



VEHI's health benefit plans are administered by:



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

# VEHI VSTRS 65 FOR RETIREES WITH MEDICARE PART A AND PART B

## YOUR GUIDE FOR RETIREEES ENROLLING IN THE VEHI VSTRS 65 PLAN.





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### 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 the VEHI VSTRS 65 health benefits offered to retirees and their dependents who are enrolled in Medicare Part A and Part B and who meet VSTRS' eligibility standards. This booklet summarizes only the VEHI VSTRS 65 benefits. There are alternative Vermont Blue Advantage Group PPO Medicare Advantage plan options available directly through VSTRS. To learn more, visit [vermonttreasurer.gov/vstrs](http://vermonttreasurer.gov/vstrs).

# THE VEHI VSTRS 65 HEALTH BENEFITS

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 annual enrollment period. Retirees may switch medical plans once per year. Open enrollment typically occurs during the fall of each year. This change is effective January 1.

## ELIGIBILITY

In order to be eligible for the VEHI VSTRS 65 plan, you must meet VSTRS' eligibility standards and be enrolled in Medicare Part A and Part B. See page 5 to learn more about how to enroll in Medicare.

## 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 call toll-free at 1-(800)-642-3191 (TTY: 711).

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

Note: The VEHI VSTRS 65 health plan does NOT include Part D prescription drug coverage. To obtain a prescription drug benefit and avoid penalties you must enroll in an individual Medicare Part D plan.

## STEPS TO ENROLL



Follow these steps to enroll in the VEHI VSTRS 65 health benefits.

### STEP

## 1 ENROLL IN MEDICARE PART A AND PART B.

### HOW DO YOU ENROLL?

For Medicare Parts A and B, call Social Security toll free at (800) 772-1213 (TTY: (800) 325-0778). You can also set up an appointment at your local Social Security office. You'll need to provide proof of age, such as a birth certificate.



### PART A – HOSPITAL INSURANCE COVERS:

- Hospital care
- Care in a skilled nursing facility
- Hospice care
- Some home health care

For most individuals, Medicare Part A (hospital insurance) is free. If neither you nor you spouse has paid Medicare taxes for at least 10 years, you will need to pay a monthly premium. (You can find this amount in the "Your Medicare Costs" section at [www.medicare.gov](http://www.medicare.gov).)

If you are eligible for Medicare Part A (hospital insurance) either for free or by paying for it, you can also enroll in Medicare Part B (medical insurance).



### PART B – MEDICAL INSURANCE COVERS:

- Doctor and other health care providers' services
- Outpatient care (medical care or treatment that does not require an overnight stay in a hospital or medical facility)
- Durable medical equipment
- Home health care
- Some preventive services (such as flu shots and yearly wellness visits)

Part B requires a monthly premium. The Part B premium can come right out of your Social Security check. Most people will pay the standard premium amount. If your modified adjusted gross income is above a certain amount, you may pay more.

### PART B LATE ENROLLMENT PENALTY:

Timing for Part B enrollment varies based on individual circumstances; however, in most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty.

STEPS TO ENROLL

Please note: There are alternative Vermont Blue Advantage Group PPO Medicare Advantage plan options available directly through VSTRS. To learn more visit [vermonttreasurer.gov/content/retirement/teacher/group-health](http://vermonttreasurer.gov/content/retirement/teacher/group-health).

STEP

**2** 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

**3** REVIEW THE VEHI VSTRS 65 HEALTH PLAN DETAILS.

Use the enclosed charts (pages 9–10) to review the VEHI VSTRS 65 health plan details.

You can review premiums for the VEHI VSTRS 65 health benefit plan at [vermonttreasurer.gov/vstrs](http://vermonttreasurer.gov/vstrs).

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



**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

STEP

**4** ENROLL IN THE VEHI VSTRS 65 HEALTH BENEFIT.

To enroll in the VEHI VSTRS 65 health plan, please contact the Vermont State Teachers' Retirement System.

