



Plan year January 1, 2023 – December 31, 2023

Dear Retiree:

The Vermont State Teachers' Retirement System (VSTRS) is offering eligible retirees with Medicare Part A and B, Medicare Advantage plans provided by Vermont Blue Advantage, an affiliate of Blue Cross of Vermont.

The VSTRS' plans are Medicare Advantage plans

Medicare Advantage plans are approved by Medicare and administered by private insurance companies, like Vermont Blue Advantage. Medicare Advantage plans provide all your original Medicare Part A (hospital), Part B (medical) benefits, and sometimes Part D (prescription drug coverage). Your Vermont Blue Advantage plans also provide additional benefits not covered under Original Medicare, such as enhanced vision and hearing benefits.

VSTRS offers retirees with Medicare Part A and Part B three customized plan options:

- Comprehensive with prescription drug coverage
- JY with prescription drug coverage
- VSTRS 65 with medical-only coverage

What are the rates?

Please contact a retirement specialist at the number below to review your premium.

What are the *advantages* of the VSTRS' Medicare Advantage plans?

All plans have:

- \$0 copay for preventive services and screenings, including: flu, COVID-19, and pneumonia vaccines; certain cancer screenings; and annual wellness visits
- Vision exam and vision material benefit through VSP
- Hearing exam, fitting, and hearing aid benefit through NationsHearing
- Telehealth at \$0 copay through Amwell
- Extensive provider choice available through the nationwide Blue Medicare Advantage network, plus the freedom to use non-network providers that participate with Medicare.

To enroll in a VSTRS' Medicare Advantage plan, you must provide a completed enrollment application to the retirement office, by any one of these three methods:

Mail: Vermont State Teachers' Retirement System
109 State Street, Floor 4
Montpelier, VT 05609-6901
Email: TRE.RetirementBenefitPayroll@vermont.gov
Fax: 1-802-828-5182

Important information

- You can only be enrolled in one Medicare Advantage plan at a time.
- Enrolling in the VSTRS' Medicare Advantage plans **will automatically disenroll** you from any other Medicare Advantage health plan or Medicare Part D plan.
- Part D Medicare prescription drug coverage will be included in the JY and the Comprehensive Medicare Advantage plans. **If you are enrolling in the VSTRS 65 plan, you will not have Part D Medicare prescription drug coverage.**
- If you have other supplemental insurance coverage that pays on a claim before your VSTRS' Medicare Advantage retiree health plan, and you wish to keep that insurance arrangement, please contact the Vermont State Retirement office immediately.
- Medicare has an annual enrollment period for individuals who aren't eligible for a group plan; therefore, you may receive information in the mail about other healthcare options. **If you choose to enroll in a different individual Medicare plan (one that isn't offered through VSTRS), any coverage you have through VSTRS will be automatically cancelled.** You may not be able to re-enroll in your VSTRS plan until the next enrollment period.

We're here to help

If you have questions about the VSTRS' Medicare Advantage plans, please call us at the Vermont Blue Advantage plan transitional call center toll free at **1-800-344-6690**, Monday through Friday, 7 a.m. to 4:30 p.m. Eastern time. TTY users should call **1-800-535-2227**.

For 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**.

Thank you for considering the **VSTRS' Medicare Advantage plan options** for your healthcare needs.



Pamela C. Getsie
Plan President
Vermont Blue Advantage

Vermont Blue Advantage® Group is a PPO plan with a Medicare contract. Enrollment in Vermont Blue Advantage Group PPO depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Vermont Blue Advantage Group PPO 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.

Benefits-at-a-Glance Medical Services and Prescription Drugs

Vermont State Teachers' Retirement System PPO Medicare Advantage Plans

January 1, 2023 – December 31, 2023

The information provided is a summary of your benefits, showing what we cover and what you pay. A complete list of services is found in the *Evidence of Coverage* and the *Medical Benefits Chart*.

If you have any questions about this plan's benefits, please call Vermont Blue Advantage Group PPO Customer Service (phone numbers are on the back cover of this booklet). A complete list of services is found in the *Evidence of Coverage*, which will be mailed to you prior to the date your coverage takes effect and will be available online at **www.VermontBlueAdvantage.com/VSTRS**.

