



# 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 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/](https://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 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.

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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.



02

# 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 users please dial 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](http://vehi.org/vstrs-health-plan-information). You can review premiums at [vermonttreasurer.gov/content/retirement/teacher/group-health](http://vermonttreasurer.gov/content/retirement/teacher/group-health).

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 users: dial 711



## EMAIL

[TRE.retirementbenefitpayroll@vermont.gov](mailto: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](https://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.
- 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](https://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](http://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.

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.

### 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.

### 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](http://bluecrossvt.org/vtbluerx).

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

SERVICES, COSTS AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE

<p>PREVENTIVE CARE</p>	<p><b>Preventive care office visits with PCP:</b> \$15 co-payment per visit</p> <p><b>Colorectal and mammogram screenings:</b> No charge</p>	<p>Preventive care benefits must meet the plan's definition of screening/preventive.</p> <p>For screening mammograms, you may use network or non-participating providers and obtain network benefits.</p>
<p>OFFICE VISITS</p>	<p><b>Primary care provider office visits:</b> \$15 co-payment per visit</p> <p><b>Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor):</b> \$25 co-payment per visit</p> <p><b>Outpatient physical, occupational, and speech therapy:</b> \$25 co-payment per visit</p>	<p>Certain provider specialties must be network or there is no benefit.</p> <p>Outpatient physical, speech and occupational therapy benefits are covered up to 30 visits combined, per calendar year.</p> <p>You must use a network chiropractor and requires prior approval after 12 visits per calendar year.</p> <p>For Nutritional Counseling you must use a network provider, benefits are covered up to three visits per calendar year. There is no limit on the number of nutritional counseling visits for treatment of diabetes.</p>
<p>AMBULANCE SERVICES</p>	<p>\$50 co-payment per member per day</p>	<p>Your condition must meet the criteria for an emergency medical condition in your Benefit Description.</p> <p>All non-emergency ambulance transport requires prior approval. You must get prior approval within 48 hours of non-emergency air and water transport.</p>
<p>EMERGENCY CARE</p>	<p>No charge</p>	<p>Your condition must meet the criteria for an emergency medical condition in your Benefit Description.</p> <p>For emergency care, you may use network or non-participating providers and obtain network benefits.</p>
<p>URGENT CARE</p>	<p>\$25 co-payment per visit</p>	<p>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.</p>
<p>HOME HEALTH AND HOSPICE</p>	<p>No charge</p>	<p>Private duty nursing is covered up to 14 hours per member per calendar year, subject to a \$25 co-payment per visit.</p>
<p>INPATIENT &amp; OUTPATIENT (HOSPITAL)</p>	<p>No charge</p>	<p>You must get prior approval for out-of-network inpatient care. Some surgeries, diagnostic, inpatient and outpatient services require prior approval.</p>
<p>MEDICAL EQUIPMENT &amp; SUPPLIES</p>	<p>Deductible, then 20% co-insurance</p>	<p>Some medical equipment and supplies may require prior approval. Diabetic medication and supplies are not subject to deductible, co-insurance, or co-payment.</p>
<p>CARE DURING PREGNANCY</p>	<p><b>Inpatient delivery:</b> No charge <b>Office visit:</b> \$25 co-payment per visit</p>	<p>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.</p>
<p>REHABILITATION / SKILLED NURSING FACILITY CARE</p>	<p><b>Inpatient treatment:</b> No charge <b>Outpatient cardiac or pulmonary rehabilitation:</b> No charge</p>	<p>You must get prior approval for inpatient rehabilitations. This benefit does not cover care in a out-of-network physical rehabilitation facility.</p>
<p>TELEMEDICINE SERVICES</p>	<p><b>Acute care:</b> \$15 co-payment per visit <b>MH/SUD:</b> \$25 co-payment per visit <b>Nutritional counseling:</b> \$25 co-payment per visit</p>	<p>For telemedicine consultations, visit <a href="http://bluecrossvt.org/telemedicine">bluecrossvt.org/telemedicine</a>.</p>
<p>VISION CARE</p>	<p><b>Adult and Pediatric exam:</b> \$20 co-payment <b>Adult and Pediatric material:</b> Not Covered</p>	<p>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.</p>

# 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](http://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](http://bluecrossvt.org/vtbluerx).

