO USE THE COST ESTIMATE TOOL

1. Log in to the **Member Resource Center (MRC)**.
Don't have an account? Sign up using your member ID card.
2. Navigate to the "My Providers" menu.
3. Choose "Estimate Costs," then click "Accept" at the bottom of the page.
4. Click the tile that says "Procedure Costs" to browse for common terms or search for a procedure by name.
5. Select a service or procedure to see in-network providers and facilities in your area, along with the total estimated cost for each.
6. Choose a provider or facility to see a more detailed breakdown, including how much your Blue Cross VT health plan will pay and your estimated share of the cost through coinsurance, copay, or your plan's deductible.

Please note, these are only estimates. Actual costs may vary depending on several factors, including how the provider bills us.

HEALTH AND WELLNESS RESOURCES

To create a new account or access the one you've already set up, go to tomypath.com. From there you can take advantage of our many services and activities.

If you have recently retired, please contact the PATH team to have your existing account moved to the retiree group by submitting a support request at tomypath.com.

Get help managing your health online at bluecrossvt.org/casemanagement.

Want to connect?

Always call customer service at Blue Cross first when you need help with your plan. If you have eligibility or membership questions about your plan, please call a retirement specialist at the Vermont State Teachers' Retirement System (VSTRS) at (802) 828-2305 or toll free at (800) 642-3191.



BlueCross BlueShield
of Vermont

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

bluecrossvt.org



BLUE CROSS MEMBER SERVICES

Visit bluecrossvt.org/members for more information.
P.O. Box 186, Montpelier, VT 05601-0186
Customer Service, (800) 344-6690, Monday-Friday, 7 a.m. – 6 p.m.

Case manager and prior approval, (800) 922-8778

Vermont Blue Rx Pharmacy Network
bluecrossvt.org/vtbluerx or (877) 493-1949



VEHI WEB RESOURCES

Visit vehi.org for the latest news and important developments regarding your plan. You can also find links to understanding your benefits, compliance resources, the PATH wellness program, and how to contact us.

52 Pike Drive, Berlin, VT 05602, (802) 223-5040



VEHI PATH SITE

To create a new account or access the one you've already set up, visit tomypath.com.



VSTRS SITE

For information on rates, forms, member materials, and newsletters, visit the Vermont State Teachers' Retirement System (VSTRS) website at vermonttreasurer.gov/vstrs/health.

Office of the State Treasurer,
109 State Street, Floor 4
Montpelier, VT 05609-6200

Retirement System: (802) 828-2305, Toll Free: (800) 642-3191



VERMONT-NATIONAL EDUCATION ASSOCIATION

Contact us at (802) 223-6375 or visit our website at vtnea.org.

Disclaimers

General Exclusions

While your health plan covers a broad array of necessary services and supplies, it doesn't cover every possible medical expense. If you would like to review the list of general exclusions before enrolling, visit bluecrossvt.org/contracts, click on the plan in which you are enrolling and read the chapter entitled "General Exclusions." Once you enroll, you will receive an Outline of Coverage and a link to your Certificate of Coverage. Please read both carefully as they govern your specific benefits.

How Blue Cross VT Protects Your Privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You may find information about our privacy practices at bluecrossvt.org/privacypolicies.

NOTICE: Discrimination is Against the Law

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

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

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

If you need these services, contact civilrightscoordinator@bcbsvt.com.

If you believe that Blue Cross VT has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-Status, you can file a grievance with: Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583 (TTY/TTD: 711), fax (802) 229-0511, or email civilrightscoordinator@bcbsvt.com. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

