



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.



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 Vermont State Teachers' Retirement System (VSTRS) informed about the health care market, health care 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 health care, 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 health care 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 health care system all benefit from the medically smart and appropriate use of health care services.

Sincerely,
VEHI Management Team

CARE YOU CAN TRUST



VEHI's health program has been operating for more than two 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.

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 health care 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.

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01 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 health care needs.

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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 the Vermont State Teachers' Retirement System (VSTRS) locally at (802) 828-2305 or toll-free at 1 (800)-642-3191 (TTY: 711).

Hours of operation are Monday- Friday, 7:45am to 4:30pm.

STEPS TO ENROLL



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

STEP

01 EVALUATE YOUR HEALTH CARE NEEDS

Consider your health spending from last year. This includes:

- Health plan costs like your premium, co-pay, co-insurance, 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

02 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

03 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,
7:45am-4:30pm



FAX
(802) 828-5182



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

03 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.



IMPORTANT TERMS

Out-of-pocket Costs:

These are made up of your deductible, any co-insurance, and any co-payments. 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.

Co-insurance:

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

Co-payment:

The amount you pay for specific health care services at the time of care. Your co-pay 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.

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.

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% co-insurance 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 co-payment per 30-day supply \$10 co-payment per 60-day supply \$15 co-payment 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 co-payment per 30-day supply \$40 co-payment per 60-day supply \$60 co-payment per 90-day supply	
NON-PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$45 co-payment per 30-day supply \$90 co-payment per 60-day supply \$135 co-payment per 90-day supply	


SERVICES, COSTS AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE

PREVENTIVE CARE	Preventive care office visits with PCP: \$15 co-payment 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 co-payment per visit Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor): \$25 co-payment per visit Outpatient physical, occupational, and speech therapy: \$25 co-payment 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 co-payment 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 co-payment 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 AND HOSPICE	No charge	Private duty nursing is covered up to 14 hours per member per calendar year, subject to a \$25 co-payment 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% co-insurance	Some medical equipment and supplies may require prior approval. Diabetic medication and supplies are not subject to deductible, co-insurance, or co-payment.
CARE DURING PREGNANCY	Inpatient delivery: No charge Office visit: \$25 co-payment per visit	One co-payment 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 co-payment per visit MH/SUD: \$25 co-payment per visit Nutritional counseling: \$25 co-payment per visit	For telemedicine consultations, visit bluecrossvt.org/telemedicine .
VISION CARE	Adult and Pediatric exam: \$20 co-payment 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	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.

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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 co-payment per 30-day supply \$10 co-payment per 60-day supply \$15 co-payment 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 co-payment per 30-day supply \$40 co-payment per 60-day supply \$60 co-payment per 90-day supply	
NON-PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$45 co-payment per 30-day supply \$90 co-payment per 60-day supply \$135 co-payment 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% co-insurance 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% co-insurance Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor): Deductible, then 20% co-insurance Outpatient physical, occupational, and speech therapy: Deductible, then 20% co-insurance	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% co-insurance	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% co-insurance	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% co-insurance	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 AND HOSPICE	Deductible, then 20% co-insurance	Private duty nursing is covered up to 14 hours per member per calendar year.
INPATIENT & OUTPATIENT (HOSPITAL)	Deductible, then 20% co-insurance	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% co-insurance	Some medical equipment and supplies may required prior approval.
CARE DURING PREGNANCY	Inpatient delivery or office visit: Deductible, then 20% co-insurance	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% co-insurance	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% co-insurance	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	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.