Vermont Blue Advantage Group PPO has a network of doctors, hospitals, pharmacies, and other providers that participate with Medicare. You do not have to use our network providers, but all providers must participate with Medicare. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at **www.VermontBlueAdvantage.com/VSTRS**.

To join Vermont Blue Advantage Group PPO, you must be enrolled in Medicare Part A and Medicare Part B and live in our service area of the United States and its territories.

*Vermont Blue Advantage is a PPO plan with a Medicare contract. Enrollment in Vermont Blue Advantage depends on contract renewal.
Vermont Blue Advantage® is an independent licensee of the Blue Cross and Blue Shield Association.*

Vermont Blue Advantage Group PPO

Vermont State Teachers' Retirement System PPO Medicare Advantage Plans

Cost-sharing Table	JY Medical & Prescription Drugs	Comprehensive Medical & Prescription Drugs	VSTRS 65 Medical only
Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer, union group, or third-party advisor. For premium contribution questions please contact the Vermont State Teachers' Retirement office toll-free at 1-800-642-3191 , TTY users call 711 , Monday through Friday 7:45 a.m.to 4:30 p.m. Eastern time.		
Medical Deductible <i>(Does not include prescription drugs)</i>	In- and out-of-network combined: \$100 deductible applies to certain services as shown below	In- and out-of-network combined: \$300 deductible applies to most services as shown below	In- and out-of-network combined: \$0
Maximum Out-of-Pocket Responsibility <i>(Does not include prescription drugs)</i> All medical and hospital care services below apply to this annual amount, except for worldwide urgent care, emergency care, and emergency transportation.	In- and out-of-network combined: \$600 annually	In- and out-of-network combined: \$600 annually	Not applicable

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Ambulance Services Medically necessary transport: coverage applies to each one-way trip <ul style="list-style-type: none"> Emergency ambulance in U.S. and its territories Non-emergency ambulance in U.S. and its territories 	20% coinsurance, after deductible, for emergency transport 20% coinsurance, after deductible, for non-emergency transport	20% coinsurance, after deductible, for emergency transport 20% coinsurance, after deductible, for non-emergency transport	\$0 copay for emergency transport \$0 copay for non-emergency transport
Caregiver Support	This benefit is built into the plan at no additional cost. MyCareAdvocate™ On-demand, personalized guidance from expert Care Advocates providing caregivers with information, coaching, assistance, and emotional support to reduce caregiver stress. Topics can include healthcare, living arrangements, financial concerns, legal resources, and more. To access MyCareAdvocate, call 1-877-960-3510 , 8 a.m. to 7 p.m. Eastern time, Monday through Friday. TTY users call 711 . MyCareDesk® Online comprehensive caregiver support, with resources and guidance to empower caregivers navigating complex topics like senior living, in-home care, health, finances, legal topics, and healthy living. To access MyCareDesk visit VBA.MyCareDesk.com .		

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Chiropractic Care <ul style="list-style-type: none"> Manual manipulation of the spine to correct subluxation One routine office visit per year One set of X-rays (up to 3 views) when performed by chiropractor 	\$20 copay for each Medicare-covered visit \$20 copay for each routine care visit \$0 copay for one annual set of X-rays	20% coinsurance, after deductible, for each Medicare-covered visit 20% coinsurance, after deductible, for each routine care visit 20% coinsurance, after deductible, for one annual set of X-rays	\$0 copay for each Medicare-covered visit \$0 copay for each routine care visit \$0 copay for one annual set of X-rays
Diabetic Supplies <ul style="list-style-type: none"> Diabetic supplies Diabetic shoes and inserts 	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
Doctor Visits <ul style="list-style-type: none"> Primary Care Physician (PCP) Specialists 	\$20 copay \$20 copay	20% coinsurance, after deductible 20% coinsurance, after deductible	\$0 copay \$0 copay
Durable Medical Equipment/ Supplies* <ul style="list-style-type: none"> Durable medical equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) 	20% coinsurance, after deductible 20% coinsurance, after deductible	20% coinsurance, after deductible 20% coinsurance, after deductible	\$0 copay \$0 copay