STEPS TO ENROLL

STEP

**5** ENROLL IN MEDICARE PART D PRESCRIPTION DRUG PLAN.

The final component of the equation is Medicare prescription drug coverage (Part D). Medicare Part D plans are offered by insurance companies approved by Medicare and are available to anyone who is entitled to Medicare Part A and/or enrolled in Part B.

To get Medicare drug coverage, you must join a Medicare drug plan through a Prescription Drug Plan (PDP). Plans vary in cost and drugs covered. To compare plans go to [www.medicare.gov](http://www.medicare.gov). You are eligible to enroll three months before, during, or three months after the month your Medicare coverage begins or during the open enrollment period each year between October 15 to December 7. It is important to investigate your options now. If you wait, you may have to pay more for your coverage later.

Part D adds drug coverage to original Medicare and covers both brand-name and generic prescription drugs at network pharmacies in your area. (Note: Part D typically does not cover over-the-counter medications.)

You must enroll in Medicare Part D through an insurance company and pay a monthly premium. Each plan can vary in costs (premiums, deductibles, co-payments and drugs covered). You will pay these in addition to your Part B premium.

You should consider joining a plan unless you will already have drug coverage that is at least as good as Medicare Part D prescription drug coverage.

Blue Cross and Blue Shield of Vermont, in a joint venture with three other New England Blue Cross plans, contracts with the Federal Government to offer Medicare prescription drug coverage, called Blue MedicareRx<sup>SM</sup> (PDP).

You can learn more about Blue Cross Vermont's Medicare Part D plans and eligibility requirements at [www.rxmedicareplans.com](http://www.rxmedicareplans.com). You may also call the Blue MedicareRx (PDP) team at (888) 496-4178, TTY: 711 (24 hours a day, 7 days a week).



**HOW DO YOU ENROLL?**

To get Medicare drug coverage, you must join a Medicare Prescription Drug Plan (PDP.) Plans vary in cost and drugs covered. To compare plans go to [www.medicare.gov](http://www.medicare.gov).

You are eligible to enroll three months before, during, or three months after the month your Medicare coverage begins or during the open enrollment period each year between October 15 to December 7.

It is important to investigate your options now. If you wait, you may have to pay more for your coverage later.

**PART D LATE ENROLLMENT PENALTY:**

Unless you are eligible for extra help with paying your Medicare costs, you may owe a late enrollment penalty. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage, and is added to the cost of your monthly Part D premiums.

People with limited income and resources may qualify for extra help in paying their premiums and out-of-pocket costs. If you qualify for additional assistance for your Medicare Prescription Drug Plan costs, the amount you pay for your premium and your out-of-pocket costs at the pharmacy will be less. The subsidies may apply if you are Medicare-eligible and your resources and annual income are less than the amount defined each year. You can contact the Social Security Administration or your local agency on aging to see if you qualify.

The following pages describe your plan’s services, limitations and cost-sharing amounts ending December 31, 2024. You must read this document to understand all your rights and duties.

**NOTICE**

- Your plan may not fully cover all of your medical costs.
- Your outline of coverage does not give all the details of your coverage. Contact the VSTRS Retirement Division or Blue Cross and Blue Shield of Vermont’s customer service team at the number listed on the back of your ID card.

Instead, health plans like VSTRS and VEHI Trust provide the coverage. You may subscribe to a plan only if you have Medicare Parts A and B.

With few exceptions, your plan helps pay for the same services as Medicare does. It helps cover co-insurance and other expenses you would have to pay even with your Medicare coverage.

Neither Medicare nor your plan covers all of your medical expenses. In some cases, you will have to pay for part or all of a health care service yourself.

**HOW DOES YOUR COVERAGE WORK?**

Your plan was designed to supplement Medicare coverage. The government does not sponsor this plan or any other Medicare-Supplementary coverage.

