

## Blue Edge Business Co-pay 2:

Excluded Provider Organization (PCP) \$30/\$50 OV, \$3,000/\$6,000 deductible then co-pays

### Stacked deductible

\$3,000 if you are on an individual plan

\$6,000 if you are on a

two-person or family plan

### Stacked out-of-pocket limit

\$9,200 if you are on an individual plan

\$18,400 if you are on a

two-person or family plan

### Rx drug out-of-pocket limit

\$1,650 if you are on an individual plan

\$3,300 if you are on a

two-person or family plan

**This plan has a stacked deductible.** If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

**This plan has a stacked out-of-pocket limit.** If you have other family members on this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. Medical and prescription drug limits are combined.

YOU MUST USE NETWORK PROVIDERS	YOU PAY	PLAN PAYS
<b>OUTPATIENT CARE</b>		
<b>preventive care</b> Includes well baby, adult preventive, gynecological preventive office visits; includes preventive services such as laboratory, x-ray, screening mammograms, PAP tests and colonoscopies. Excludes diagnostic services.	No cost.	100% of the allowed amount.
<b>primary care provider office visits</b>	\$30 co-payment.	After your co-payment, 100% of the allowed amount.
<b>mental health and substance use disorder office visits</b> may require prior approval		
<b>specialist office visits</b> may require prior approval		
<b>chiropractic care</b> prior approval required after 12 visits per year	\$50 co-payment.	After you meet your deductible, 100% of the allowed amount.
<b>outpatient physical, occupational and speech therapy</b> up to 30 visits combined per calendar year (You have a separate but equal visit limit for habilitative services.)		
<b>diagnostic services</b> includes labs, x-ray, etc.; may require prior approval	Deductible, then no charge.	After you meet your deductible, 100% of the allowed amount.
<b>imaging (CT/RET scans, MRI)</b> may require prior approval	Deductible, then \$1,750 co-payment per visit.	After you meet your deductible and any applicable co-payments, 100% of the allowed amount.
<b>outpatient surgery</b> prior approved may be required	Deductible, then \$2,000 co-payment per visit; deductible for physician fee.	
<b>emergency care</b>	Deductible, then \$500 co-payment per visit; deductible for physician fee.	
<b>urgent care</b> care at an urgent care center	\$50 co-payment per visit.	After your co-payment, 100% of the allowed amount.
<b>CARE DURING PREGNANCY</b>		
<b>maternity office visits</b>	\$30 co-payment	After a single co-payment, 100% of the allowed amount.
<b>inpatient delivery</b>	Deductible, then \$500 co-payment per day; deductible for physician fee.	After you meet your deductible and co-payment, 100% of the allowed amount.
<b>INPATIENT CARE</b>		
<b>inpatient care, general hospital</b> Includes mental health and substance abuse and other inpatient care	Deductible, then \$500 co-payment per day; deductible for physician fee.	After you meet your deductible and co-payment, 100% of the allowed amount.
<b>HOME CARE AND REHABILITATION SERVICES</b>		
<b>inpatient skilled nursing or rehabilitation</b> prior approval required for rehabilitation	Deductible, then \$500 co-payment per day.	After you meet your deductible and co-payment, 100% of the allowed amount.
<b>home health and hospice care services</b> prior approval required	Deductible, then no charge.	After you meet your deductible, 100% of the allowed amount.
<b>private duty nursing</b> prior approval required. Up to 14 hours per member per calendar year		
<b>OTHER SERVICES</b>		
<b>ambulance</b> prior approval required for non-emergency transport	Deductible, then \$500 co-payment per day.	After you meet your deductible and co-payment, 100% of the allowed amount.
<b>medical equipment and supplies</b> prior approval may be required	Deductible, then \$100 co-payment.	After you meet your deductible and co-payment, 100% of the allowed amount.
<b>vision exam</b> one exam per year (use Vision Service Plan providers)	\$20 co-payment.	After your co-payment, 100% of the allowed amount.
<b>PRESCRIPTION DRUGS</b>		
<b>prescription drugs (including home delivery)</b> prior approval may be required	<ul style="list-style-type: none"> <li>\$10 co-payment for generics</li> <li>\$50 co-payment for preferred brand-name drugs</li> <li>\$75 for non-preferred brand-name drugs.</li> </ul>	After your co-payment, 100% of the allowed amount.
<b>wellness drugs</b> visit <a href="http://www.bcsvt.com/wellnessrx">www.bcsvt.com/wellnessrx</a> to find a list.	Same as prescription drugs.	Same as prescription drugs.

\$30 PCP/\$50 Specialist co-payment, \$3,000/\$6,000 deductible, 0% co-insurance

Pharmacy: \$10 co-payment/\$50 co-payment/\$75 co-payment

**Coverage Period Begins:** 01-01-2025

**Coverage For:** Blue Edge Business Co-pay 2 **Plan Type:** EPO

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services**




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.bluecrossvt.org/sites/default/files/2024-01/280-372-exclusive-provider-organization-pcp-cert-v16.pdf](http://www.bluecrossvt.org/sites/default/files/2024-01/280-372-exclusive-provider-organization-pcp-cert-v16.pdf). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [co-insurance](#), [co-payment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call (800) 255-4550 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	\$3,000 individual / \$6,000 family.  <a href="#">Co-insurance</a> and <a href="#">co-payments</a> do not apply to the <a href="#">deductible</a> .	Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount each <a href="#">plan</a> year before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> . Your plan year: 01-01-2025 through 12-31-2025.
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes, preventive services, office visits, urgent care and prescription drugs	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">co-payment</a> or <a href="#">co-insurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No. There are no other specific <a href="#">deductibles</a> .	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	\$9,200 individual / \$18,400 family. Medical and <a href="#">prescription drug out-of-pocket limits</a> are combined. <a href="#">Prescription drugs</a> : \$1,650 individual / \$3,300 family.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a <a href="#">plan</a> year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Premiums, <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.bluecrossvt.org/find-doctor">www.bluecrossvt.org/find-doctor</a> or call (800) 255-4550 for a list of <a href="#">network</a> providers.	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). For certain

\*Deductible applies to these services.

