

Updates made since 10/20/2021 will be in red.

About this Document

The Vermont State Teachers' Retirement System (VSTRS) provides below answers to frequently asked questions and other helpful information about the 2022 health benefit plans for retirees with Medicare. This document will be updated as we receive questions from our retired members. Please send any questions to TRE.RetirementCorrespondence@vermont.gov.

Frequently Used Resources

Vermont Blue Advantage – Contact the transitional support team for questions about: <ul style="list-style-type: none">• Medical Benefits• Pharmacy Benefits• Finding a Provider or Pharmacy	1-800-344-6690 , Monday through Friday, 7 a.m. to 4:30 p.m., Eastern time. TTY users call 1-800-535-2227 . www.vermontblueadvantage.com/vstrs
Vermont State Teachers' Retirement System (VSTRS) – Contact the Retirement Office for questions about: <ul style="list-style-type: none">• Retirement Benefit Eligibility• Premium Rates	1-800-642-3191 or 802-828-2305 , Monday through Friday, 7:45 a.m. to 4:30 p.m., Eastern time. TTY users call 711 . https://www.vermonttreasurer.gov/content/retirement/teacher
Medicare Providers – Search for a provider that participates with Medicare at:	www.medicare.gov/care-compare

Overview of VSTRS 2022 Plans:

- **Beginning January 1, 2022**, retirees with Medicare Part A and Part B will transition to a Medicare Advantage plan provided by Vermont Blue Advantage, an affiliate of Blue Cross and Blue Shield of Vermont (Blue Cross).
- **These are not individual Medicare Advantage plans.** The 2022 VSTRS Medicare Advantage benefits were secured through a contract with Vermont Blue Advantage, and they are **customized for VSTRS retirees and their dependents**. The benefits are **unrelated to the individual Medicare Advantage plans** you may see advertised on television and in print.
- VSTRS Medicare Advantage benefits were designed to closely match the three (3) core plans offered today to retirees with Medicare Part A and Part B: **Comprehensive, JY, and VSTRS 65**.
- The three (3) 2022 VSTRS Medicare Advantage plans are **replacing the existing plans** for VSTRS' retirees with Medicare Part A and Part B as of January 1, 2022.

- You have the flexibility to use **any provider that participates with Medicare, nationwide, without a referral.**

Eligibility for the 2022 VSTRS Medicare Advantage Plans

- **Eligibility for the 2022 VSTRS Medicare Advantage plans:** retirees and their dependents need to meet the eligibility guidelines of the Vermont State Teachers' Retirement System (VSTRS), be enrolled in Medicare Part A and Part B and continue to pay their Part B premium, as they do today.
- **Retirees without Medicare will not be impacted** by this change, retirees without Medicare will continue to be covered by their current Vermont Education Health Initiative (VEHI) plans through VSTRS.

Enrollment Process

- No action is required. If you take no action, you will be **automatically enrolled in the VSTRS Medicare Advantage plan equivalent of your current plan** for January 1, 2022 and receive your new ID card in December.
- You have the **option to elect any of the three (3) VSTRS 2022 plans.** Please return the enrollment change form you received in the mail to the Retirement Office by Wednesday, October 27, 2021 to ensure you receive your new ID card in December.
- If you wish to **decline VSTRS retiree health benefits for 2022**, please return the opt-out form to the Retirement Office by **Wednesday, October 27, 2021.**
- **If I opt out of VSTRS benefits for 2022, can I enroll in a later year?** Yes. Each year during an open enrollment period in the fourth quarter of the calendar year, you can enroll if you previously opted out; if you are already enrolled, you can **renew, change plans, or decline coverage** for the coming January.
- If you take no action or submit a plan change form by October 27, **you will receive your new Vermont Blue Advantage ID card in December.** Please place it in your wallet or a safe space. Put your Medicare card away and use your new Vermont Blue Advantage card at your providers and the pharmacy beginning January 1, 2022.
- **Single ID card:** You will receive one (1) ID card for each covered person for the full package of VSTRS health benefits offered through Vermont Blue Advantage, including vision and hearing benefits. If you are enrolled in the Comprehensive or JY plans with prescription drug, your single ID card from Vermont Blue Advantage will also serve as your prescription drug card.

Frequently Asked Questions – General

Why did VSTRS' change to Medicare Advantage plans? This change allows the Vermont State Teachers' Retirement System (VSTRS) to provide closely matched benefits and significant enhancements, including a new vision and hearing benefit, at a reduced premium. Last year, with our current contract for health insurance expiring, the VSTRS Board went out to bid to secure health insurance for VSTRS' Medicare retirees. The winning bid was a joint proposal by VEHI and Vermont Blue Advantage, in which VEHI continues to serve retirees without Medicare and Vermont Blue Advantage serves those with Medicare. This bid emerged as the best value following a thoroughly vetted and competitive process.

Am I still enrolled in Medicare? Yes. You are still enrolled in Medicare and retain your Medicare rights. However, your Medicare Part A and Part B claims will be paid by Vermont Blue Advantage.

Do I need to continue to pay Medicare Part B premium? Yes. You need to continue to pay Medicare Part B premium as you do today.