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Emergency Care In U.S. and its territories If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$20 copay	20% coinsurance, after deductible	\$0 copay
Foot Care (podiatry services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	\$20 copay	20% coinsurance, after deductible	\$0 copay
Hearing Services <ul style="list-style-type: none"> Medicare-covered hearing exam to diagnose and treat hearing and balance issues Enhanced Hearing Services <ul style="list-style-type: none"> Routine hearing exam Hearing aid fitting and evaluation Hearing aid You may pay less if you use an in-network NationsHearing provider.	\$0 copay	20% coinsurance, after deductible	\$0 copay
In-network hearing services through NationsHearing: \$0 copay once per year		Out-of-network hearing services through non-NationsHearing: \$0 copay once per year	
In-network through NationsHearing for hearing aids: Our plan pays up to a \$1,250 allowance toward one new standard (analog or basic digital) hearing aid for each ear, once per year from a NationsHearing provider.		Out-of-network through non-NationsHearing for hearing aid(s): Our plan will reimburse you up to a \$1,250 allowance toward one new standard (analog or basic digital) hearing aid for each ear, once per year. You can submit receipts from an out-of-network provider for reimbursement by calling NationsHearing.	

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Hearing Services (continued) Locate a NationsHearing provider at www.NationsHearing.com/VBA or call 1-877-246-6955 , 24 hours a day, 7 days a week. TTY users call 711 .	You are responsible for the difference between the plan's benefit allowance and the cost of the hearing aid(s).		
Home Health Agency Care Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.	\$0 copay	20% coinsurance, after deductible	\$0 copay
Home Infusion Therapy* <ul style="list-style-type: none"> • Home infusion drugs • Home infusion administration 	\$0 copay	20% coinsurance, after deductible	\$0 copay
Inpatient Hospital Care* The copays are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.	\$0 copay Our plan covers an unlimited number of days for an inpatient hospital stay	20% coinsurance, after deductible Our plan covers an unlimited number of days for an inpatient hospital stay	\$0 copay Our plan covers an unlimited number of days for an inpatient hospital stay

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Medicare Part B Drugs* <ul style="list-style-type: none"> COVID-19, flu, Hepatitis B, and pneumonia immunizations Part B drugs, such as chemotherapy Immunizations other than COVID-19, flu, Hepatitis B, and pneumonia shots Other Part B drugs 	\$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay 20% coinsurance, after deductible 20% coinsurance, after deductible 20% coinsurance, after deductible	\$0 copay \$0 copay \$0 copay \$0 copay
Mental Health Outpatient Services <ul style="list-style-type: none"> Outpatient therapy visit Outpatient non-therapy visit <p>You can use Amwell Online Visits to access telehealth services by visiting www.VermontBlueAdvantage.com/telehealth or calling 1-855-635-1393. TTY users call 711.</p>	\$20 copay \$20 copay	20% coinsurance, after deductible 20% coinsurance, after deductible	\$0 copay \$0 copay

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Mental Health Inpatient Services Inpatient therapy visit	\$0 copay	20% coinsurance, after deductible	\$0 copay
	<p>If your hospital stay is longer than 90 days, our plan provides for up to 100 additional days of coverage, subject to the Medicare lifetime limit of 190 days. This limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital.</p> <p>A benefit period starts the day you go into an inpatient psychiatric hospital. It ends when you go for 60 days in a row without inpatient psychiatric hospital care.</p> <p>No prior hospital stay is required. Copays, deductible and coinsurance restart as new benefit period begins.</p>		
Nurse Advice Line Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at 1-833-968-1766 . TTY users call 711.	\$0 copay	\$0 copay	\$0 copay