Important Questions	Answers	Why This Matters:
		<a href="#">emergency services</a> and/or services at an in-network hospital or surgical center (as explained below), the maximum amount you may pay is the <a href="#">plan's</a> in <a href="#">network cost-sharing</a> amount. In these circumstances, the providers cannot balance bill you. Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [co-payment](#) and [co-insurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <a href="#">co-payment</a> per visit for <a href="#">primary care physician</a> and mental health / substance abuse	Not covered	Some services require <a href="#">prior approval</a> . For clarification on mental health services visit <a href="http://www.bluecrossvt.org/members/coverage">www.bluecrossvt.org/members/coverage</a> .
	<a href="#">Specialist</a> visit	\$50 <a href="#">co-payment</a> per visit	Not covered	Some services require <a href="#">prior approval</a> .
	Other practitioner office visit	\$50 <a href="#">co-payment</a> per visit for acupuncture, chiropractic care, nutritional counseling, outpatient physical, speech and occupational therapy	Not covered	Some services require <a href="#">prior approval</a> . Outpatient physical, speech and occupational therapy benefits are covered up to 30 visits combined.
	<a href="#">Preventive care/Screening</a> /immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. For clarification on <a href="#">preventive services</a> visit <a href="http://www.bluecrossvt.org/members/coverage">www.bluecrossvt.org/members/coverage</a> .
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge* for office based and outpatient hospital	Not covered	Some services require <a href="#">prior approval</a> .
	Imaging (CT/PET scans, MRIs)	\$1,750 <a href="#">co-payment</a> * per visit	Not covered	Most services require <a href="#">prior approval</a> .

\*Deductible applies to these services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="http://www.bluecrossvt.org/pharmacies-medications">prescription drug coverage</a> is available at <a href="http://www.bluecrossvt.org/pharmacies-medications">http://www.bluecrossvt.org/pharmacies-medications</a> . This plan follows the National Performance Formulary (NPF).	Generic drugs	\$10 <a href="#">co-payment</a> / \$30 <a href="#">co-payment</a>	Not covered	Up to a 30-day supply / 90-day supply for most prescription drugs. Some prescriptions require <a href="#">prior approval</a> .
	Preferred brand drugs	\$50 <a href="#">co-payment</a> / \$150 <a href="#">co-payment</a>	Not covered	Up to a 30-day supply / 90-day supply for most prescription drugs. Some prescriptions require <a href="#">prior approval</a> .
	Non-preferred brand drugs	\$75 <a href="#">co-payment</a> / \$225 <a href="#">co-payment</a>	Not covered	Up to a 30-day supply / 90-day supply for most prescription drugs. Some prescriptions require <a href="#">prior approval</a> .
	Wellness drugs	Wellness prescription drugs process the same as any other prescription.	Not covered	Up to a 30-day supply / 90-day supply for most prescription drugs. Some prescriptions require <a href="#">prior approval</a> .
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$2,000 <a href="#">co-payment</a> * per visit	Not covered	Some services require <a href="#">prior approval</a> . If you see an <a href="#">out-of-network provider</a> at an in-network facility, the most the <a href="#">provider</a> may bill you is the in-network <a href="#">cost-sharing</a> amount.
	Physician/surgeon fees	No charge*	Not covered	Some services require <a href="#">prior approval</a> . If you see an <a href="#">out-of-network provider</a> at an in-network facility, the most the <a href="#">provider</a> may bill you is the in-network <a href="#">cost-sharing</a> amount.
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$500 <a href="#">co-payment</a> * per visit for facility services; no charge* for physician services	\$500 <a href="#">co-payment</a> * per visit for facility services; no charge* for physician services	Must meet emergency criteria. <a href="#">Co-payment</a> waived if admitted. If you have an emergency medical condition, and get emergency services from an <a href="#">out-of-network provider</a> or facility, the maximum you may pay is the standard in-network <a href="#">cost-sharing</a> amount and you cannot be balance billed.
	<a href="#">Emergency medical transportation</a>	\$500 <a href="#">co-payment</a> * per member per day	\$500 <a href="#">co-payment</a> * per member per day	Must meet emergency criteria. If you have an emergency medical condition, and get emergency services from an <a href="#">out-of-network provider</a> or facility, the maximum you may pay is the standard in-network <a href="#">cost-sharing</a> amount and you cannot be balance billed.