Do I need both Medicare Part A and Part B to enroll in this plan? Yes. You need to be enrolled in both Medicare Part A and Part B to enroll in the VSTRS Medicare Advantage plans.

Can I opt-out of this change? As of January 1, 2022, you will not have access to the current plans administered by VEHI, but you do have choices.

- If you take no action, you will be automatically enrolled in the VSTRS Medicare Advantage equivalent of your current VSTRS's plan for 2022.
- You can also switch to one of the other VSTRS Medicare Advantage plans or decline coverage for 2022.
- If you are changing plans or declining coverage, please return your decision form to the Retirement Office by Wednesday, October 27, 2021.

What if I need more time? Please contact the VSTRS Retirement Office to discuss the implications of a late decision and what to expect if you would like to change plans or decline coverage but cannot submit your form prior to October 27, 2021.

What are the new rates? Rates can vary based on variety of factors such as the group you were in at retirement and your subsidy rates. However, the rates are substantially reduced for all plans.

- For specific information about your rates, please contact VSTRS' directly at Tre.RetirementOffice@vermont.gov or by phone 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.
- Premium rate information is also available on the VSTRS website at <https://www.vermonttreasurer.gov/content/retirement/teacher/group-health>

Is my spouse eligible for these new plans? Nothing about the new plans changes spousal eligibility. For specific information about you or spouse eligibility please contact VSTRS at Tre.RetirementOffice@vermont.gov or by phone 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.

Where can I find more information about my plan benefits? Your detailed Benefits-at-a-Glance document was mailed to you and can also be found on the Vermont Blue Advantage website at www.vermontblueadvantage.com/vstrs.

Common Medical Benefit Questions:

Are my out-of-pocket amounts changing? No. Your out-of-pocket costs will remain the same as they are today. You will not pay more than \$600 per year for Medicare services in the VSTRS Medicare Advantage Comprehensive or JY plans, as is the case today. (There is no out of pocket maximum for the VSTRS 65 Medicare Advantage plan, as is the case today.)

Are my deductible amounts changing? No. Your deductible amounts will remain the same as they are today.

When does my deductible reset? Your deductible resets upon enrollment and at the start of each calendar year (January 1).

Will any deductible amounts carryover from my previous health plan? No. Your deductible begins on the day of your enrollment and resets at the start of each calendar year (January 1).

Common Provider or Network Questions:

Can I keep my doctor? In nearly all cases, yes. You can see any provider who accepts Medicare.

- Medicare has a handy search tool to find a provider that participates with Medicare: www.medicare.gov/care-compare
- There are a small number of providers such as certain mental health counselors and naturopaths that have licenses not recognized by the federal government. This means they cannot and do not participate with Medicare. If you see one of these providers, please contact our office to determine we can assist in resolving any specific issues.
- While the new plans cover the same Medicare Part A and Part B services as the current plans, all Medicare services must be delivered through a Medicare participating provider.

Can I only see Blue Cross network providers? No. While Vermont Blue Advantage encourages the use of a contracted network provider because there are member protections built into all Blue Cross contracts nationwide, your cost-sharing (copays, deductible coinsurance) for Medicare Services is the same whether you use a Blue Cross Medicare network provider or non-network provider who participates with Medicare.

Do I pay more going out-of-network? No. Your plan is a Preferred Provider Organization (PPO), with the same cost-sharing amounts (copays deductibles, coinsurance) for in and out-of-network care; however, you must see providers that participate with Medicare to be covered.

Common Prescription Drug Benefit Questions

Does the VSTRS 65 plan offer a prescription drug benefit?

No. VSTRS 65 does not offer a prescription drug benefit.

I am enrolled in a VSTRS' plan that has prescription drug coverage (JY or Comprehensive); will my drug coverage continue? Yes. You will continue to have prescription drug coverage but some changes will occur:

- The pharmacy benefit manager is changing to Express Scripts.
- Most drugs will be subject to the same copay, while some drugs may be subject to a lower or higher copay than you have today. You may contact our office with any specific questions.
- Some members may be impacted by a prior approval requirement or quantity limit; these programs are common across the health insurance industry and similar programs exist in the current prescription drug program.
- You will have the availability of transition fills for prescription drugs with formulary or prior authorization restrictions during the first 90 days of your plan.

I am on the JY or Comprehensive Plan. Are my prescription drug cost sharing amounts changing? While you may pay a higher or lower copay depending on where drugs fall on the new formulary tier, the copay amounts by tier and out-of-pocket maximum are not changing.

- There is no prescription drug deductible.
- The annual Part D prescription drug out-of-pocket maximum remains at \$600. This means you won't spend more than \$600 per year on prescription drugs filled at a network pharmacy.
- Copays for drugs per 30-day supply remain as follows:
 - \$5 for generic
 - \$20 for preferred brand-name drugs
 - \$45 for non-preferred brand-name drugs

I am on the JY or Comprehensive Plan, is the pharmacy network changing? Yes. The pharmacy benefit manager is changing to Express Scripts, however, you will continue to have access to over 70,000 pharmacies nationwide.