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
<p>Online/Telehealth Visits Remote access technologies give you the opportunity to meet with your regular health care providers through electronic forms of communication (such as online).</p> <p>This does not replace an in-person visit but allows you to meet with your regular health care providers when it is not possible for you to meet with them in the office.</p> <p>When you can't get in to see your regular provider or need an appointment fast, you can also use Amwell Online Services site to access telehealth services by visiting www.VermontBlueAdvantage.com/telehealth or calling 1-855-232-7636. TTY users call 711.</p>	<p>\$20 copay for your regular primary care physician and mental health provider via telehealth</p> <p>\$20 copay for your regular specialist visits via telehealth</p> <p>\$0 copay for urgent care, mental health, psychiatry, and nutrition counseling via Amwell</p>	<p>20% coinsurance, after deductible, for your regular primary care physician and mental health provider via telehealth</p> <p>20% coinsurance, after deductible, for your regular specialist visits via telehealth</p> <p>\$0 copay for urgent care, mental health, psychiatry, and nutrition counseling via Amwell</p>	<p>\$0 copay for your regular primary care physician and mental health provider via telehealth</p> <p>\$0 copay for your regular specialist visits via telehealth</p> <p>\$0 copay for urgent care, mental health, psychiatry, and nutrition counseling via Amwell</p>
<p>Outpatient Diagnostic Tests and Therapeutic Services</p> <ul style="list-style-type: none"> • X-rays • Low-tech diagnostic radiological services • High-tech diagnostic radiological services such as CT, MRI, MRA, and PET • Therapeutic radiological services • Lab services • Blood • Outpatient diagnostic procedures and tests 	<p>\$0 copay</p>	<p>20% coinsurance, after deductible</p>	<p>\$0 copay</p>

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Outpatient Hospital Services* Ambulatory surgical and non-surgical services Outpatient hospital	\$0 copay	20% coinsurance, after deductible	\$0 copay
Outpatient Substance Abuse Individual or group therapy visit	\$20 copay	20% coinsurance, after deductible	\$0 copay
Physical Therapy Available in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities Limited to 30 visits per calendar year, including evaluations	\$0 copay	20% coinsurance, after deductible	\$0 copay

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
<p>Preventive Care Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>\$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening) • Depression screening • Diabetes screening and diabetes self-management training • Glaucoma screening • Health and wellness education programs • HIV screening • Immunizations, including COVID-19, flu, Hepatitis B, and pneumonia immunizations • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings • Screening and intensive behavioral therapy for obesity • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Tobacco use cessation counseling (for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit (one-time) 		

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Rehabilitation Services <ul style="list-style-type: none"> • Cardiac rehabilitation/intensive cardiac services • Pulmonary rehabilitation • Occupational therapy visit: Limited to 30 visits per calendar year, including evaluations • Speech and language therapy: Limited to 30 visits per calendar year, including evaluations 	\$0 copay	20% coinsurance, after deductible	\$0 copay
Renal Dialysis Services for Kidney Disease Home health care visits, equipment, dialysis, and supplies	\$0 copay	20% coinsurance, after deductible	\$0 copay
Skilled Nursing Facility (SNF) <ul style="list-style-type: none"> • Days 1-99 • Day 100 and above* 	\$0 copay	20% coinsurance, after deductible	\$0 copay
Supervised Exercise Therapy (SET) SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.	\$0 copay	20% coinsurance, after deductible	\$0 copay

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Urgently Needed Services In U.S. and its territories You can use Amwell Online Visits to access telehealth services by visiting www.VermontBlueAdvantage.com/telehealth or calling 1-855-635-1393. TTY users call 711.	\$20 copay \$0 copay for urgent care online telehealth visit via Amwell	20% coinsurance, after deductible \$0 copay for urgent care online telehealth visit via Amwell	\$0 copay \$0 copay for urgent care online telehealth visit via Amwell
Vision Services Original Medicare covers limited vision services, including: <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses, after cataract surgery • Diabetic retinopathy screening We offer additional enhanced vision benefits not covered by Original Medicare, including: <ul style="list-style-type: none"> • Enhanced (non-Medicare covered) supplemental routine eye exam through a VSP Choice Network provider or out-of-network provider • Enhanced vision benefit has an allowance toward elective contact lenses, frames, or complete glasses (lenses and frames) through a VSP Choice Network provider or out-of-network provider 	\$0 copay \$0 copay \$0 copay \$0 copay every 12 months \$200 allowance every 12 months	\$0 copay 20% coinsurance, after deductible \$0 copay \$0 copay every 12 months \$200 allowance every 12 months	\$0 copay \$0 copay \$0 copay \$0 copay every 12 months \$200 allowance every 12 months

