

## Vermont State Teachers' Retirement System (VSTRS) Plan Comparison for Retirees with Medicare – 2021 to 2022

This document highlights the benefit differences between the current 2021 plans and 2022 VSTRS Group PPO Medicare Advantage plans. This comparison contains only summary information and is not meant to be exhaustive. The purpose is to give you a sense of the handful of changes between the current plans and those that will take effect January 1, 2022. In all cases, you will see a significant reduction in the monthly premiums, which can be found [here](#). Refer to your Benefits-at-a-Glance for more detailed information, available at [www.vermontblueadvantage.com/vstrs](http://www.vermontblueadvantage.com/vstrs).

Benefit Category	Comprehensive ("Comp") with Drug	JY with Drug	VSTRS 65 Medical Only	Benefit Differences for 2022
<b>Maximum Out-of-Pocket Responsibility for Medicare Services</b>	\$600 annually	\$600 annually	Not applicable. No member cost share for Medicare Services	No change
<b>Deductible</b>	\$300 for most services	\$100 for certain services*	Not applicable	Comp & JY: No change in deductible, but there is no longer a deductible credits carry-over from the 4 <sup>th</sup> quarter  VSTRS 65: No change
<b>Preventive Care</b>	\$0 copay	\$0 copay	\$0 copay	Comp & JY: You pay less (lower cost sharing) for over 30 categories of preventive services and screenings.  VSTRS 65: No change
<b>Doctor Office &amp; Specialist Visits</b>	After deductible, you pay 20%, up to the \$600 maximum out of pocket	\$20 copay	\$0 copay	No change
<b>Emergency &amp; Urgent Care</b>		\$20 copay	\$0 copay	No change
<b>Inpatient and Outpatient Care in a Hospital</b>		\$0 copay	\$0 copay	No change
<b>Home Health, Rehabilitation &amp; Skilled Nursing Facility Care</b>		\$0 copay	\$0 copay	No change
<b>Medical Equipment, Supplies, Prosthetics, Orthotics, Ambulance, Infusion Therapy, and Private Duty Nursing</b>		After deductible, you pay 20% up to \$600 maximum out of pocket*	\$0 copay, except for Private Duty Nursing, which is not covered	No change
<b>Diabetic Equipment &amp; Supplies</b>		\$0 copay	\$0 copay	\$0 copay

Benefit Category	Comprehensive (“Comp”) with Drug	JY with Drug	VSTRS 65 Medical Only	Benefit Differences for 2022
<b>Telehealth Services through AmWell®</b> (urgent care, mental health, psychiatry & nutrition)	\$0 copay	\$0 copay	\$0 copay	<p>Comp &amp; JY: You pay less (lower cost sharing) through AmWell. No change to telehealth through a non-AmWell provider.</p> <p>VSTRS 65: Telehealth through AmWell and non-AmWell providers is a new benefit.</p>
<b>Hearing services through NationsHearing</b>	<p>\$0 copay for hearing exam, hearing aid fitting and evaluation with a Nations Hearing provider. With a non-network provider: \$15 copay primary care physician, \$40 specialist.</p> <p>You have a \$1,250 per ear annual allowance toward hearing aids (\$2,500 max) through a Nations Hearing provider.</p>			New benefit added to all products
<b>Medicare Covered Basic Hearing Exam</b>	\$0 copay	\$0 copay	\$0 copay	<p>Comp &amp; JY: You pay less (lower cost sharing)</p> <p>VSTRS 65: No change</p>
<b>Enhanced Vision through VSP Choice Network</b>	<p>\$0 copay for annual exam with a VSP Choice provider or any provider who participates with Medicare.</p> <p>You have a \$200 allowance every 12 months toward contacts or glasses with a VSP Choice provider</p>			New benefit added to all products
<b>Medicare Covered Eye Exams and Retinopathy Exams</b>	\$0 copay	\$0 copay	\$0 copay	<p>Comp &amp; JY: You pay less (lower cost sharing)</p> <p>VSTRS 65: No change</p>
<b>Worldwide Emergency Care, Urgent Care, and Ambulance</b>	\$0 copay, \$50,000 lifetime limit		\$50-\$100 copay, \$50,000 lifetime limit	<p>All products: You pay less (lower cost sharing).</p> <p>Comp &amp; JY: \$50,000 lifetime benefit limit added</p>
<b>Worldwide Routine Care</b>	Not covered			<p>Comp &amp; JY: Due to this benefit having little to no utilization, it has been replaced with enhanced worldwide emergency/urgent care and ambulance as described above.</p> <p>VSTRS 65: No change</p>