\*Deductible applies to these services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Urgent care</a>	\$50 <a href="#">co-payment</a> per visit	\$50 <a href="#">co-payment</a> per visit	Applies to urgent care facilities. If you have an emergency medical condition, and get emergency services from an <a href="#">out-of-network provider</a> or facility, the maximum you may pay is the standard in-network <a href="#">cost-sharing</a> amount and you cannot be balance billed.
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 <a href="#">co-payment</a> * per day inpatient admission	Not covered	Out-of-state inpatient care requires prior approval. If you receive care from an out-of-network provider at an in-network hospital or ambulatory surgical center, the most the provider may bill you is the in-network cost-sharing amount and the provider cannot balance bill you.
	Physician/surgeon fees	No charge*	Not covered	Some services require <a href="#">prior approval</a> . If you receive care from an <a href="#">out-of-network provider</a> at an in-network hospital or ambulatory surgical center, the most the <a href="#">provider</a> may bill you is the in-network <a href="#">cost-sharing</a> amount and the <a href="#">provider</a> cannot balance bill you.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge*	Not covered	Some services require <a href="#">prior approval</a> .
	Inpatient services	\$500 <a href="#">co-payment</a> * per day inpatient admission	Not covered	Includes facility and physician fees. Requires <a href="#">prior approval</a> .
If you are pregnant	Office visits	\$30 <a href="#">co-payment</a> (one <a href="#">co-payment</a> covers all maternity office visits by one <a href="#">network provider</a> )	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">co-payment</a> , <a href="#">co-insurance</a> , or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). For a list of services visit <a href="http://www.bluecrossvt.org/members/coverage">www.bluecrossvt.org/members/coverage</a> .
	Childbirth/delivery professional services	No charge*	Not covered	Out-of-state inpatient care requires <a href="#">prior approval</a> .

\*Deductible applies to these services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	\$500 <a href="#">co-payment</a> * per day inpatient admission	Not covered	Out-of-state inpatient care requires <a href="#">prior approval</a> .
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge*	Not covered	Home infusion therapy requires <a href="#">prior approval</a> . Outpatient physical, speech and occupational therapy benefits are covered up to 30 visits combined.
	<a href="#">Rehabilitation services</a>	\$500 <a href="#">co-payment</a> * per day inpatient admission; no charge* cardiac / pulmonary services	Not covered	Inpatient rehabilitation services require <a href="#">prior approval</a> .
	<a href="#">Habilitation services</a>	\$500 <a href="#">co-payment</a> * per day inpatient admission	Not covered	Requires <a href="#">prior approval</a> . Outpatient physical, speech and occupational therapy benefits are covered up to 30 visits combined.
	<a href="#">Skilled nursing care</a> (facility)	\$500 <a href="#">co-payment</a> * per day inpatient admission	Not covered	Requires <a href="#">prior approval</a> .
	<a href="#">Durable medical equipment</a> (including supplies)	\$100 <a href="#">co-payment</a> *	Not covered	May require <a href="#">prior approval</a> .
	<a href="#">Hospice services</a>	No charge*	Not covered	None
<b>If your child needs dental or eye care</b>	<a href="#">Eye exam</a>	\$20 <a href="#">co-payment</a> per child exam; \$20 <a href="#">co-payment</a> per adult exam	We pay up to our allowed price less your \$20 <a href="#">co-payment</a>	One routine exam per calendar year.
	Glasses	Not covered	Not covered	None
	Dental check-up	Not covered	Not covered	None

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Cosmetic Surgery (except with prior approval for reconstruction)</li> <li>• Dental care (child and adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility Medications</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care (except for treatment of diabetes)</li> <li>• Weight loss programs</li> </ul>

\*Deductible applies to these services.

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Acupuncture
- Bariatric surgery
- Chiropractic Care (Requires prior approval after 12 visits)
- Hearing aids (covered up to one per ear every three years)
- Non-emergency care when traveling outside the U.S. ([www.bluecrossvt.org/members/coverage](http://www.bluecrossvt.org/members/coverage))
- Private-duty nursing (covered up to 14 hours per plan year)
- Routine eye care (one routine eye exam per child and adult member per calendar year)

**Your Rights to Continue Coverage:**

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at (866) 444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the Department of Health and Human Services at (877) 267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). You may also contact the [plan](#) at (800) 247-2583. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call (800) 318-2596.

**Your Grievance and Appeals Rights:**

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: (800) 255-4550.

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes plans, [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium](#) tax credit.

**Does this plan meet the Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium](#) tax credit to help you pay for a [plan](#) through the [Marketplace](#).

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>copayment</u>	\$500
■ Other	\$0

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,560</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility)	\$0
■ Other	\$0

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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#### In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,420</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist copayment</u>	\$50
■ Hospital (facility) <u>copayment</u>	\$500
■ Other	\$0

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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#### In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,100</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

The prescription drug out-of-pocket limit might not be included in the above Coverage Examples.

\*Note: This plan has other deductibles for specific services included in the coverage example. See "Are there other deductible for specific services?" row above.

Custom Summary Name: BCBS-EPOPCP-3000-9200-0%-STK-30-50-500-500-2000-ACA-LARG|BCBS-Rx-0-1650-x-10-50-75-3-x-P\_NPF-Acup-2025



## NOTICE: Discrimination is Against the Law

Blue Cross and Blue Shield of Vermont (BCBSVT) 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.

BCBSVT 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).