Cost-sharing Table	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
<p>Vision Services (continued) You may pay less if you use an in-network provider.</p> <p>To locate a VSP Choice Network provider, call 1-855-492-9028 from 8 a.m. to 8 p.m. seven days a week. TTY users call 1-800-428-4833. You can also visit www.vsp.com.</p> <p>You can submit receipts from a non-VSP provider for reimbursement. Learn more at www.vsp.com/claims/submit-oon-claim.</p> <p>You are responsible for any charges above the plan's benefit allowance.</p>			
<p>Worldwide Emergency Coverage If you need care when you're outside of the United States, you have coverage for emergency medical care, emergency transportation, and urgent care only.</p> <ul style="list-style-type: none"> • Worldwide emergency medical care • Worldwide emergency transportation (ambulance) • Worldwide urgent care 	<p>There is a combined \$50,000 lifetime plan coverage limit for emergency and urgent care services outside the U.S. and its territories.</p> <p>You are responsible for the difference between the approved amount and the provider's charge.</p>		
	\$0 copay	\$0 copay	\$100 copay
	\$0 copay	\$0 copay	\$100 copay
	\$0 copay	\$0 copay	\$50 copay

Additional Benefits	JY Medical & Prescription Drugs In- and out-of-network	Comprehensive Medical & Prescription Drugs In- and out-of-network	VSTRS 65 Medical only In- and out-of-network
Note: Services with * may require prior authorization.			
Contraceptive Devices	\$0 copay	20% coinsurance, after deductible	\$0 copay
Gradient Compression Stockings	20% coinsurance, after deductible	20% coinsurance, after deductible	\$0 copay
Private Duty Nursing	20% coinsurance, after deductible, with an annual coverage limit of 14 hours	20% coinsurance, after deductible, with an annual coverage limit of 14 hours	Not a covered benefit
Weight Loss Surgery*	\$0 copay	20% coinsurance, after deductible	\$0 copay
Wigs, Wig Stand, Adhesive* Wigs must be prescribed by a physician and medically necessary.	20% coinsurance, after deductible	20% coinsurance, after deductible	\$0 copay

Prescription Benefits

Stage 1: Deductible

JY and Comprehensive: Because there is no deductible for the plan, this payment stage does not apply to you.

VSTRS 65: Prescription drugs are not a covered benefit.

Stage 2: Initial Coverage

JY and Comprehensive: You pay the following until your out-of-pocket costs reach \$600. See Chapter 6 of the *Evidence of Coverage* for information on how Medicare counts your out-of-pocket costs.

VSTRS 65: Prescription drugs are not a covered benefit.

Tiers (includes specialty drugs limited to a 30-day supply)	Retail network pharmacy	Mail-order network pharmacy	Retail network pharmacy	Mail-order network pharmacy
	30-day supply	30-day supply	90-day supply	90-day supply
Tier 1: Generic	JY: \$5 Comprehensive: \$5	JY: \$5 Comprehensive: \$5	JY: \$15 Comprehensive: \$15	JY: \$10 Comprehensive: \$10
Tier 2: Preferred Brand	JY: \$20 Comprehensive: \$20	JY: \$20 Comprehensive: \$20	JY: \$60 Comprehensive: \$60	JY: \$40 Comprehensive: \$40
Tier 3: Non-Preferred Drug	JY: \$45 Comprehensive: \$45	JY: \$45 Comprehensive: \$45	JY: \$135 Comprehensive: \$135	JY: \$90 Comprehensive: \$90

Stage 3 and 4: Coverage Gap & Catastrophic Stages: Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.

Stage 3: Coverage Gap

JY and Comprehensive: This stage doesn't apply. You continue to pay your Stage 2 copay amounts until you reach Catastrophic Coverage.

VSTRS 65: Prescription drugs are not a covered benefit.