Other Program Features	Comprehensive (“Comp”) with Drug	JY with Drug	VSTRS 65 Medical Only	Benefit Differences for 2022
<b>Office Administration of Vaccines</b>	\$0 copay			Comp: You pay less (lower cost sharing)  JY & VSTRS 65: No change.
<b>Part D Prescription Drugs</b>	You do not have a prescription drug deductible. <b>Copays are:</b> \$5 for generic drugs \$20 for preferred brand-name drugs \$45 for non-preferred brand-name drugs Your Part D out-of-pocket maximum is \$600	Not covered		Comp & JY: No change to covered drugs, deductible, copay by tier, or out of pocket maximum. The 2022 pharmacy benefits manager is Express Scripts. While most drugs will be subject to the same copay, formulary differences will subject some drugs to a higher copay and some drugs to a lower copay. The \$600 out of pocket limit remains.  VSTRS 65: No change
<b>Inpatient Mental Health at a Freestanding Psychiatric Facility</b>	Subject to Medicare 190-day lifetime limit			The Medicare day limitation is new for all plans. This applies to days at a freestanding psychiatric facility only. This limit applies only to services received on and after Jan. 1, 2022.
<b>Providers with State Licenses which are not recognized by Medicare</b>	All Medicare services must be delivered by a Medicare participating provider, including mental health outpatient services, physical therapy, primary care, and specialty care.			Comp & JY: Services are not covered if delivered by providers who do not participate with Medicare. This includes but is not limited to mental health counselors, athletic trainers, or naturopaths who have licenses not recognized by Medicare and therefore do not participate with Medicare.  VSTRS 65: No change
<b>Physical Therapy, Occupational Therapy, and Speech Therapy</b>	30-visit limit for each category of therapy. Physical therapy can be delivered by a qualified chiropractor.			Your new benefit covers more visits. Rather than having 30 visits in total for these three categories of therapy, you have 30 visits for each category per year.

Other Program Features	Comprehensive (“Comp”) with Drug	JY with Drug	VSTRS 65 Medical Only	Benefit Differences for 2022
<p><b>Several Categories of Services Subject to Less Prior Authorization (PA) Requirements</b></p>	<p>Weight loss surgery – not restricted to Blue Center of Excellence providers.            Skilled Nursing facility – Prior authorization not required for first 100 days            Hospital Based Outpatient Cardiac Rehabilitation and Pulmonary Rehabilitation – Prior authorization not required            Durable Medical Equipment, Wigs, Other Equipment, Prosthetics and Orthotics – Prior authorization not required up to \$1,000            Wigs – No annual utilization limits</p>			<p>Prior authorization requirements are standard in the insurance industry. While the requirements change from year to year, the 2022 plans have fewer requirements than the 2021 plans. Refer to plan documents for a complete listing of services subject to prior authorization and for cost sharing that applies to these service categories.</p>
<p><b>Claims Between 2022 Medicare Part B Deductible of \$203 and \$300</b></p>	<p>Claims are not processed by If your only medical claims for the year are greater than \$203 but less than the \$300 deductible, you could pay \$77.60 more than you pay today</p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>JY and VSTRS 65: No change            Comprehensive plan:</p> <ul style="list-style-type: none"> <li>• If you have claims for the year less than or equal to \$203: No change</li> <li>• If your only claims for the year are Medicare Part B claims that are greater than \$203 but less than \$300, you are responsible for 100% of the difference (up to \$97) rather than 20% of the difference (up to \$19.40) for a potential maximum difference of \$77.60 with the 2022 plan.</li> <li>• If you have medical claims for the year greater than \$300: No change</li> <li>• In all cases your out of pocket expense for the Comp plan for Medicare services is capped at \$600.</li> </ul>

This comparison contains only summary information. Refer to your Benefits-at-a-Glance for more detailed information, available at [www.vermontblueadvantage.com/vstrs](http://www.vermontblueadvantage.com/vstrs). Your *Evidence of Coverage* governs your benefits

\*The JY specific deductible and coinsurance apply to the same services in 2021 and 2022, including ambulance services, infusion therapy, medical equipment and supplies, orthotics, prosthetics, and private duty nursing. Refer to your Benefits-at-a-Glance for more information.

## Notes:

- All Medicare Part A and Part B services remain covered in 2022, including outpatient mental health services, and must be provided according to the coverage guidelines established by Medicare.
- The 2022 benefits require that Medicare services are delivered by providers that participate with Medicare. Certain naturopathic physicians, mental health counselors, athletic trainers, and acupuncturists lack credentials recognized by Medicare and cannot deliver services under the VSTRS plans. If this applies to you, please contact VSTRS or the VBA to discuss your options.
- The majority of providers nationwide participate with Medicare. You will be notified if you saw a provider during the last year who does not participate with Medicare. If you would like to look up your provider to see if they participate with Medicare, you can do so at [www.medicare.gov/care-compare](http://www.medicare.gov/care-compare)
- Both the current and the new plans have a variety of services for which providers are required to obtain prior authorization. The 2022 plans have fewer prior authorization requirements or higher dollar thresholds before provider authorizations are required.

## Disclaimers:

- Vermont Blue Advantage is a PPO plan with a Medicare contract. Enrollment in Vermont Blue Advantage currently extends throughout the 2022 calendar year. Future coverage by VBA depends on contract renewal.
- Out-of-network/non-contracted providers are under no obligation to treat Vermont Blue Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- Other Pharmacies/Physicians/Providers are available in our network.
- Vermont Blue Advantage complies with applicable Federal and state civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.
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