



The signs
of a healthier Vermont



Enrollment Guide





The signs
of a healthier Vermont



*Blue Cross and
Blue Shield
of Vermont
Offers You...*

Check our website
at www.bcbsvt.com/benefits for
all the details
on the coverage
available through
your group.

The **freedom to choose** your own doctors without having to
get a referral, page 3

Office visits and preventive care at a **lower cost to you**, page 3

Our **Blue HealthSolutions**SM program offers health management and
wellness solutions that reach our members at all points in the health
care continuum and includes features like health promotion events,
an expansive health information website and access to a 24-hour
nurse support line, page 6

Blue HealthSolutions also offers the **Better Beginnings**[®] prenatal
program for expectant moms, page 8 and **Blue 365**SM, page 9,
which offers discounts on health, fitness and alternative services
in Vermont that help members achieve their best health

The security of the **Blue Cross and Blue Shield card**—the most
recognized symbol in health benefits worldwide, page 10

A comprehensive website that provides round-the-clock access to
detailed health plan information for our members:

- Provider search – www.bcbsvt.com/FindaDoctor
- Privacy protection – www.bcbsvt.com/PrivacyPolicy
- Benefit summaries – www.bcbsvt.com/BenefitSummaries
- Prescription drugs – www.bcbsvt.com/RxCenter
- Health plan coverage – www.bcbsvt.com/Contracts



**BlueCross BlueShield
of Vermont**

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

How Your Health Plan Works

Your Coverage

Your employer has selected Blue Cross and Blue Shield of Vermont to provide your health plan. This guide gives general information about your coverage. The first few pages of this guide give important information about all of our health plans. The **benefit summaries** on our website at www.bcbsvt.com/Benefits gives details of the plan or plans your employer has selected for you.

Please note that this guide does not give all of the limitations and exclusions of your coverage. After you enroll, you will receive a subscriber contract, which includes a *Certificate of Coverage*, any riders and endorsements that amend your coverage, and an *Outline of Coverage*, which gives your payment terms (deductibles, co-payments, etc.). These documents enable you to understand your coverage completely. If you would like to see samples of contract documents, please visit our website at www.bcbsvt.com/Contracts.

Office Visits and Preventive Care

We encourage you to get preventive care and to receive all of your care in the most convenient, cost-effective settings. All new plans offer preventive care at 100 percent with no out-of-pocket costs from you. To see specifics about preventive care benefits, please visit our website.

While we do not require physician referrals for any of our programs, your plan may require you to select a **primary care physician** who can coordinate your care and guide you to network specialists. (The benefits summaries on our website will indicate whether you need to make this selection. If so, you can search for primary care physicians at www.bcbsvt.com/FindaDoctor.) (Your co-payment for office visits may be lower for care from your primary care physician.) Even if your plan doesn't require you to select a primary care physician, we encourage you to develop a good relationship with a single health care provider who knows about your health and can help you make decisions about your care.

Emergency Care

We provide benefits for emergency room care and other emergency treatment when we determine that your condition is a true emergency. Our definition of an emergency appears in your *Certificate of Coverage*. In general, we cover emergency care when a person with average knowledge of medicine would expect your condition to result in serious harm to your mental or physical health without immediate care. Pregnant women may also need emergency care to protect their unborn children from serious harm.

You may need urgent care even when your condition is not an emergency. Your primary care physician can help you find this care in the most cost-effective, convenient settings.

Tips on Other Coverage

Your *Certificate of Coverage* and other subscriber contract documents give full details about your care. The benefit summaries on our website give more information as well. Here are some important tips to keep in mind:

For **mental health and substance abuse care**, you must get prior approval from our network of behavioral care providers by calling (800) 395-1356.

We cover **chiropractic** care for neuromusculoskeletal conditions. If you use more than 12 visits in one calendar year, your doctor must submit a treatment plan and get prior approval. You must use a network provider for chiropractic care if you have a managed care plan (like BlueCare or the Vermont Health Partnership). If you have the Vermont Freedom Plan or HSABlue, you must use Preferred chiropractors.

Be sure to read the sections on **prescription drug coverage** (pages 4 and 5) and our **prior approval, step therapy and quantity limit drug** lists on our website. Your coverage may require you to get approval from us before using certain drugs or services. Visit www.bcbsvt.com/RxCenter for details.



Our Pharmacy Programs

If your plan includes a prescription drug rider, you will receive benefits through our **Express Scripts network of pharmacies** in Vermont and nationwide. To use the program, present your Blue Cross and Blue Shield of Vermont ID card at a network pharmacy.

We have several different kinds of prescription drug programs. Check the [benefit summaries](http://www.bcbsvt.com/Benefits) at www.bcbsvt.com/Benefits for the program or programs available to your group.

Some members must meet a prescription drug **deductible**, which is separate from any other medical deductibles they may have. After you meet any applicable deductible, you may pay **coinsurance** (a percentage of the costs of your drug) or you may pay a **co-payment** each time you purchase a prescription. Your plan may even include a combination of co-payments and coinsurance.