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 co-payment per 30-day supply \$10 co-payment per 60-day supply \$15 co-payment 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 co-payment per 30-day supply \$40 co-payment per 60-day supply \$60 co-payment per 90-day supply	
NON-PREFERRED BRAND DRUGS	Retail or home delivery pharmacy: \$45 co-payment per 30-day supply \$90 co-payment per 60-day supply \$135 co-payment per 90-day supply	

SERVICES, COSTS, AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE		
PREVENTIVE CARE	Preventive care office visits: \$20 co-payment 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 co-payment per visit Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor): \$20 co-payment 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% co-insurance	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 co-payment 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 co-payment 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 AND 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 co-payment 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% co-insurance	Some medical equipment and supplies may require prior approval. Diabetic medication and supplies are not subject to deductible, co-insurance, or co-payment.
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 co-payment per visit MH/SUD: \$20 co-payment per visit Nutritional counseling: \$20 co-payment 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	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.

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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 co-payment per visit	You pay: \$300 individual/ \$600 family deductible, then 20% co-insurance until \$600 individual/ \$1,200 family out-of-pocket limit per calendar year.	\$20 co-payment per visit
OFFICE VISITS	PCP: \$15 co-payment per visit Specialist: \$25 co-payment per visit		PCP: \$20 co-payment per visit Specialist: \$20 co-payment per visit
EMERGENCY AND URGENT CARE	Emergency care: No charge Urgent care: \$25 co-payment per visit		Urgent care and ER Provider: \$20 co-payment 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 co-payment per visit MH/SUD specialist: \$25 co-payment per visit		No charge MH/SUD primary care: \$20 co-payment per visit MH/SUD specialist: \$20 co-payment per visit
TELEMEDICINE	Acute Care: \$15 co-payment per visit Specialty Care: \$25 co-payment per visit		Acute Care & Specialty Care: \$20 co-payment per visit
MEDICAL EQUIPMENT & SUPPLIES	\$100 deductible per member per calendar year, then 20% co-insurance		\$100 individual deductible three member deductibles per family per calendar year.
VISION EXAM	\$20 co-payment, one per member per calendar year	Not covered	Not covered
PRESCRIPTION DRUGS	You have a \$0 prescription drug deductible. Then you pay: \$5 co-payment per 30-day supply: generic drugs \$20 co-payment per 30-day supply: preferred brand-name drugs \$45 co-payment 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	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.		

Additional benefits for a healthier you.



TELEHEALTH VISITS

Telehealth visits allow a member to see a health care 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.

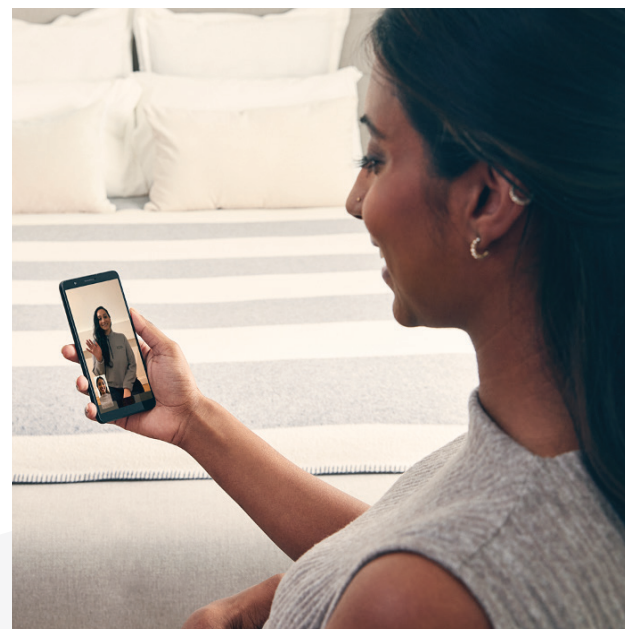
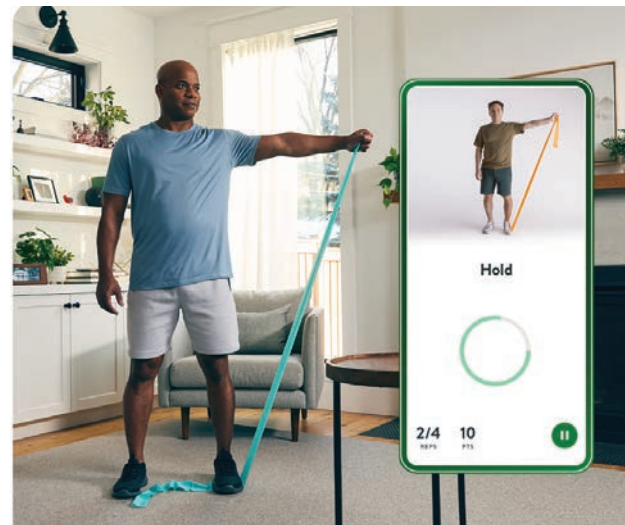
WHO IS ELIGIBLE?