ARABIC العربية	للحصول على خدمة المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583 (TTY/TDD: 711). lilhusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583 (TTY/TDD: 711).
BOSNIAN BOSANSKI	Za besplatnu uslugu jezičke pomoći nazovite (800) 247-2583 (TTY/TDD: 711).
BURMESE မြန်မာဘာသာ	အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုအတွက် (800) 247-2583 (TTY/TDD: 711) သို့ ဖုန်းခေါ်ပါ။
DARI دری	د وړيا ژبني مرستې خدماتو لپاره، له شمیرې سره اړیکه ونیسئ (800) 247-2583 (TTY/TDD: 711)
FRENCH FRANÇAIS	Pour des services d'assistance linguistique gratuits, appelez le (800) 247-2583 (TTY/ TDD: 711).
KIRUNDI IKIRUNDI	Niba ukeneye ubwunganizi mu ndimi ku buntu, hamagara kuri (800) 247-2583 (TTY/TDD: 711).
NEPALI नेपाली	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस्, (800) 247-2583 (TTY/TDD: 711). Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (800) 247-2583 (TTY/TDD: 711).
PASHTO پښتو	برای خدمات رایگان کمک زبانی، با شماره پښتو (800) 247-2583 (TTY/TDD: 711) تماس
SIMPLIFIED CHINESE 简体中文	如需免费语言协助服务，请拨打 (800) 247-2583 (TTY/TDD: 711)。
SOMALI SOOMAALI	Si aad u hesho adeeg caawimo luuqadeed ah oo bilaash ah, wac (800) 247-2583 (TTY/TDD: 711).
SPANISH ESPAÑOL	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583 (TTY/TDD: 711).
SWAHILI KISWAHILI	Kwa huduma ya usaidizi wa lugha bila malipo, piga simu kwa (800) 247-2583 (TTY/TDD: 711).
THAI ไทย	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร, (800) 247-2583 (TTY/TDD: 711). Sǎhrăb brikār cȟwyhelǫx dân phās'ǎ frī thor (800) 247-2583 (TTY/TDD: 711).
UKRAINIAN УКРАЇНСЬКА МОБА	Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583 (TTY/TDD: 711). Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (800) 247-2583 (TTY/TDD: 711)
VIETNAMESE TIẾNG VIỆT	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583 (TTY/TDD: 711).

How VEHI Protects Your Privacy

THE VERMONT EDUCATION HEALTH INITIATIVE

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

You have received this notice because you receive medical and/or dental insurance coverage under a health benefits plan offered by the Vermont Education Health Initiative (“VEHI”) and/or you participate in VEHI’s wellness programs. VEHI is an inter-municipal insurance association that is approved and overseen by the Vermont Department of Financial Regulation. VEHI offers non-insured, self-funded health benefit plans, wellness programs, and compliance services to schools and other educational organizations in Vermont. The enrollees of VEHI’s health benefits plan are active and retired school employees and their dependents. VEHI’s health benefit plans are financed by employer and/or employee contributions.

This notice refers to VEHI by using the terms “us,” “we” or “our.”

Generally, “protected health information” or “PHI” is information that relates to your past, present, or future physical or mental health or condition (including your genetic information, as defined by federal law) the provision of healthcare to you or the payment for that healthcare, and that identifies you or with respect to which there is a reasonable basis to believe that the information can be used to identify you.

This notice describes our privacy practices, which include how we may use and disclose your protected health information. We are required by certain federal and state laws to maintain the privacy of your PHI. We also are required by the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rule”) developed by the Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to give you this notice of our privacy practices and legal duties and your rights concerning your PHI.

Use and Disclosure of Your Protected Health Information

The following categories describe the different ways in which we may use and disclose your protected health information. Please note that every permitted use or disclosure of your PHI is not listed below. However, the different ways we will, or might, use or disclose your PHI do fall within one of the permitted categories described below.

- To Make or Obtain Payment. We may use or disclose your protected health information to make payment to or collect payment from third parties, such as other health plans or healthcare providers, for the care you receive. For example, we may provide information regarding your coverage or healthcare treatment to other health plans to coordinate payment of benefits or we may use your PHI to pay claims for services provided to you by doctors or hospitals which are covered by your health plan.
- To Conduct Healthcare Operations. We may use or disclose your protected health information for our operations, to facilitate our administration and as necessary to provide coverage and services to all of our participants. These activities may include:
 - quality assessment and improvement activities;
 - activities designed to improve healthcare or reduce healthcare costs;
 - clinical guideline and protocol development, case management, and care coordination;

- contacting healthcare providers and participants with information about treatment alternatives and other related functions;
- competence or qualifications reviews and performance evaluations of healthcare professionals;
- accreditation, certification, licensing, or credentialing activities;
- underwriting, premium rating or related functions to create, renew, or replace health insurance or health benefits, provided that we are prohibited from using or disclosing your protected health information that is genetic information, as defined by federal law, for such purposes;
- review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs;
- business planning and development including cost management and planning related analyses and formulary development; and
- business management and general administrative activities, including customer service and resolution of internal grievances.

For example, we may use and disclose your protected health information to conduct case management, quality improvement, utilization review and provider credentialing activities or to engage in customer service and grievance resolution activities. We may also use and disclose your PHI to determine the types of wellness programs we may offer and to offer those wellness programs to you and, with your written authorization, to advocate on your behalf.