Stage 4: Catastrophic Coverage

JY and Comprehensive: \$4.15 generic/\$10.35 brand.

VSTRS 65: Prescription drugs are not a covered benefit.

JY and Comprehensive: Insulin is covered 100%. You will have no out-of-pocket costs for insulin drugs.

For more information on the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.VermontBlueAdvantage.com/VSTRS.

If your plan includes prescription benefits, your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (www.VermontBlueAdvantage.com/VSTRS).

If your plan includes prescription benefits, your plan also covers additional non-Medicare covered medications not listed in your drug formulary.

If your plan includes prescription benefits, you must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website (www.VermontBlueAdvantage.com/VSTRS). Costs may differ based on pharmacy type.

See our plan's provider directory at our website (www.VermontBlueAdvantage.com/VSTRS) or call us and we will send you a copy of the provider directory.



Vermont Blue Advantage Group PPOSM

For more information

A complete list of services is found in the *Evidence of Coverage*, which will be mailed to you prior to the date your coverage takes effect and will be available online at www.VermontBlueAdvantage.com/VSTRS.

If you are not yet enrolled in the Vermont Blue Advantage plan, call the transitional call center toll-free **1-800-344-6690**, Monday through Friday, 7 a.m. to 4:30 p.m. Eastern time. TTY users should call **1-800-535-2227**.

Once you are enrolled, call toll-free **1-800-572-0280**, Monday through Friday, 8 a.m. to 8 p.m. Eastern time, with weekend hours October 1 to March 31. TTY users should call **711**.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at **1-800-572-0280**. TTY users should call **711**.

To learn more about Original Medicare, you can order a copy of the "Medicare & You" handbook at www.medicare.gov, or you can call Medicare at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Out-of-network/non-contracted providers are under no obligation to treat Vermont Blue Advantage Group PPO 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.

Enrollment Request for Vermont Blue Advantage Group PPO



Please contact Vermont Blue Advantage Group PPO if you need information in another language or format.

Select the plan you want to join		For internal use only	
<input type="checkbox"/> Comprehensive 40724-100	<input type="checkbox"/> Plan JY 40725-100	Received date	Effective date
<input type="checkbox"/> VSTRS 65 (no Part D drug coverage) 40726-100			

Please provide the following information in print

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	First name	Middle initial	Last name
Birth date (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number	Alternate phone number (optional)
Permanent residence street address (cannot be a post office box)		City	State
ZIP code	County (optional)	Email address (optional)	

Mailing address (if different from your permanent residence address)

Street address	City	State	ZIP code
----------------	------	-------	----------

Optional information

Emergency contact name	
Relationship to you	Phone number

Please provide your Medicare insurance information

<p>Please take out your red, white, and blue Medicare card to complete this section.</p> <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. 	Name (as it appears on your Medicare card)	
	Medicare number	
	Is entitled to	Effective date
	HOSPITAL (Part A)	
	MEDICAL (Part B)	
	You must have Medicare Part A and Part B to join a Medicare Advantage plan.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Please respond to all the questions

1. Are you the retiree?

If yes, retirement date (month/day/year) _____
If no, name of retiree _____

Yes No

2. Are you covering a spouse or dependent under this plan?

If yes, name of spouse _____
Name(s) of dependent(s) _____

Yes No

3. Do you work?

Does your spouse work?

Yes No

Yes No

4. Do you have other drug coverage, including other private insurance, workers compensation, VA benefits or state pharmaceutical assistance programs?

If yes, please provide the following information.
Company name _____
Name of other drug plan _____
ID # for coverage _____

Yes No

5. Are you a resident of a long-term care facility, such as a nursing home?

If yes, please provide the following information.
Name of facility _____
Facility street address _____
City _____ State _____ ZIP code _____
Phone number _____

Yes No

6. (Optional) List your primary care physician (PCP), clinic, or health center

This enrollment application is part of your Vermont Blue Advantage Group PPO enrollment kit. Other important materials you should review before joining this plan are included with this form:

- A cover letter with important deadlines and information (such as the date your enrollment form is due and where to send it)
- A Benefits-at-a-Glance booklet
- A Centers for Medicare & Medicaid Services Stars Ratings flyer (measures how well Medicare Advantage plans perform in several areas)

Please contact Vermont Blue Advantage PPO Customer Service at **1-800-572-0280** (TTY users call 711) if you need information in an accessible format or language other than what is listed below.