**Vermont State Teachers Retirement Hospital Services – Per Benefit Period**

| Medicare (Part A) – Per Benefit Period   | MEDICARE PAYS   | PLAN PAYS                          | YOU PAY   |
|--|---|------------------------------------|-----------|
| <b>SERVICES</b>  |   |                                    |           |
| <b>Hospitalization*.**</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies  |   |                                    |           |
| First 60 days  | All but \$1,632   | \$1,632 (Part A deductible)        | \$0       |
| 61st through 90th day  | All but \$408 a day   | \$408 a day                        | \$0       |
| 91st day and after, while using 60 lifetime reserve days   | All but \$816 a day   | \$816 a day                        | \$0       |
| Once lifetime reserve days are used: additional 365 days   | \$0   | 100% of Medicare-eligible expenses | \$0       |
| Beyond the additional 365 days   | \$0   | \$0                                | All costs |
| <b>Skilled Nursing Care Facility*</b><br>You must meet certain requirements, including having been in a hospital for at least three days and entered an approved facility within 30 days after leaving the hospital. |   |                                    |           |
| First 20 days  | All approved amounts  | \$0                                | \$0       |
| 21st through 100th day   | All but \$204 a day   | Up to \$204 a day                  | \$0       |
| 101st day and after  | \$0   | \$0                                | All costs |
| <b>Blood</b>   |   |                                    |           |
| First three pints  | \$0   | All costs                          | \$0       |
| Additional amounts   | 100%  | \$0                                | \$0       |
| <b>Hospice Care</b><br>You must meet certain requirements, including a doctor’s certification of terminal illness.   |   |                                    |           |
|  | All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance  | \$0       |

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**Medical Services—Per Plan Year**

| Medicare (Part B) – Per Plan Year   | MEDICARE PAYS | PLAN PAYS                 | YOU PAY   |
|---|---------------|---------------------------|-----------|
| <b>SERVICES</b>   |               |                           |           |
| <b>Medical Expenses</b> in or out of the hospital and outpatient hospital treatment, such as physicians’ services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment |               |                           |           |
| First \$240 of Medicare-approved amounts***   | \$0           | \$240 (Part B deductible) | \$0       |
| Remainder of Medicare-approved amounts  | Generally 80% | Generally 20%             | \$0       |
| Part B excess charges (above Medicare-approved amounts)   | \$0           | \$0                       | All costs |
| <b>Blood</b>  |               |                           |           |
| First three pints   | \$0           | All costs                 | \$0       |
| Next \$240 of Medicare-approved amounts*. ***   | \$0           | \$226 (Part B deductible) | \$0       |
| Remainder of Medicare-approved amounts  | 80%           | 20%                       | \$0       |
| <b>Clinical Laboratory Services</b>   |               |                           |           |
| Tests for diagnostic services   | 100%          | \$0                       | \$0       |

| Medicare Parts A and B  | MEDICARE PAYS | PLAN PAYS                 | YOU PAY |
|---|---------------|---------------------------|---------|
| <b>SERVICES Home Health Care (Medicare-approved services)</b>   |               |                           |         |
| Medically necessary skilled care services and medical supplies  | 100%          | \$0                       | \$0     |
| Durable medical equipment:<br>First \$240 of Medicare-approved amounts ***                                  | \$0           | \$240 (Part B deductible) | \$0     |
| Remainder of Medicare-approved amounts  | 80%           | 20%                       | \$0     |
| <b>Foreign Travel (not covered by Medicare)</b>   |               |                           |         |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |               |                           |         |

| <b>SERVICES</b>                |     |   |  |
|--------------------------------|-----|---|--|
| First \$250 each calendar year | \$0 | \$0   | \$250  |
| Remainder of charges           | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

\*\* Notice: When your Part A hospital benefits are exhausted, the Plan stands in the place of your Part A hospital benefit and pays whatever amount Medicare would have paid up to an additional 365 days as provided in the policy’s “Core benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

\*\*\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with three asterisks), your Part B deductible will have been met for the calendar year.