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

If you need these services, please call (800) 247-2583. If you would like to file a grievance because you believe that BCBSVT has failed to provide services or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact:

Civil Rights Coordinator  
Blue Cross and Blue Shield of Vermont  
PO Box 186  
Montpelier, VT 05601  
(802) 371-3394  
TDD/TTY: (800) 535-2227  
civilrightscordinator@bcbsvt.com

You can file a grievance by mail, or email at the contacts above. If you need assistance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019  
(800) 537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).



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

ARABIC

للحصول على خدمات المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583

SPANISH

Para servicios gratuitos de asistencia con el idioma, llame al (800) 247-2583.

GERMAN

Kostenlose fremdsprachliche Unterstützung erhalten Sie unter (800) 247-2583.

FRENCH

Pour obtenir des services d'assistance linguistique gratuits, appelez le (800) 247-2583.

ITALIAN

Per i servizi gratuiti di assistenza linguistica, chiamare il numero (800) 247-2583.

JAPANESE

無料の通訳サービスのご利用は、(800) 247-2583までお電話ください。

NEPALI

निःशुल्क भाषा सहायता सेवाहरूका लागि, (800) 247-2583 मा कल गर्नुहोस्।

PORTUGUESE

Para serviços gratuitos de assistência linguística, ligue para o (800) 247-2583.

RUSSIAN

Чтобы получить бесплатные услуги переводчика, позвоните по телефону (800) 247-2583.

SERBO-CROATIAN (SERBIAN)

Za besplatnu uslugu prevodenja, pozovite na broj (800) 247-2583.

THAI

สำหรับการให้บริการความช่วยเหลือด้านภาษาฟรี โทร (800) 247-2583

TAGALOG

Para sa libreng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.

VIETNAMESE

Để biết các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi số (800) 247-2583.

CHINESE

如需免費語言協助服務，請致電 (800) 247-2583。

CUSHITE (OROMO)

Tajaajila gargaarsa afaan hiikuu kaffaltii malee argachuuf (800) 247-2583 bilbilaa.



# LARGE GROUP ENROLLMENT GUIDE

Everything you need to know  
about your health plan coverage

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## 01 WHY US?

For more than 30 years, we've been supporting Vermont's health and wellness as the state's only local, non-profit health plan.

We're not just a health care company, we're your friends and neighbors. We are dedicated to supporting you, our members, partners, and communities, not just today, but tomorrow and for years to come.

Be sure to follow us on LinkedIn, Facebook and Instagram so you can stay engaged with emerging health care trends and any upcoming Blue Cross community events.

### Making a difference in our communities

We work directly with key community members through our community advisory boards to help us better understand local issues in Vermont.

Our programs and events bring people together across the state and emphasize the importance of healthy communities. Our events reach Vermonters of all ages, interests, and abilities.

## 02 GETTING STARTED

Your employer has selected Blue Cross of Vermont to provide your health benefits. This guide gives general information about your coverage. Please note that this guide does not give all of the limitations and exclusions of your coverage.



### AFTER YOU ENROLL

1

#### Keep an eye on the mail

If you're new to Blue Cross, you'll need your new ID card to access services. Many people accidentally throw out their ID cards. So, remember at the time of your group's renewal, we will send you an:

- ID card
- Outline of coverage

Always have the most up-to-date ID card because it gives you access to the care you need, while your Outline of Coverage explains what you can expect to pay for certain services and supplies.

2

Once you receive your new card(s), register on our Member Resource Center.

Visit [bluecrossvt.org/MRC](https://bluecrossvt.org/MRC). When you register, you'll gain access to:

- **Benefit Details:** covered services and what you'll pay for those services
- **Claims:** view your claims and how we paid them
- **Plan Materials:** order replacement ID cards, print proof of coverage, view your summary plan description or certificate of coverage. You may request hard copies, if you wish, by calling our customer service team at the number listed on the back of your ID card.

After your renewal, be certain to bring your new card with you the next time you need care or to fill a prescription.

# 03 ESSENTIAL BENEFITS

From the care you want, to the experience you deserve, at Blue Cross of Vermont, the difference is in our products, our network, and our personalized service.



## PRIMARY CARE

Your plan may require you to select a primary care provider (PCP). A PCP coordinates your care and guides you to network specialists.

Even if your plan doesn't require you to select a primary care provider, we encourage you to develop a relationship with a single health care provider who knows about your health and can help you make decisions about your care. To select a primary care provider, please visit [bluecrossvt.org/find-doctor](https://bluecrossvt.org/find-doctor).

To learn more about our networks, see "Network providers" on page 7.



## OFFICE VISITS

Your plan covers services in an office setting.\*

This means, for example, you're covered when you need:

- an examination, diagnosis and treatment for an injury or illness
- injections
- diagnostic services, such as X-rays
- nutritional counseling
- surgery
- therapy services

Once enrolled, you will receive either a Certificate of Coverage or Summary Plan Description, which will detail all covered benefits, limitations, and general exclusions. Please read your Certificate of Coverage or Summary Plan Description carefully; it governs your benefits.

\*Services subject to cost-share, deductible, and co-pay.



## URGENT CARE

If your condition is not life threatening, but needs attention, an urgent care facility may be the most appropriate option. Urgent care facilities are located throughout Vermont and offer many of the same services your PCP offers. Most urgent care facilities have regularly scheduled hours.

All our plans include 24/7 telemedicine access which is convenient, on-demand medical care that saves money. For more info, visit [bluecrossvt.org/telemedicine](https://bluecrossvt.org/telemedicine).