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



SERVICES, COSTS, AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE

<p>PREVENTIVE CARE</p>	<p><b>Preventive care office visits with PCP:</b> Deductible, then 20% co-insurance <b>Colorectal and mammogram screenings:</b> No charge</p>	<p>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.</p>
<p>OFFICE VISITS</p>	<p><b>Primary care provider office visits:</b> Deductible, then 20% co-insurance  <b>Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor):</b> Deductible, then 20% co-insurance  <b>Outpatient physical, occupational, and speech therapy:</b> Deductible, then 20% co-insurance</p>	<p>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, benefits are covered up to three visits per calendar year. There is no limit on the number of nutritional counseling visits for treatment of diabetes.</p>
<p>AMBULANCE SERVICES</p>	<p>Deductible, then 20% co-insurance</p>	<p>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.</p>
<p>EMERGENCY CARE</p>	<p>Deductible, then 20% co-insurance</p>	<p>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.</p>
<p>URGENT CARE</p>	<p>Deductible, then 20% co-insurance</p>	<p>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.</p>
<p>HOME HEALTH AND HOSPICE</p>	<p>Deductible, then 20% co-insurance</p>	<p>Private duty nursing is covered up to 14 hours per member per calendar year.</p>
<p>INPATIENT &amp; OUTPATIENT (HOSPITAL)</p>	<p>Deductible, then 20% co-insurance</p>	<p>You must get prior approval for out-of-network inpatient care. Some surgeries, diagnostic, inpatient, and outpatient services require prior approval.</p>
<p>MEDICAL EQUIPMENT &amp; SUPPLIES</p>	<p>Deductible, then 20% co-insurance</p>	<p>Some medical equipment and supplies may required prior approval. Diabetic medication and supplies are not subject to deductible, co-insurance, or co-payment.</p>
<p>CARE DURING PREGNANCY</p>	<p><b>Inpatient delivery or office visit:</b> Deductible, then 20% co-insurance</p>	<p>Members enrolled in our Better Beginnings program receive extra benefits.</p>
<p>REHABILITATION / SKILLED NURSING FACILITY CARE</p>	<p><b>Inpatient treatment and outpatient cardiac or pulmonary rehabilitation:</b> Deductible, then 20% co-insurance</p>	<p>You must get prior approval for inpatient rehabilitations. This benefit does not cover care in a out-of-network physical rehabilitation facility.</p>
<p>TELEMEDICINE SERVICES</p>	<p><b>Acute care, MH/SUD, Nutritional counseling:</b> Deductible, then 20% co-insurance</p>	<p>For telemedicine consultations, visit <a href="https://bluecrossvt.org/telemedicine">bluecrossvt.org/telemedicine</a>.</p>
<p>VISION CARE</p>	<p><b>Adult &amp; Pediatric exam:</b> Not Covered <b>Adult &amp; Pediatric material:</b> Not Covered</p>	<p>Please see your Benefit Description for optometry services to treat a disease condition.</p>

# 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](http://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](http://bluecrossvt.org/vtbluerx).

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

## SERVICES, COSTS, AND OTHER IMPORTANT INFORMATION RELATED TO YOUR COVERAGE

PREVENTIVE CARE	<p><b>Preventive care office visits:</b> \$20 co-payment per visit</p> <p><b>Colorectal and mammogram screenings:</b> No charge</p>	<p>Preventive care benefits must meet the plan's definition of screening/preventive.</p> <p>For screening mammograms, you may use network or non-participating providers and obtain network benefits.</p>
OFFICE VISITS	<p><b>Primary care provider office visits:</b> \$20 co-payment per visit</p> <p><b>Specialist office visits (e.g. cardiologist, gynecologist, oncologist, nutritionist, chiropractor):</b> \$20 co-payment per visit</p> <p><b>Outpatient physical, occupational, and speech therapy:</b> No charge</p>	<p>Certain provider specialties must be network or there is no benefit.</p> <p>Outpatient physical, occupational, and speech therapy benefits are covered up to 30 visits combined, per calendar year.</p> <p>You must use a network chiropractor and obtain prior approval after 12 visits per calendar year.</p> <p>For nutritional counseling you must use a network provider, benefits are covered up to three visits per calendar year. There is no limit on the number of nutritional counseling visits for treatment of diabetes.</p>
AMBULANCE SERVICES	Deductible, then 20% co-insurance	<p>Your condition must meet the criteria for an emergency medical condition in your Benefit Description.</p> <p>All non-emergency ambulance transport requires prior approval. You must get prior approval within 48 hours of non-emergency air and water transport.</p>
EMERGENCY CARE	<p><b>Facility:</b> No charge <b>Provider:</b> \$20 co-payment per visit</p>	<p>Your condition must meet the criteria for an emergency medical condition in your Benefit Description.</p> <p>For emergency care, you may use network or non-participating providers and obtain network benefits.</p>
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)	<p>No charge <b>Mental Health/Substance Use Disorder outpatient:</b> \$20 co-payment per visit <b>Mental Health/Substance Use Disorder Intensive outpatient:</b> No charge</p>	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	<p><b>Inpatient delivery:</b> No charge <b>Office visit:</b> No charge</p>	Members enrolled in our Better Beginnings program receive extra benefits.
REHABILITATION / SKILLED NURSING FACILITY CARE	<p><b>Inpatient treatment:</b> No charge <b>Outpatient cardiac or pulmonary rehabilitation:</b> No charge</p>	You must get prior approval for inpatient rehabilitations. This benefit does not cover care in a out-of-network physical rehabilitation facility.
TELEMEDICINE SERVICES	<p><b>Acute care:</b> \$20 co-payment per visit <b>MH/SUD:</b> \$20 co-payment per visit <b>Nutritional counseling:</b> \$20 co-payment per visit</p>	For telemedicine consultations, visit <a href="https://bluecrossvt.org/telemedicine">bluecrossvt.org/telemedicine</a> .
VISION CARE	<p><b>Adult &amp; Pediatric exam:</b> Not Covered <b>Adult &amp; Pediatric material:</b> Not Covered</p>	Please see your Benefit Description for optometry services to treat a disease condition.