Select one if you want us to send you information in a language other than English.

Spanish Other _____

Select one if you want us to send you information in an accessible format.

Large print Audio CD

Customer Service hours are Monday through Friday, 8 a.m. to 8 p.m. Eastern time, with weekend hours October 1 to March 31. You can also visit **www.VermontBlueAdvantage.com**.

By completing this enrollment application, I agree to the following:

Vermont Blue Advantage Group PPO is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform the plan of any prescription drug coverage that I have or may get in the future. I understand that if I do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15 - December 7), or under certain special circumstances. As a Medicare Advantage PPO member, I understand that Vermont Blue Advantage Group PPO works differently than a Medicare supplemental plan. Vermont Blue Advantage Group PPO pays instead of Medicare, and I will be responsible for the amounts that Vermont Blue Advantage Group PPO does not cover, such as copayments or coinsurances. Original Medicare will not pay for my health care while I am enrolled in Vermont Blue Advantage Group PPO.

Before seeing a provider, I should verify that the provider will accept Medicare. I understand that if my provider does not accept Medicare, I will need to find another provider who will, or my out-of-pocket costs may be greater. Out-of-network/non-contracted providers are under no obligation to treat Vermont Blue Advantage Group PPO members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Vermont Blue Advantage Group PPO serves a specific service area. If I move out of the area that Vermont Blue Advantage Group PPO serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Vermont Blue Advantage Group PPO, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Vermont Blue Advantage Group PPO when I receive it to know which rules I must follow in order to receive coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that if I am receiving assistance from a sales agent, broker, or other individual employed by or contracted with Vermont Blue Advantage Group PPO, he/she may be paid based on my enrollment in Vermont Blue Advantage Group PPO.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the State Medicaid Program and the Medicare Savings Program.

Release of Information: By joining this Medicare health plan, I acknowledge that Vermont Blue Advantage Group PPO will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Vermont Blue Advantage Group PPO will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request by Vermont Blue Advantage Group PPO or by Medicare.

Please sign below. By signing below, you have read the above information and you acknowledge you received a cover letter with this form as well as a Benefits-at-a-Glance booklet and Star Rating flyer.

Signature		Today's date	
If you are the authorized representative, you must sign above and provide the following information.			
Name			
Address			
City		State	ZIP code
Phone number		Relationship to enrollee	

Please send your completed enrollment application to:

Vermont State Teachers' Retirement System
109 State Street, 4th Floor
Montpelier, VT 05609-6901

Fax: **802-828-5182**

Or email to: TRE.RetirementBenefitPayroll@vermont.gov

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Vermont Blue Advantage – H6898

Official U.S.
Government
Medicare
Information



For 2022, Vermont Blue Advantage - H6898 received the following Star Ratings from Medicare:

Overall Star Rating: Plan too new to be measured
Health Services Rating: Plan too new to be measured
Drug Services Rating: Plan too new to be measured



**Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan’s service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Vermont Blue Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 833-668-0280 (toll free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 800-572-0280 (toll free) or 711 (TTY).

*Vermont Blue Advantage is a Group PPO plan with a Medicare contract.
Enrollment in Vermont Blue Advantage depends on contract renewal.*



Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-668-0280. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-668-0280. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-668-0280。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-668-0280。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-668-0280. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-668-0280. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-668-0280 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-833-668-0280. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-668-0280 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-668-0280. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-668-0280. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-668-0280 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-668-0280. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-668-0280. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-668-0280. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-668-0280. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-668-0280 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Discrimination is Against the Law

Vermont Blue Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Vermont Blue Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Vermont Blue Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Vermont Blue Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Civil Rights Coordinator
600 E. Lafayette Blvd.
MC 1302
Detroit, MI 48226
1-888-605-6461, TTY: 711
Fax: 1-866-559-0578
civilrights@VermontBlueAdvantage.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Office of 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
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.