## EMERGENCY CARE

Your plan covers emergency services regardless of where you are when you experience a true emergency.

If you experience an emergency medical condition that places your health, or the health of an unborn child or dependent, in serious jeopardy, seek care immediately. Emergency rooms are open 24 hours a day, seven days a week, and offer a wide range of services.



## PRESCRIPTION DRUG COVERAGE

If your employer offers a prescription drug plan through us, you will receive benefits through Vermont Blue Rx<sup>SM</sup> and our network of pharmacies in Vermont and nationwide.

For more details on your prescription drug coverage, please visit [bluecrossvt.org/vtbluerx](https://bluecrossvt.org/vtbluerx).



#### PRIOR APPROVAL

Your plan requires prior approval for certain services and drugs, even when you use network providers.

- Network providers get prior approval for you.
- If you see an out-of-state provider, you may need to get prior approval before seeking care. Any provider may help you fill out the form and give you other information you need to submit your request.
- Our plans do not require prior approval for emergency medical services, regardless of where you seek care.
- For the most recent prior approval list, visit [bluecrossvt.org/priorapproval](https://bluecrossvt.org/priorapproval) or call the customer service number on the back of your ID card.



#### SERVICES YOUR PLAN MAY NOT COVER

You can be confident that your health plan covers a broad array of necessary services and supplies. Here are some of the services that our health plans generally do not cover:

- Services that are investigational, experimental, cosmetic or not medically necessary as defined in your Certificate of Coverage or Summary Plan Description.
- Services that should be covered by another source, such as another type of insurance or an employer.
- Providers who are not approved to provide a particular service or who don't meet the definition of "provider" in your Certificate of Coverage or Summary Plan Description.

#### COVERED SERVICES

In general, all of our plans include services that fall under these categories of health benefits:

- chiropractic care
- diabetes services
- emergency services
- hospice services
- hospitalizations
- maternity and newborn care
- medical equipment and supplies
- mental health and substance use treatment services
  - office visits
- outpatient services, such as diagnostic tests and minor surgeries
  - rehabilitation
  - specialist visits like nutritional counseling and OBGYN services
- telemedicine services
  - therapy services
- urgent care services

## 04

# NETWORK PROVIDERS

Every one of our plans provides access to the largest network of providers in Vermont and the U.S. and to hospitals in more than 190 countries and territories around the world through the Blue Cross Blue Shield Global<sup>®</sup> Core Program.

To view a list of doctors in our network, visit [bluecrossvt.org/find-doctor](https://bluecrossvt.org/find-doctor).

#### HOW WE PROTECT YOUR PRIVACY

Federal and state laws require 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 have the right to gain access to your health information and to information about our privacy practices. We make a complete copy of our Notice of Privacy Practices available on our website [bluecrossvt.org/privacypolicies](https://bluecrossvt.org/privacypolicies).



## 05 UNDERSTANDING PREVENTIVE CARE

Each of our plans cover preventive health services\*, received in-network, at no cost to you.

### EXAMPLES OF PREVENTIVE SERVICES INCLUDE:

- **Check-ups:** wellness visits for you and your family
- **Screenings:** blood pressure, cholesterol, and more
- **Standard immunizations:** influenza, tetanus, MMR, etc.

For a full list of current preventive care services and supplies, and the corresponding billing codes (these are codes your provider submits to us), please visit [bluecrossvt.org/preventivecare](https://bluecrossvt.org/preventivecare).

\* As defined by state and federal law



## 06 CASE MANAGEMENT

Our team of registered nurses, licensed social workers, and behavioral health counselors can help you get the care you need.

Whether it's the exciting moments like discovering you're pregnant, the challenge of understanding a new diagnosis, managing your medications, or coping with an ongoing condition that impacts your daily life, we're here for you. We'll create a personalized plan for improving your health and well-being and connect you to important resources so you can get the support you need. Our case management health care services are free and available to all members. They are designed to support the 'whole' you—your physical and mental well-being and happiness.

### LEARN MORE ABOUT OUR SERVICES

#### CONTACT OUR TEAM

**Call:**  
(800) 922-8778, option 3

**Visit:**  
[bluecrossvt.org/casemanagement](https://bluecrossvt.org/casemanagement)

**Message:**  
Use the Member Resource Center, located at [bluecrossvt.org/MRC](https://bluecrossvt.org/MRC) to send a secure message to Case Management.

#### ADDICTION

Many Vermonters know someone affected by substance abuse. If you or a loved one is struggling with addiction, please reach out for help. Our team can connect you to the providers, community and care you need to help fight addiction.

#### CANCER CARE

Being diagnosed with cancer is a life-changing event—one that affects you physically as well as emotionally. Our team is here to help you and your family during this challenging time.

#### CHRONIC CONDITION AND DISEASE MANAGEMENT

Our team is standing by to guide you through dealing with long-term health conditions. These include asthma, COPD, diabetes, heart disease, seizures, rheumatoid arthritis, Crohn's, colitis, and many others.

#### END OF LIFE

When facing end-of-life decisions, it is important to know the options, the available resources, and the support for you or your loved one.

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#### MENTAL HEALTH

If you are struggling with anxiety, stress, depression, or other mental health conditions, you're not alone. Our team can connect you with professionals and resources to help you cope and feel better.

#### MATERNITY

Our popular Better Beginnings® program helps expectant moms create the healthiest, happiest start for their babies.