# 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	<b>You must designate a valid Primary Care Provider (PCP) upon enrollment.</b>	<b>No—You do not need to designate a Primary Care Provider (PCP).</b>	<b>No—You do not need to designate a Primary Care Provider (PCP).</b>
PREVENTIVE CARE (colorectal & mammogram screenings: No charge)	PCP: \$15 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	<b>PCP:</b> \$15 co-payment per visit <b>Specialist:</b> \$25 co-payment per visit		<b>PCP:</b> \$20 co-payment per visit <b>Specialist:</b> \$20 co-payment per visit
EMERGENCY AND URGENT CARE	<b>Emergency care:</b> No charge <b>Urgent care:</b> \$25 co-payment per visit		<b>Urgent care and ER Provider:</b> \$20 co-payment per visit
HOME HEALTH, REHABILITATION & SKILLED NURSING FACILITY CARE	No charge		No charge
INPATIENT & OUTPATIENT CARE IN A HOSPITAL	No charge <b>MH/SUD primary care:</b> \$15 co-payment per visit <b>MH/SUD specialist:</b> \$25 co-payment per visit		No charge <b>MH/SUD primary care:</b> \$20 co-payment per visit <b>MH/SUD specialist:</b> \$20 co-payment per visit
TELEMEDICINE	<b>Acute Care:</b> \$15 co-payment per visit <b>Specialty Care:</b> \$25 co-payment per visit		<b>Acute Care &amp; Specialty Care:</b> \$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
PRESCRIPTION DRUGS	<p>You have a \$0 prescription drug deductible. Then you pay:</p> <p>\$5 co-payment: generic drugs \$20 co-payment: preferred brand-name drugs \$45 co-payment: non-preferred brand-name drugs</p> <p>Your out-of-pocket maximum is \$600 for an individual or \$1,200 for a family per calendar year.</p> <p>Your plan follows the Vermont Blue Rx National Performance Formulary (NPF).</p>		



# 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.



## 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.*

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# MAKING THE MOST OF YOUR BENEFITS

At Blue Cross, 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.