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 health care you need.

ADDICTION

Many Vermonters know someone affected by substance abuse. If you or a loved one is struggling with substance use disorder, please reach out for help. Our team can connect you to the providers, community, and care you need to regain your health.

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 care management team at (800) 922-8778 or visit our website at bluecrossvt.org/casemanagement.



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.

PEER COACHING COURSE

This online course provides you and your peers with the skills necessary to give and receive quality support for reaching a health-related goal.

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 their 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 health care.

SIZZLIN' SUMMER CHALLENGE

This weekly summer challenge is all about taking photos of light-hearted 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 smart phone. 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
- Behavioral Health Services
- Respiratory Infections
- Bronchitis
- Urinary Tract Infections
- Sore Throat
- Rashes
- Pink Eye
- Cough
- Flu
- Stuffy Nose
- Allergies

WHEN SHOULD I USE TELEMEDICINE?

Our telemedicine providers can also prescribe medication, if needed. *(Please note distribution of prescriptions are 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.*

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MENTAL HEALTH CARE SUPPORT

Increasing mental health care capacity with additional services for our members. Blue Cross partners with Valera Health, Amwell, and Sondermind to provide virtual therapy psychiatry services.

valerahealth

Valera Health provides tailored virtual therapy and psychiatry services for adults (18+) and children, adolescents, and teens (6-18). Comprehensive treatment is offered for conditions such as depression, anxiety, stress, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), adjustment disorder and more. Valera Health also has a network of providers that specialize in Serious Mental Health Illness (SMI), Child and Adolescent, and Maternal Health. Services are primarily delivered through Valera Health's app or website.

You can also call (646) 450-7748 to start the onboarding process.

amwell

Amwell provides mental health care, psychiatry, and virtual counseling with a psychologist or from the privacy and comfort from their own home through the Amwell app or website. It offers virtual counseling with psychiatrists and other therapists for a wide range of services, including panic attacks, stress management, couples therapy, insomnia, obsessive-compulsive disorder (OCD) and more.

Easily access Amwell's telemedicine platform through their app on a smartphone or tablet, on a computer, or by phone at (844) 733-3627.

sondermind®

With SonderMind, members can get in-person or virtual support for condition such as:

- Anxiety
- Depression
- Insomnia
- Bipolar disorder
- Couples therapy

SonderMind can help members find a provider in their area, or connect them virtually. Once connected with a provider, members can coordinate session and track progress online.

They can assist members aged six years old and older. If a member is under age six, contact Sondermind to discuss the specific situation.

Call (844) 843-7279 to get started.

To access the services through Amwell or to complete the Valera Health onboarding form, please visit bluecrossvt.org/find-doctor/telemedicine-care/mental-health-telemedicine-support.

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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/vtbluerx.

MEDICATION THERAPY MANAGEMENT

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/casemanagement or call our customer service team at the number on the back of your ID card.





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 co-insurance, and any co-payments. 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.

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 co-payment per 30-day supply: generic drugs
- \$20 co-payment per 30-day supply: preferred brand-name drugs
- \$45 co-payment 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.

• 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.

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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

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

- Read your subscriber plan documents, such as your outline of coverage, which explains your cost-sharing requirements
- Order a new ID card
- Print a proof of coverage
- View your Summary of Health Plan Payments documents (formerly Explanation of Benefits (EOB))
- Send us a secure email message and much more!