#### GENDER AFFIRMATION

Questions about gender affirmation services? Call to be connected to one of our case managers who can provide expert guidance and coordination.



From simple office visit benefits to personalized care with one of our case managers, we have you covered.



## 07 PHARMACY BENEFITS VERMONT BLUE RX<sup>SM</sup>

From our trusted pharmacists to easy-to-follow formularies and medication management programs, Vermont Blue Rx is designed to help you save money.

#### WHAT YOU GET WITH VERMONT BLUE RX:

- Experts who are dedicated to reducing the cost of care.
- Access to trusted local pharmacies and a nationwide network of retail pharmacies.
- Support from our personalized pharmacy counselor to help you manage chronic and special conditions, medication use, healthy diet, and exercise.
- This is your one-stop solution for prescription drug coverage.



#### NEED HELP?

Call the customer service number on the back of your ID card.

Visit [bluecrossvt.org/VTbluerx](https://bluecrossvt.org/VTbluerx)



# 08 SPECIAL ENROLLMENTS

## OPEN ENROLLMENT

You may add dependent(s) for any reason during your group's Open Enrollment period. We will make your enrollment changes effective the first day of your group's new plan year.

For example, if your Open Enrollment period is November 1 through November 30, and your group's effective date is January 1, you will be able to begin using your newly selected plan benefits on January 1.

## SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependent(s) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose that other coverage. However, you must request enrollment within 31 days of the date your coverage or your dependent(s) other coverage ends.

You may also use a special enrollment period to enroll yourself and your dependents under this group's plan for the first time if one of the following events occur:

- Changes in family status
- Changes in employment status

We will not allow retroactive changes unless required by law.

If you marry, you have 60 days to add your spouse and his/her/their dependent(s) onto your plan.

In the event of a birth or adoption, you have 60 days to add your new dependents to your plan\*.

If you fail to add new dependent(s) within 60 days, you must wait until an Open Enrollment period to do so.

*\* If you already have a family membership, we cover your new child from the date of birth, legal placement, or adoption. You should, however, notify us in writing of your family addition within 60 days.*

# 09 OUR WEBSITE

Our website, [bluecrossvt.org](https://bluecrossvt.org), is our front door. Our site features up-to-date news on our company and upcoming events in your community.



## WHAT CAN YOU DO AT BLUECROSSVT.ORG?

### Explore Coverage

Find medical policies that explain what's covered

### Find Forms and Applications

Download a claim form, application or other forms you may need

### Keep Up-to-Date with News

Read the news section of our website, which contains updates and legislative reports on health care-related issues



## FIND HELPFUL PLAN INFORMATION ON OUR MEMBER RESOURCE CENTER

The Member Resource Center is a secure site where you can:

- Read your subscriber plan documents such as your Outline of Coverage, which explains your cost-sharing requirements
- Change your address (please be sure to change this with your employer first)
- Change your primary care provider
- Order a new ID card
- Print a proof of coverage
- Estimate upcoming visit and prescription costs to help you save money.
- View your Summary of Health Plan Payments for the last 18 months
- Send us a secure email message and much more!

To access the Member Resource Center, visit [bluecrossvt.org/MRC](https://bluecrossvt.org/MRC), then follow the prompts to either log in or register as a new user.

# 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

Blue Cross and Blue Shield 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.

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

ARABIC	للحصول على خدمات المساعدة اللغوية المجانية ، اتصل (800) 247-2583
CHINESE	如需免费语言协助服务，请致电，(800) 247-2583.
CUSHITE (OROMO)	Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 bilibili.
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.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस्, (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.
SPANISH	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583.
TAGALOG	Para sa libreng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.
THAI	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร, (800) 247-2583.
UKRAINIAN	Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583.
VIETNAMESE	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583.



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| @bluecrossvt



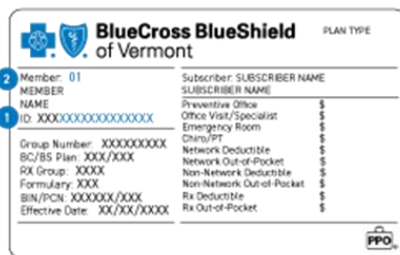
## MEMBER RESOURCE CENTER

# ACCESS YOUR ACCOUNT ONLINE

### HOW TO REGISTER

To get started, visit the [MRC registration page](#) at [bluecrossvt.org/MRC](#).

Enter your member ID number (last 13 of ID followed by two-digit number) from your ID card, last name, and date of birth.



Choose your username, password, and answers to security questions. You'll also be asked to enter your email address.

### INFORMATION AND TOOLS YOU CAN USE

The Member Resource Center is available for you to:

- View your benefits and access proof of coverage
- See claims and check their status
- Send and receive secure emails
- Change your address
- And much more!

### REGISTER FOR THE MEMBER RESOURCE CENTER

All members have access to the Member Resource Center. You can register any time after your benefits are effective and you've received your member ID card, which you'll need to register.


If you have any questions about the Member Resource Center, contact our Customer Service team at the phone number on the back of your member ID card.

# Mental Health Care Support

Increasing Access to Mental Health Care Services for Blue Cross and Blue Shield of Vermont Members



We've partnered with virtual providers Valera Health, SonderMind and Amwell to increase access to mental health care for Vermonters. When you need help finding care, know that you have options.

The bottom of the page features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of blue, creating a sense of movement and depth.