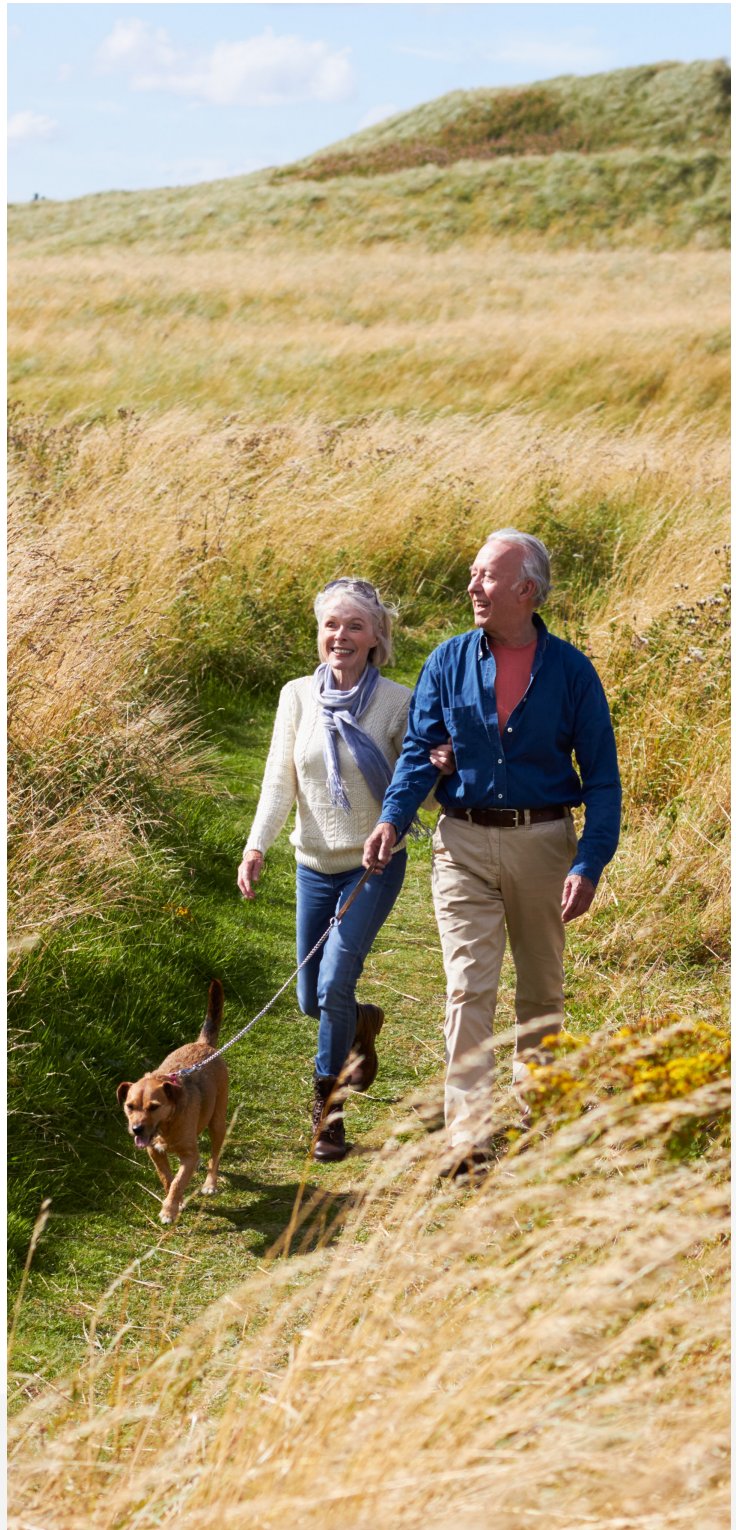
## MENTAL HEALTH

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](https://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](http://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, work on intuitive eating, or build a healthy culture around you with peer coaching and more.



## 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/vehiretire/](http://tomypath.com/vehiretire/)



# 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](https://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 TELEMEDECINE?

**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 TELEMEDECINE?

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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# 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 and potentially less expensive way to buy your prescription drugs. Learn more about our home delivery service at [bluecrossvt.org/vtbluerx](https://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](https://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](http://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.

When you're at the pharmacy, ask about getting 90-day supplies of your maintenance medicines. This can save you money.

## 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: generic drugs
- \$20 co-payment: preferred brand-name drugs
- \$45 co-payment: 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?

After you enroll, please call Vermont Blue Rx at **877-493-1949** (It's also on the back of your ID card) or visit: [bluecrossvt.org/vtbluerx](http://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](https://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](https://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](https://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](https://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](https://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](https://tomypath.com).

Get help managing your health online at [bluecrossvt.org/casemanagement](https://bluecrossvt.org/casemanagement).



# Your Notes

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# Disclaimers

## General Policy Exclusions

You can be confident that your health plan covers a broad array of necessary services and supplies as described in this booklet. The following points highlight some of the services that your health plan does not cover: Services that are investigational, experimental, cosmetic or not medically necessary as defined in your Benefit Description. Services that should be covered by another source, such as another type of insurance or an employer. Non-medical charges like fees for completion of a claim form, personal service items or home modifications. Visual, dental, auditory or podiatric services, unless specifically provided by your Benefit Description. Providers who are not approved to provide a particular service or who don't meet the definition of "provider" in your Benefit Description. If you would like to review your plan's complete list of General Exclusions before enrolling, visit [vehi.org](http://vehi.org) to view your sample Benefit Description. Once enrolled, you will have access to your specific Benefit Description, which details all General Exclusions on Blue Cross's Member Resource Center online. To learn more about Blue Cross's Member Resource Center, see page 24. (If you would like a hard copy, please call Blue Cross customer service at (800) 344-6690.) Please read your Benefit Description carefully; it is a part of your plan documents which govern your benefits.