**CHAPTER ONE****Benefits for Covered Services****VSTRS ELIGIBILITY**

In order to be eligible for this plan, you must be enrolled in Medicare Part A and Medicare Part B. You cannot be enrolled in this plan and in a Medicare Part C plan (also called Medicare Advantage), a Medicare supplement, a Medigap or a Carve-out policy at the same time. This will result in denial of your claims and eventual termination from this plan.

For information about eligibility, and premium contribution questions, please contact the Vermont State Teachers' Retirement Office toll-free at 1-800-642-3191, Monday through Friday, 7:45 a.m. to 4:30 p.m. Eastern time. TTY users call 711.

**LIMITATIONS AND EXCLUSIONS**

Your plan only provides benefits for approved, eligible services. No benefits will be provided for services and supplies not specifically covered in this document.

**CORE BENEFITS****Co-insurance for Hospitalization (61st–90th Day)**

Your plan provides benefits for eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

**Co-insurance for Hospitalization (During Reserve Days)**

Your plan provides benefits for eligible expenses incurred for hospitalization, to the extent not covered by Medicare, for each Medicare lifetime inpatient reserve day used.

**Hospitalization (Additional Reserve Days)**

When you exhaust hospital inpatient coverage, including your lifetime reserve days, your plan provides benefits for eligible expenses for hospitalization, subject to a lifetime maximum Benefit of an additional 365 days. Your Provider must accept your plan's allowance as payment in full and may not bill you for any balances between our payment and the full charge.

**Blood**

Your plan provides benefits for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) you receive per calendar year.

**Co-insurance, Co-payments**

After your Medicare Part B deductible is paid, your plan provides benefits for your co-insurance and/or co-payment share of Medicare-eligible expenses under Part B, regardless of hospital confinement.

**Hospice Care Benefit**

Your plan pays the co-payment and co-insurance amounts for all hospice care and respite care expenses approved by Medicare.

**ADDITIONAL BENEFITS****Part A Deductible**

Your plan provides benefits for 100 percent of the Part A inpatient hospital deductible amount for each Benefit Period.

**Part B Deductible**

Your plan provides benefits for 100 percent of the Part B deductible amount for each calendar year, regardless of hospital confinement.

**Skilled Nursing Facility Care Co-insurance**

Your plan provides benefits for your co-insurance share from the 21st day through the 100th day in a Benefit Period for post-hospital care in an eligible skilled nursing facility. If the actual billed charges are less than your co-insurance share, your plan will pay the actual billed charge.

**Necessary Emergency Care in a Foreign Country**

Your plan provides limited benefits for emergency care you receive in a foreign country. After you pay your deductible, your plan pays the billed charges for eligible expenses up to a lifetime maximum benefit of \$50,000 (U.S.) under the following conditions:

- if your hospital, provider and medical care are medically necessary and an emergency;
- your care would have been covered by Medicare if it were provided in the United States; and
- your care begins during the first sixty (60) consecutive days of a trip outside the United States.

*Please Note: For purposes of this Benefit, "emergency care" means care needed immediately because of an injury or an illness of sudden and unexpected onset.*

**LIMITATIONS AND EXCLUSIONS****Limitations**

We only provide Benefits for approved Medicare-eligible services provided on or after the effective date of this Contract.

**Exclusions**

No Benefits will be provided for services and supplies not specifically covered in this Contract.

**CHAPTER TWO****Claims**

Remember, when you contact a Provider, it is your responsibility to:

- identify yourself as having Medicare coverage; and
- identify yourself as having supplemental coverage through VEHI and/or VSTRS.

**CLAIM SUBMISSION**

In most cases, your Provider will submit your claim to Medicare. Medicare, in turn, will submit your processed claim to Blue Cross Vermont electronically. This means that, in most cases, you will not have to submit a claim to Blue Cross Vermont.

If you receive services in a foreign country, you are required to submit your claims directly to Blue Cross Vermont. Do not send these claims to Medicare first.