## ABOUT VALERA HEALTH



has a network of providers, licensed to practice in Vermont that specialize in Serious Mental Illness (SMI), Child & Adolescent and Maternal Health. Their virtual mental health clinic offers a balance of human connection and technology to care for conditions ranging from depression to schizophrenia. Call (646) 450-7748 or visit [valerahealth.com](https://valerahealth.com)

### PROGRAM FEATURES:

- Secure chat
- Goal and appointment reminder
- Video sessions
- Automated assessments
- Media library for education

Valera Health offers virtual therapy and psychiatry services for adults and children 6 years of age and older. Their expert clinicians will work with you to support your goals and make it easy for you to connect with your care team no matter where you are with their convenient mobile app. Valera Health's approach focuses on wellness and offers patients a collaborative team that includes access to a health connector, therapist and psychiatrist.

Comprehensive treatment is provided for conditions such as:

- Depression, anxiety and stress
- Attention deficit hyperactivity disorder (ADHD)
- Post-traumatic stress disorder (PTSD)
- Adjustment disorder
- Obsessive-compulsive disorder (OCD)
- Bipolar disorder
- Medication management
- Child & adolescent programs
- Maternal health programs

How Blue Cross VT members can get started with Valera Health:

1. Visit [valerahealth.com](https://valerahealth.com) and complete an onboarding form to receive a free consultation call from a Health Connector during your preferred time window. You can also call (646) 450-7748 to start the onboarding process.
2. Your Health Connector will assess your needs, match you with a qualified provider and schedule your first appointment.
3. Connect with your care team through the Valera Health app or on a computer. They will work with you to create a treatment plan to meet your goals.



## ABOUT SONDERMIND



When we prioritize mental wellbeing, we live happier, healthier lives. SonderMind is on a mission to improve mental health access, utilization and outcomes, and decrease the stigma of mental health care. SonderMind provides therapy and psychiatric providers. Call (844) 843-7279

With SonderMind get support in-person or virtually for conditions including:

- Anxiety
- Depression
- Insomnia
- Bipolar disorder
- Couples Therapy

SonderMind will find the provider nearest you and specializes in your area of support.

How Blue Cross VT members can get started with SonderMind:

- Call SonderMind at (844) 843-7279 to find the ideal SonderMind clinician with appointment availability within a week – in-person or online, 7 days a week.
- Members can coordinate their sessions and track their progress online.
- See real change and find continued support.



## ABOUT AMWELL



Blue Cross VT members trust Amwell telemedicine for 24/7 medical care for children and adults with common conditions like rash, fever, cold, allergies, etc. Amwell also provides access to specialty care like dermatology, nutrition, women's health and now mental health care and psychiatry. Learn more: [bluecrossvt.org/telemedicine](https://bluecrossvt.org/telemedicine)

Using the Amwell web or mobile app, members can securely see a psychologist or counselor face-to-face from the privacy and comfort their own home.

Therapists on Amwell provide care and virtual counseling for:

- Anxiety
- Depression
- Stress management
- LGBTQ+ counseling
- Bereavement/Grief
- OCD
- PTSD/Trauma
- Couples therapy
- Panic attacks
- Insomnia
- Life transitions

How Blue Cross VT members can get started with Amwell:

- Schedule an appointment online at [bluecrossvt.amwell.com](https://bluecrossvt.amwell.com) and use the service code VERMONT to see all services available to Blue Cross Vermont Members.
- Review Amwell provider's education, experience and approach to treatment.
- Easily access Amwell's telemedicine platform through their app on a smartphone or tablet, on a computer, or by phone at (844) 733-3627.





@bluecrossvt

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

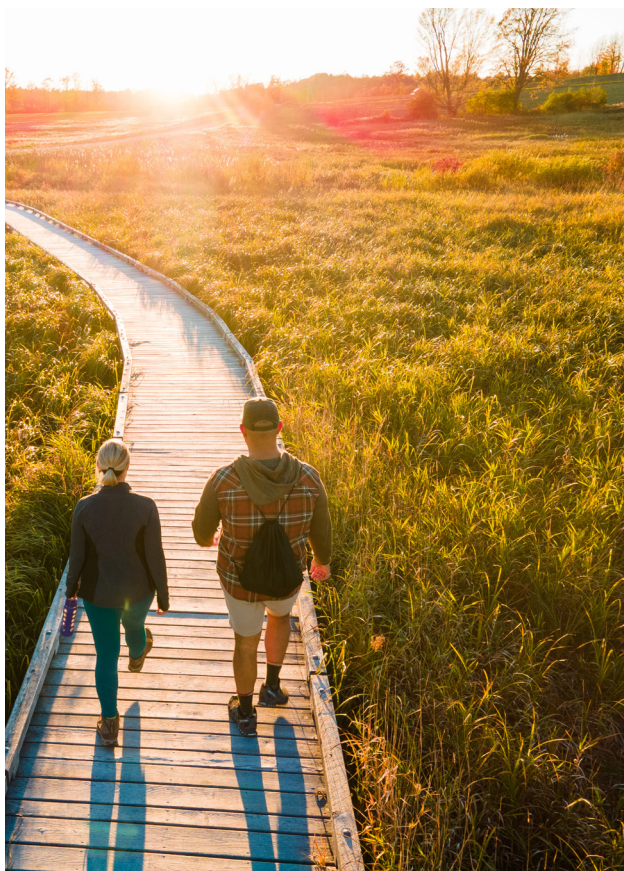


**BlueCross BlueShield**  
of Vermont

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# HELP WHEN YOU NEED IT MOST

Blue Cross and Blue Shield of Vermont's caring team of registered nurses, licensed social workers, and behavioral health counselors can help you get the health care you need.