- Most major pharmacy chains are in network such as CVS, Walgreens, Rite-Aid, Walmart and Costco.
- Many local and regional pharmacies are in the Express Scripts network such as Kinney Drug, Hannaford, Price Chopper, Shaw's, and The Rutland Pharmacy are in the network.

Where can I find the prescription drug formulary? You can find the 2022 formulary for JY and Comprehensive here: <https://www.vermontblueadvantage.com/vstrs>

I receive my medications through mail-order today, do I need to do anything to continue this for 2022? Yes. If you are using mail order for your prescriptions today, your open refills will transfer, subject to quantity and safety limits, but you will need to contact Express Scripts to

provide updated payment information. You will receive instructions from Vermont Blue Advantage on how to do this prior to January 2022.

Less Common Benefit and Provider Questions:

Do I have coverage out of the country? Yes. All plans include worldwide ambulance, urgent care, and emergency care coverage.

Do the new plans have any prior authorizations? Yes. The 2022 plans subject fewer services to prior authorization or have a higher dollar threshold before a prior authorization is required than the current plans. Subjecting certain services to prior authorization is a standard health insurance practice that providers navigate on behalf of members and has been in place with the current plans for many years.

Are there any new benefits now available to me? Yes. You will have access to a variety of preventive care services at a \$0 copay, online telehealth visits through Amwell, enhanced vision benefits through Vision Service Plan (VSP), and hearing coverage through NationsHearing. In addition, you will also have access to a \$50 wellness incentive. Refer to your Benefits at a Glance document from Vermont Blue Advantage at <https://www.vermontblueadvantage.com/vstrs>.

Is my VSTRS dental coverage through Northeast Delta Dental affected by this change? No. Your VSTRS dental coverage is not affected by this change.

Will my PATH wellness program continue? Yes. Retirees are offered the same great wellness benefits through PATH as they had previously. For more information visit their website at: <https://vehi.org/wellness>.

Why does the Vermont Blue Advantage material have a disclaimer about non-network providers? You may see a disclaimer such as, "Out-of-network/non- contracted providers are under no obligation to treat Vermont Blue Advantage members, except in emergency situations." This relates to one of the member protections built into contracts with network providers and is applicable to the current plans as well. While contracted or network providers are obliged to treat the health plan's members, non-contracted providers are under no such obligation.

Can I access drug benefits by pairing the VSTRS 65 Medicare Advantage Plan with an individual \$0 premium Medicare Advantage plan with Prescription Drugs (MAPD)? No. You can only be enrolled in one Medicare Advantage plan at a time.

- A similar rule applies to the current plans. You are not allowed to pair the current Blue Cross VSTRS 65 Medicare Supplement plan with an individual market Medicare Advantage plan.

- While it is difficult for the Centers for Medicare & Medicaid Services (CMS) to identify retirees enrolled in the unallowed combination of Medicare Supplement and Medicare Advantage, CMS can immediately identify enrollment in two Medicare Advantage plans and will cancel the older plan.

Why can't I have the Evidence of Coverage document now? The Benefit at a Glance document is a pre-enrollment document. The Evidence of Coverage document is a post-enrollment document, similar to the Benefits Description Document available to you while enrolled in your previous VEHI plan. The Evidence of Coverage is will be provided in your Welcome Kit expected to arrive in December.

If you are currently enrolled in the Comprehensive or JY Plan, you will receive a 2021 disenrollment letter: Vermont Blue Advantage will begin processing your VSTRS 2022 enrollment in late November. As part of the transition process, your 2021 coverage will be terminated effective 12/31/2021.

- Once your 2021 coverage is terminated, you will receive a disenrollment letter from Blue MedicareRx, your current Medicare Prescription Drug Plan through VSTRS and Blue Cross.
- The Blue MedicareRx disenrollment letter will inform you that your current plan is ending on December 31, 2021.
- Do not be alarmed by this letter. While the letter will advise you to notify your employer (VSTRS) of your disenrollment, this is not necessary.
- Provided you remain on a the VSTRS Medicare Advantage Comprehensive or JY plan, your new Medicare Advantage with Prescription Drug plan through Vermont Blue Advantage will begin January 1, 2022.

Still have questions? We are here to help. You can contact our small, local call center teams at the Retirement Office and Blue Cross at the following numbers.

<p>Vermont Blue Advantage Transition Support Team (benefits and provider network):</p> <p>1-800-344-6690, Monday through Friday, 7 a.m. to 4:30 p.m., Eastern time. TTY users call 1-800-535-2227.</p> <p><a href="https://www.vermontblueadvantage.com/vs<trs">https://www.vermontblueadvantage.com/vs<trs< a=""></trs<></p>	<p>Vermont State Teachers' Retirement Office (eligibility and premium rates)</p> <p>1-800-642-3191 or 802-828-2305, Monday through Friday, 7:45 a.m. to 4:30 p.m., Eastern time. TTY users call 711.</p> <p>https://www.vermonttreasurer.gov/content/retirement/teacher</p>
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As we receive additional questions, we will update this document on a daily basis through October 27 and weekly thereafter.