Blue Cross Vermont must receive all claims eligible to be processed by Medicare within one calendar year after you receive the service. Claims received after this date are ineligible for benefits.

You may obtain claim forms from Blue Cross Vermont by calling their customer service department or visiting their website at [www.bluecrossvt.org](http://www.bluecrossvt.org).

**RELEASE OF INFORMATION**

Blue Cross Vermont needs specific information in order to administer your benefits. This information includes records, copies of records, and verbal statements. By accepting this plan, you give Blue Cross Vermont the right to obtain, from any source, all information they need to administer your benefits. Blue Cross Vermont also has the right to obtain this information to perform utilization review studies and analyses of Benefit programs. Your plan's approval of your benefits is conditional upon your furnishing Blue Cross Vermont with such information, even if your plan provides benefits before they obtain the information.

In order to avoid duplicate payments, your plan may furnish this information to other entities who provide similar benefits, unless otherwise prohibited by law.

**BENEFIT DETERMINATION AND PAYMENTS****Benefit Determination**

When Blue Cross Vermont receives your claim, they determine:

- whether this plan covers your services; and
- your Benefit amount.

Your Explanation of Benefits shows your Benefit.

**Benefit Payments**

Your plan usually pays:

- Medicare-participating Providers directly; and
- you directly for services you receive from other Providers (however, your plan reserves the right to pay any Provider directly.)

Your rights under this plan are personal. This means that you may not assign your Benefit rights to any other party.

**Payment In Error**

If your plan or Blue Cross Vermont pay benefits incorrectly to you, your plan and Blue Cross Vermont require you to repay any overpayment. Your plan or Blue Cross Vermont will send you written notice requesting a refund. If your plan or Blue Cross Vermont pay your Provider incorrectly, your plan and Blue Cross Vermont reserves the right to seek reimbursement. In either case, your future benefits may be reduced or withheld to recover incorrect payments made to you or your Provider.

Regardless of whether your plan seeks recovery, erroneous payments on one occasion will not obligate your plan to provide benefits on another occasion.

## CLAIM REVIEW AND APPEAL

You may request a review of how your plan determined your Benefit by contacting Blue Cross Vermont customer service center. You must, however, request this review within 60 days after Blue Cross Vermont mails your Explanation of benefits.

Remember, whenever you contact Blue Cross Vermont, please note:

- your ID number as shown on your ID Card;
- the date of the service in question; and
- the number of the claim as it appears on your Explanation of benefits.

If you do not agree with the results of the claim review, you may request a claim appeal. If, however, you have a claim appeal pending with Medicare, please don't notify Blue Cross Vermont until Medicare has resolved the appeal. You must make this appeal within 60 days after Blue Cross Vermont mails you the results of the claim review. Send your appeal with the information noted above and any comments, in writing to:

Claim Appeal Committee  
Blue Cross Vermont  
P. O. Box 186  
Montpelier, Vermont 05601-0186

You have the right to review data related to your appeal. Blue Cross Vermont usually reviews your claim appeal and mails you a written decision within 60 days after they receive your appeal. If, however, Blue Cross Vermont determines that a more extensive review is necessary, they will notify you that a decision will be made within 120 days.

The written decision of the claim appeal committee is our final determination of your benefits. By accepting this plan, you agree to seek a decision of the claim appeal committee before taking any judicial action.

## CHAPTER THREE

### Legal Information

#### APPLICABLE LAW

Your plan and this document shall be construed in accordance with the laws of Vermont, except to the extent such laws are preempted by the law of any other state or federal law. Your plan is intended for sale and delivery in, and is subject to the laws of, the State of Vermont and the United States. Blue Cross Vermont upholds its provision only to the extent allowable by law.