Whether it's the exciting moments like discovering you're pregnant, the challenge of understanding a new diagnosis, managing your medications, or coping with an ongoing condition that impacts your daily life – we're here for you. We'll create a personalized plan for improving your health and well-being, and connect you to important resources so you can get the support you need.

## HERE FOR YOU - THE WHOLE YOU

Our health care services are free and available to all our members. They are designed to support the 'whole' you – both your physical and mental well-being and happiness.

Our team has experience in many different areas of health care, including medical, mental health, and substance use treatment, so we'll help you find the right care and services at the right time.

Health plans powered by:



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



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

# LEARN MORE ABOUT OUR SERVICES

## Addiction

Many Vermonters know someone affected by substance use disorder. If you or a loved one is struggling with addiction, please reach out for help. Our team can connect you to the providers, community, and care you need to achieve and sustain recovery.

## Cancer Care

Being diagnosed with cancer is a life-changing event—one that affects you physically as well as emotionally. Our team is here to help you and your family during this challenging time.

## Chronic Condition and Disease Management

If you have a long-term health condition, please reach out to us for guidance. Our team helps people with asthma, COPD, diabetes, heart disease, seizures, rheumatoid arthritis, Crohn's, colitis, and many other conditions understand their benefits and learn how to live well.



## End-of-life

When facing end of life decisions, it is important to know your options and the available support for you or your loved one.

## Maternity

Our popular Better Beginnings® program helps expectant moms create the healthiest, happiest start for their babies.

## Mental Health

If you are struggling with anxiety, stress, depression, or other mental health conditions, you're not alone. Our team can connect you with professionals and resources to help you cope and feel better.

## Transgender Support

Questions about gender affirmation services? Call to be connected to one of our case managers who can provide expert guidance and coordination.

## CONTACT OUR TEAM

Call: (800) 922-8778, option 3

Visit: [bluecrossvt.org/casemanagement](https://bluecrossvt.org/casemanagement)

Message: Use the Member Resource Center [bluecrossvt.org/mrc](https://bluecrossvt.org/mrc) to send a secure message to *Case Management*

Health plans powered by:

 **BlueCross BlueShield**  
of Vermont

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



# BETTER BEGINNINGS

When you enroll in our **Better Beginnings**<sup>®</sup> program, you'll be partnered with one of our experienced nurses. The nurse can coordinate your care and provide guidance -- both during your pregnancy and after your child is born. We're here to help answer your questions and make decisions about your pregnancy and growing family.

You'll be able to use our mobile app to communicate directly with your Better Beginnings nurse. The app also includes a personalized health checklist to help you manage your day-to-day activities.



After your baby has arrived, our Better Beginnings nurse can connect you to the support you need, such as a home health nurse, a lactation consultant, or other resources to help you meet your maternal health, wellness, and parenting goals.

While having an experienced nurse to support you is a huge benefit, we don't stop there. When you join our maternal health Better Beginnings program, you'll also receive **\$125 for educational classes** on topics like childbirth, parenting, and breastfeeding.

All pregnant members receive a **free breast pump**. Your Better Beginnings nurse can give you the details.

## ENROLL EARLY AND CHOOSE YOUR REWARD

We'd like you to start partnering with one of our Better Beginnings nurses early in your pregnancy, to make sure you and your baby stay healthy and well as the big day gets closer. To reward you for signing up before you are 34 weeks pregnant, you can choose one of these extra benefits:

- **Fitness Classes:** If you take fitness classes while pregnant or up to three months after having your baby, we'll pay you back up to \$150.
- **Car Seat:** When you buy a car seat for your baby, we'll pay you back up to \$150.
- **Help at Home:** If you'd like some extra help at home after your baby is born, we'll pay you back for a visiting helper's services (up to \$25 per hour for as much as nine hours).

Your Better Beginnings nurse will review all your benefits in detail during your initial call.

## HOW TO ENROLL

You can join the maternal health Better Beginnings program in several ways:

- **Download our [mobile app](#) powered by Wellframe.** You can use the app to enroll. The app is available for both Apple and Android mobile devices. You will need your member ID (found on your member ID card).  
*Reminder: only enter the letter "v" on your ID, followed by numbers only, and access code 'vtbeginonline' when prompted.*
- **Log into our [Member Resource Center](#).** Once logged in, go to My Forms and complete the Better Beginnings enrollment form.
- **Complete the [enrollment questionnaire](#).** This helps us better understand your overall health and determine if you may be at risk for an early delivery or other pregnancy complications. You can fax the completed form to us at (866) 387-7914 or mail it to: Blue Cross and Blue Shield of Vermont, P.O. Box 186, Montpelier, VT 05601-0186.

We look forward to supporting the health and wellness of you and your baby through our Better Beginnings program. If you have any questions about the program, please call us at (800) 247-2583.

*Blue Cross reserves the right to change Better Beginnings options.  
You can always find the most recent options at [bluecrossvt.org/betterbeginnings](https://bluecrossvt.org/betterbeginnings).*



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