- For Treatment Purposes. We may disclose your protected health information to doctors, dentists, pharmacies, hospitals, and other healthcare providers who take care of you. For example, we may disclose your PHI to doctors who request medical information from us to supplement their own records.
- To Plan Sponsors. Plan sponsors are employers or other organizations that sponsor a group health plan.
- We may disclose your protected health information to the plan sponsor of your group health plan. For example:
- We may disclose “summary health information” to the plan sponsor of your group health plan to use to obtain premium bids for providing health insurance coverage or to modify, amend or terminate its group health plan. “Summary health information” is information that summarizes claims history, claims expenses or types of claims experienced by the individuals who participate in the plan sponsor’s group health plan.
- We may disclose your PHI to the plan sponsor of your group health plan to verify enrollment or disenrollment in your group health plan.
- If the plan sponsor of your group health plan has met certain requirements of the Privacy Rule, we may disclose your PHI to the plan sponsor of your group health plan so that the plan sponsor can administer the group health plan. The plan sponsor of your group health plan may be your employer. You should talk to your employer to find out how your employer might use this information.
- For Treatment Alternatives. We may use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may interest you.
- For Distribution of Health-Related Benefits and Services. We may use or disclose your protected health information to provide you with information on health-related benefits and services that may interest you.
- When Required by Law. We will disclose your protected health information when we are required to do so by any federal, state, or local law. For example, we may be required to disclose your PHI if the Department of Health and Human Services investigates our HIPAA compliance efforts.
- To Conduct Health Oversight Activities. We may disclose your protected health information to health oversight agencies for their authorized activities

- including audits, civil administrative or criminal investigations, inspections, and licensure or disciplinary actions.
- In Connection with Public Health Activities. We may disclose your protected health information to public health agencies for public health activities that are permitted or required by law, such as to:
 - prevent or control disease, injury, or disability;
 - maintain vital records, such as births and deaths;
 - report child abuse and neglect;
 - notify a person about potential exposure to a communicable disease;
 - notify a person about a potential risk for spreading or contracting a disease or condition;
 - report reactions to drugs or problems with products or devices;
 - notify individuals if a product or device they may be using has been recalled; and
 - notify appropriate government agencies and authorities about the potential abuse or neglect of an adult patient, including domestic violence.
- In Connection with Judicial and Administrative Proceedings. As permitted or required by state or other law, we may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request, or other lawful process.
- For Law Enforcement Purposes. As permitted or required by state or other law, we may disclose your protected health information to law enforcement officials for certain law enforcement purposes, including, but not limited to, if we have a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.
- In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your protected health information if we, in good faith, believe that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- For Specified Government Functions. In certain circumstances, federal regulations require us to use or disclose your protected health information to facilitate specified government functions related to the military, veterans affairs, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.
- For Workers’ Compensation. We may release your protected health information to the extent necessary to comply with laws related to workers’ compensation or similar programs.
- For Research. We may use or disclose your protected health information for research purposes, subject to strict legal restrictions.
- To You. Upon your request and in accordance with applicable provisions of the Privacy Rule, we may disclose to you your protected health information that is in a “designated record set.” Generally, a designated record set contains enrollment, payment, claims adjudication, and case or medical management records we may have about you, as well as other records that we use to make decisions about your healthcare benefits. You can request the PHI from your designated record set as described below in the section titled “Your Rights with Respect to Your Protected Health Information.”
- To Our Business Associates. We may disclose your protected health information to contractors, agents and other business associates of ours who need the information to provide services to us, for us or on our behalf. When we disclose your PHI in this manner we obtain a written agreement that our business associate will protect the confidentiality of your PHI.

Authorization to Use or Disclose Your Protected Health Information

Other than as stated above, and as otherwise permitted by applicable law, we will not use or disclose your protected health information other than with your written authorization. You may give us a written authorization permitting us to use or disclose your PHI for any purpose, including any marketing or sale of PHI that is permitted by law. We will not sell you PHI, or use or disclose it for marketing purposes, without your written authorization.

You may revoke an authorization that you provide to us at any time. Your revocation must be in writing. After you revoke an authorization, we will no longer use or disclose your protected health information for the reasons described in that authorization, except to the extent that we have already relied on the authorization.