#### FUTURE OF THE PLAN

VEHI and/or VSTRS reserves the right, in its sole discretion, to change, modify amend or terminate your plan, in whole or in part, to the extent it deems advisable, at any time for any reason. Such changes, modifications, amendments or termination will be undertaken by action of VEHI and/or VSTRS or an authorized officer, or as otherwise required by your plan document. Furthermore, VEHI and/or VSTRS reserves the right, in its sole discretion, to change any third party providing services to your plan, including the Contract Administrator. Upon termination, any amounts payable under the terms of your plan as in effect immediately before the termination will be paid in accordance with plan terms. Significant changes to your plan, including termination, will be communicated to participants as required by applicable law.

The benefits under this plan do not vest. VEHI and/or VSTRS reserves the right, in its sole discretion, to determine the nature and amount of benefits, if any, that will be provided to individuals (and their Dependents) under your plan, as well as the right to reduce, terminate or modify the terms or the amount of such benefits.

#### LIMITATION ON ASSIGNMENT

Your rights and benefits under your plan cannot be assigned, sold or transferred to your creditors or anyone else. However, you may assign your right to benefits to the health provider who rendered the services under your plan.

#### LIMITATION OF RIGHTS

This document will not be held or construed to give any person any legal or equitable right against your Plan Organizer, Blue Cross or any other person connected with your plan, except as expressly provided in this document or as provided by applicable law; or to give any person any legal or equitable right to any assets of your plan.

#### PARTICIPANT ADDRESS

You must notify your employer of any change of address. If you have questions call Blue Cross Vermont customer service at the number listed on the back of your ID card.

#### NON-WAIVER OF OUR RIGHTS

Occasionally, your plan may choose not to enforce certain terms or conditions of your Benefit Description. This does not mean your plan gives up the right to enforce them later.

#### PLAN FUNDING

The Plan is a self-funded plan. Benefits are paid from employee contributions (as applicable) and from the general assets of the Company or Plan Organizer.

#### SEVERABILITY CLAUSE

If any provisions of your plan are declared invalid or illegal for any reason, the remaining terms and provisions will remain in full force and effect.

#### SUBROGATION

If another person or organization caused or contributed to your illness or injuries, or is supposed to pay for your treatment (such as another carrier), then Your Plan has a right to collect back for benefits provided by this document. This is called Your Plan's "right of subrogation." In this section the person or organization is called a "third party." The third party might or might not be an insurer. Your Plan's right of subrogation means that:

- If Your Plan pays benefits for your health care services and then you recover expenses for those services from a third party through a suit, settlement or other means, you must reimburse Your Plan. Your Plan will have a lien on your recovery from a third party up to the amount of benefits Your Plan paid.
- You must reimburse Your Plan whether or not you have been "made whole" by the third party. Your Plan might reduce what you owe to Cover a share of attorneys' fees and other costs you incur in the process.
- Your Plan reserves the right to bring a lawsuit in your name or in our name against a third party or parties to recover benefits Your Plan advanced. Your Plan may also settle claims with a third party.

- This right of subrogation extends to any kind of auto, workers' compensation, property or liability insurance providing medical benefits.
- You must cooperate with Your Plan and Blue Cross and furnish information and assistance that is required to enforce Your Plan's rights.
- You must take no action interfering with Your Plan's rights and interests.
- If you refuse to pay Your Plan or Blue Cross Vermont or to cooperate with Your Plan or Blue Cross Vermont, they may take legal action against you. Your Plan may seek reimbursement from the funds you recovered from a third party, up to the amount of benefits paid. If Your Plan does so, you must also pay Your Plan's and/or Blue Cross's attorney's fees and collection expenses. Your Plan may reduce or withhold future benefits to recover what you owe.
- You agree that you will not settle your claim against a third party without first notifying Your Plan and Blue Cross Vermont. In some cases, Your Plan will compromise the amount of our claim.

## CHAPTER FOUR

### General Definitions

These terms have special meaning. All defined terms except "You," "Your," "We," "Us," and "Our" are capitalized in the text of the document to show that they convey the meaning defined here.