## How Blue Cross Protects Your Privacy

We are required by law to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You have the right to gain access to your health information and to information about Blue Cross's privacy practices. In general, Blue Cross's notice of privacy practices explains: Blue Cross's routine use and disclosure of personal health information (PHI); The internal protection of oral, written and electronic PHI; and The protection of information disclosed to plan sponsors or to employers. A complete copy of Blue Cross's Notice of Privacy Practices is available at [bluecrossvt.org/privacy-policy](http://bluecrossvt.org/privacy-policy). Or you may request a paper copy by contacting Blue Cross's customer service team at (800) 344-6690.

## How VEHI Protects Your Privacy

A complete copy of VEHI's Notice of Privacy Practices is available at [vehi.org/privacy-and-security](http://vehi.org/privacy-and-security) and if you want a paper copy or if you have any questions regarding this notice, or desire more information about this notice, 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.

## NOTICE: Discrimination is Against the Law

Blue Cross 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.

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

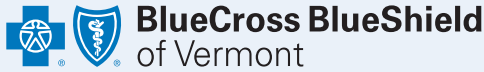
If you need these services, please call (800) 247-2583. If you would like to file a grievance because you believe that Blue Cross has failed to provide services or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact: Civil Rights Coordinator Blue Cross and Blue Shield of Vermont PO Box 186 Montpelier, VT 05601 (802) 371-3394 TDD/TTY: (800) 535-2227 [civilrightscordinator@bcbsvt.com](mailto:civilrightscordinator@bcbsvt.com) You can file a grievance by mail, or email at the contacts above. If you need assistance, our civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 (800) 368-1019 (800) 537-7697 (TDD).

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

ARABIC	قد عا س ما ا ت ا م ا د خ ا و ل ع ا ل و ص ح ل ل م ق ر ل ا و ل ع ا ل و ل ص ت ا ، ت ع ي ن ا ج م ا ل ا و ي و ع ل ل ا Æ(800) 247-2583
CHINESE	如需免費語言協助服務，請致電 (800) 247-2583
CUSHITE (OROMO)	<b>Tajaajila gargaarsa afaan hiikuu kaffaltii malee argachuuf (800) 247-2583 bilbilaa.</b>
FRENCH	Pour obtenir des services d'assistance linguistique gratuits, appelez le (800) 247-2583.
GERMAN	Kostenlose fremdsprachliche Unterstützung erhalten Sie unter (800) 247-2583.
ITALIAN	Per i servizi gratuiti di assistenza linguistica, chiamare il numero (800) 247-2583.
JAPANESE	無料の通訳サービスのご利用は、(800) 247-2583 までお電話ください
NEPALI	नःशुल्क भाषा सहायता सेवाहरूका लागि, (800) 247-2583 मा कल गर् हुनु हेस।
PORTUGUESE	Para serviços gratuitos de assistência linguística, ligue para o (800) 247-2583.
RUSSIAN	Чтобы получить бесплатные услуги переводчика, позвоните по телефону (800) 247-2583.
SERBO-CROATIAN (SERBIAN)	Za besplatnu uslugu prevođenja, pozovite na broj (800) 247-2583.
SPANISH	Para servicios gratuitos de asistencia con el idioma, llame al (800) 247-2583.
TAGALOG	Para sa libreng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.
THAI	สำหรับการให้บริการความช่วยเหลือทางภาษาฟรี โทร (800) 247-2583.
VIETNAMESE	Để biết các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi số (800) 247-2583.

# 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.



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

[bluecrossvt.org](http://bluecrossvt.org)



## BLUE CROSS MEMBER SERVICES

Visit [bluecrossvt.org/members](http://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](http://bluecrossvt.org/vtbluerx) or (877) 493-1949



## VEHI WEB RESOURCES

Visit [vehi.org](http://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](http://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/content/retirement/teacher](http://vermonttreasurer.gov/content/retirement/teacher).

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](http://vtnea.org).

## RETIRING TIMES

Keep up-to-date by reading the State Treasurer's Office biannual publication, Retiring Times, at [vermonttreasurer.gov/retiringtimes](http://vermonttreasurer.gov/retiringtimes).

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

(800) 344-6690 / [bluecrossvt.org](http://bluecrossvt.org)



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