Your Rights with Respect to Your Protected Health Information

You have the following rights regarding your protected health information that we maintain:

- Right to Request Restrictions. You have the right to request that we restrict certain uses and disclosures of your protected health information. You have the right to request a limit on our use or disclosure of your PHI in connection with your treatment, payment for your care and our healthcare operations. We are not required to agree to your request. If we do agree to your request, we will be bound by our agreement except in emergency situations and as otherwise required by law. If we do not agree to a request, we are required to give you notice. An agreed to restriction continues until you terminate the restriction (either orally or in writing) or until we inform you that we are terminating the restriction. If you wish to request a restriction, please contact our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602, by fax at (802) 229-1446 or by telephone at (802) 223-5040.
- Right to Receive Confidential Communications. You have the right to request that we communicate with you in a certain way if you feel the disclosure of your protected health information could endanger you. For example, you may ask that we only communicate with you by mail, rather than by telephone, or at work, rather than at home. If you wish to receive confidential communications, please make your request in writing to our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602 or by fax at (802) 229-1446. Your written request must clearly state that the disclosure of all or part of your PHI could endanger you. We will make every reasonable effort to honor your requests for confidential communications.
- Right to Inspect and Copy Your Protected Health Information. You have the right to inspect and copy your protected health information contained in a “designated record set,” other than psychotherapy notes and certain other information. Generally, a designated record set contains enrollment, payment, claims adjudication, and case or medical management records we may have about you, as well as other records that we use to make decisions about your healthcare benefits. A request to inspect and copy records containing your PHI must be made in writing to our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602 or by fax at (802) 229-1446. If you request a copy of your PHI, we may charge a reasonable fee for copying, assembling costs, and postage, if applicable, associated with your request.
- Right to Amend Your Protected Health Information. If you believe that any of your protected health information contained in a “designated record set” is inaccurate or incomplete, you have the right to request that we amend the PHI. Generally, a designated record set contains enrollment, payment, claims adjudication, and case or medical management records we may have about you, as well as other records that we use to make decisions about your healthcare benefits. The request to amend may be made as long as we maintain the information. A request for an amendment of records must be made in writing to our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602 or by fax at (802) 229-1446. We may deny the request if the

request does not include a reason to support the amendment. We may also deny the request if we did not create your PHI records, if the PHI you are requesting to amend is not part of the designated record set, if you are not permitted to inspect or copy the PHI you are requesting to amend, or if we determine the records containing your PHI are accurate and complete. If we deny your request, you have the right to submit a written statement of disagreement.

- Right to an Accounting. You have the right to request an accounting of certain disclosures of your protected health information we have made or that were made on our behalf. Any accounting will not include certain disclosures, including, without limitation:
 - disclosures to carry out treatment, payment, or healthcare operations;
 - disclosures we made to you;
 - disclosures that were incident to another use or disclosure; and
 - disclosures which you authorized.

The request for an accounting of disclosures must be made in writing to our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602 or by fax at (802) 229-1446. The request should specify the time period for which you are requesting the information. Accounting requests may not be made for periods of time going back more than six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests in a 12-month period may be subject to a reasonable cost-based fee. We will inform you in advance of the fee, if applicable.

- **Right to a Paper Copy of this Notice.** You have the right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive this Notice electronically. To obtain a paper copy, please contact our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602, by fax at (802) 229-1446 or by telephone at (802) 223-5040. You also may obtain a copy of the current version of our Notice at our website, vehi.org.
- **Right to File Complaints.** You have the right to file complaints with us if you believe that your privacy rights have been violated. Any complaints to us should be made in writing to our Privacy Officer by mail at 52 Pike Drive, Berlin, Vermont 05602 or by fax at (802) 229-1446. We encourage you to express any concerns to us that you may have regarding the privacy of your information. You also may complain to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. We will not retaliate against you in any way for filing a complaint against us or with the Secretary of the Department of Health and Human Services.

Appointment Reminders and Fundraising

We may call you to remind you of appointments. Please inform us if you do not wish to be called. We may also provide your contact information (name, address, and phone number) and the dates you received services from us to others in connection with our fundraising efforts. You have the right to opt out of our use of your contact information in connection with our fundraising efforts. If you wish to opt out, please inform us and we will respect your wishes.

Our Duties with Respect to Your Protected Health Information

We are required by law to maintain the privacy of your protected health information as set forth in this Notice and to provide you this Notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice, which we may amend from time to time. We are also required by law to notify you if the event of any breach of the privacy of your PHI and to accommodate reasonable requests by you to communicate health information to you by alternative means and/or at alternative locations.

Notes

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LOCAL, RELIABLE HEALTHCARE FOR VSTRS' RETIREES AND THEIR DEPENDENTS

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