#### Plan Documents Consisting of:

- this Outline of Coverage;
- this Benefit Description;
- any supplements and endorsements issued by your Plan Organizer;
- your ID Card.

**Benefit:** the amount your plan pays for a covered service or supply as shown on your Explanation of Benefits.

**Benefit Period:** A Benefit Period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**Contract Administrator:** the party designated in the plan document and appointed by the Plan Organizer to adjust claims for a self-funded plan.

**Plan Organizer:** The person or group of persons formally charged, or named in the plan document, as having the responsibility, and given the authority, of overseeing the operation of your plan.

**Providers:** physicians, hospitals, skilled nursing facilities, home health agencies and other Providers approved by Medicare or approved by your plan or Blue Cross Vermont for services under this Contract.

**You, Your:** the individual who is enrolled in this plan.



# MAKING THE MOST OF YOUR BENEFITS

Once you receive your VEHI VSTRS 65 ID card in the mail, 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:

- 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.

## 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).

See the Wellness with VEHI PATH on page 17 for more details.

## Wellness with VEHI PATH

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

Look below and 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!



### 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](https://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.

### PATH ADVENTURES

These themed, annual, 10-week virtual adventure 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 the best mindset around your lifestyle goals. A coach will work with you via phone appointments, conveniently scheduled to fit into your day.



### 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](https://tomypath.com).

# Want to connect?

**We're here to help.** 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.



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[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, TTY: 711

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/vstrs](http://vermonttreasurer.gov/vstrs).

Office of the State Treasurer

109 State Street, Floor 4

Montpelier, VT 05609-6200

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



THE UNION OF VERMONT EDUCATORS

## 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).

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

## NOTICE: Discrimination is Against the Law

BlueCross and BlueShield of Vermont (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, ethnicity, sexual orientation, or HIV-status.

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, contact [civilrightscoordinator@bcbsvt.com](mailto:civilrightscoordinator@bcbsvt.com)

If you believe that Blue Cross 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, fax (802) 229-0511, or email [civilrightscoordinator@bcbsvt.com](mailto: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 <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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|--------------------------|--|
| ARABIC                   | للحصول على خدمات المساعدة اللغوية المجانية ، اتصل (800) 247 2583. Iilhusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583. |
| CHINESE                  | 如需免费语言协助服务，请致电，(800) 247-2583. Rú xū miǎnfèi yǔyán xiézhù fúwù, qǐng zhìdiàn (800) 247-2583.   |
| CUSHITE (OROMO)          | Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 bilbili.   |
| FRENCH                   | Pour des services d'assistance linguistique gratuits, appelez le (800) 247-2583.   |
| GERMAN                   | Für kostenlose Sprachunterstützungsdienste rufen Sie (800) 247-2583 an.  |
| ITALIAN                  | Per i servizi di assistenza linguistica gratuiti, chiamare il numero (800) 247-2583.   |
| JAPANESE                 | 無料の言語支援サービスについては、(800) 247-2583. Muryō no gengo shien sābisu ni tsuite wa , (800) 247-2583 made o denwa kudasai.                                     |
| NEPALI                   | निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस्, (800) 247-2583. Niḥsulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (800) 247-2583.            |
| PORTUGUESE               | Para serviços gratuitos de assistência linguística, ligue para (800) 247-2583.   |
| RUSSIAN                  | Чтобы получить бесплатную языковую помощь, позвоните по телефону (800) 247-2583.   |
| SERBO-CROATIAN (SERBIAN) | За бесплатне услуге језичке помоћи позовите (800) 247-2583. Za besplatne usluge jezičke pomoći pozovite (800) 247-2583.                              |
| SPANISH                  | Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583.   |
| 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.         |
| THAI                     | สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร.(800) 247-2583. Sǎhnrab brikār chwyhēlūx dān phā'sǎ frī thor (800) 247-2583.                                    |
| UKRAINIAN                | Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583. Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (800) 247-2583           |
| VIETNAMESE               | Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583.  |

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

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



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