To gain entry to the Member Resource Center, visit bluecrossvt.org/member-logins, then follow the prompts to either log in or register as a new user. You will need your ID card to register.

TRY OUR COST TRANSPARENCY TOOL

Search for services—Get cost estimates for more than 1,000 common medical services and procedures.

Compare cost and quality—Explore the ratings for almost 3,500 different providers in our health plan.

Plan your care with confidence—With just a few clicks, you'll have the information you need to make the best health care decisions for you and their dependents.

Simply log in to the Member Resource Center at bluecrossvt.org/member-logins and select the "Explore Costs" link to take control of your health care planning today!

TELEMEDECINE

Register before you get sick!
Visit bluecrossvt.org/telemedicine.

If you have any questions about how the service works, please contact Customer Service at the number on the back of your member ID card.

VERMONT BLUE RX

Search pharmacies in the network and even compare costs with our **Find a Pharmacy tool** at bluecrossvt.org/vtbluerx.

Please check our drug lists to ensure the medications you take are covered. You can also learn if your prescriptions are available as a generic, require prior approval, have quantity limits and more.

If you need help please call the customer service number, **877-493-1949** (it's also on the back of your ID card).

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, 7AM-6PM

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 (802) 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 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 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: Kienan D. Christianson, 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, Kienan D. Christianson, 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>.

ARABIC	For free language-assistance service, call (800) 247-2583 (TTY/TTD: 711). للحصول على خدمات المساعدة اللغوية المجانية ، اتصل (800) 247 2583 (TTY/TTD: 711). lilhusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583 (TTY/TTD: 711).
CHINESE	如需免费语言协助服务， 请致电， (800) 247-2583 (TTY/TTD: 711). Rú xū miǎnfèi yǔyán xiézhù fúwù, qīng zhìdiàn (800) 247-2583 TTY/TTD: 711).
CUSHITE (OROMO)	TajaaJila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 (TTY/TTD: 711) bilbili.
FRENCH	Pour des services d’assistance linguistique gratuits, appelez le (800) 247-2583 (TTY/TTD: 711).
GERMAN	Für kostenlose Sprachunterstützungsdienste rufen Sie (800) 247-2583 (TTY/TTD: 711) an.
ITALIAN	Per i servizi di assistenza linguistica gratuiti, chiamare il numero (800) 247-2583 (TTY/TTD: 711).
JAPANESE	無料の言語支援サービスについては、(800) 247-2583 (TTY/TTD: 711). Muryō no gengo shien sābisu ni tsuite wa, (800) 247-2583 (TTY/TTD: 711) made o denwa kudasai.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस् , (800) 247-2583 (TTY/TTD: 711). Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (800) 247-2583 (TTY/TTD: 711).
PORTUGUESE	Para serviços gratuitos de assistência linguística, ligue para (800) 247-2583 (TTY/TTD: 711).
RUSSIAN	Чтобы получить бесплатную языковую помощь, позвоните по телефону (800) 247-2583 (TTY/TTD: 711).
SERBO-CROATIAN (SERBIAN)	За бесплатне услуге језичке помоћи позовите (800) 247-2583 (TTY/TTD: 711). Za besplatne usluge jezičke pomoći pozovite (800) 247-2583 (TTY/TTD: 711).
SPANISH	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583 (TTY/TTD: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 247-2583 (TTY/TTD: 711).
THAI	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร.(800) 247-2583 (TTY/TTD: 711). Sǎnrǎb brikār chǎwyfielǎx dǎn phǎs'ǎ rǎi thor (800) 247-2583 (TTY/TTD: 711).
UKRAINIAN	Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583 (TTY/TTD: 711). Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (800) 247-2583 (TTY/TTD: 711)
VIETNAMESE	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583 (TTY/TTD: 711).

LOCAL, RELIABLE HEALTH CARE FOR VSTRS' RETIREES AND THEIR DEPENDENTS

(800) 344-6690 / bluecrossvt.org



BlueCross BlueShield
of Vermont

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



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