Your out-of-pocket cost may vary depending on the drugs you choose. If you have a **two-tier** program, you pay:

- a lower payment for **generic** drugs, or
- a higher payment for **brand-name** drugs.

With our **three-tier** program, you pay:

- the lowest payment for **generic** drugs,
- a higher payment for brand-name drugs that are on BCBSVT's **Preferred Brand-name Drug List**, or
- the highest payment for brand-name drugs that are not on BCBSVT's Preferred Brand-name Drug List (*Non-preferred drugs*).

Please refer to www.bcbsvt.com/RxCenter for a complete description of our prescription drug programs.

Convenient Refills and Savings with Our Home Delivery Program

If you use prescription drugs on an ongoing basis, our home delivery program is a more convenient way for you to buy prescriptions. To begin using home delivery service for your maintenance drug, visit www.bcbsvt.com/RxCenter for all the details.

Over-the-Counter Drugs

We cover certain over-the-counter drugs, requiring only a generic-level co-payment from you. For example, if you take Claritin for allergies or Prilosec for stomach acid reflux, you may ask for a prescription from your doctor.

With that prescription, your pharmacist can dispense up to a 30-day supply of the medication and charge you just the co-payment you normally pay for generic drugs. Check the Rx Center on our website for a list of covered over-the-counter drugs.

Our Review of Certain Drug Classes Keeps Costs Down for You and Your Health Plan

We do reviews of certain prescriptions to be sure that our members receive the most cost effective drugs. Your doctor will need to get our approval for certain prescriptions.

Prior Approval

Our Prior Approval list changes periodically. The most current list can be found at the Rx Center on our website or by calling our customer service department at the number listed on the back of your ID card. Prior approval is required for drugs that have been on the market less than 12 months and for medications without National Drug Code numbers. For example:

- Biologics and other such medications
- Chemotherapeutics
- Growth hormone replacement therapy
- Hepatitis C medications
- Low molecular weight heparin anticoagulants (for use in excess of 30 days per calendar year)
- Primary pulmonary hypertension therapy

Quantity Limits

If your doctor prescribes a drug in an amount that exceeds certain criteria, such as the manufacturer's recommendations, we may ask for documentation about why you need more of the drug. Visit the Rx Center of our website or call our customer service department at the number listed on the back of your ID card to get a current list of drugs covered by this review or to learn the quantity limit for a particular drug. At present, we place quantity limits on the following types of drugs:

- Anti-emetics
- Anti-fungals
- Anti-histamines
- Anti-hypertensives
- Anti-inflammatory agents
- Biologics
- Glucose test strips
- Inhalers (like Advair®)
- Oncology agents
- Pain medications (like OxyContin®)
- Proton pump inhibitors
- Anti-migraine medications (like Maxalt or Zomig®)

Selective serotonin reuptake inhibitors
Sleeping agents (such as Ambien CR® or Lunesta®)

Step Therapy

Our step therapy program saves members money by encouraging patients and their doctors to try less expensive drugs in a therapeutic class before using the newest, most expensive ones. Step therapy applies to drugs in categories such as:

- Angiotensin receptor blockers for hypertension (like Cozaar® or Diovan®)
- Non-sedating antihistamines (like Clarinex® or Xyzal®)
- Anti-migraine agents
- Anti-virals (like Valtrex® or Famcyclovir®)
- Asthma control medications (like Symbicort® and Advair®)
- Beta Blocker Medications
- Bisphosphonates (like like Boniva® or Actonel®)
- COX-2 inhibitors (like Celebrex®)
- Certain medications for depression (like Lexapro® or Cymbalta®)
- Diabetes management and treatment drugs (like blood glucose supplies, DPP IV and TZDs)
- Hypertension drugs for treating high blood pressure and other heart diseases (like Bystolic® and Coreg®)
- Hypnotics (sleeping pills like Lunesta® or Rozerum®)
- Lyrica® (for treating several conditions associated with the nervous system, including neuropathy)
- Nasal steroids (Like Rhinocort AQ® or Nasacort AQ®)
- Neuropathic pain medications
- Osteoporosis agents
- Proton pump inhibitors
- Selective serotonin reuptake inhibitors
- Statins (cholesterol-lowering drugs like Lipitor® 10 and 20 mg)
- Stomach acid medications (like Nexium® or Prevacid®)
- Triptans for the treatment of migraine headaches

Visit our website at www.bcbsvt.com/RxCenter or call our customer service department at the number listed on the back of your ID card to get a current list of drugs covered by this review or to learn the procedures to follow for review of your prescription use.



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Better Care Through Blue HealthSolutionsSM

Blue HealthSolutions offers a suite of customized health and wellness programs and solutions to help members achieve and maintain their best health. Our nurses may call you to touch base with you about your care. Blue HealthSolutions will help ensure that you're getting the best care and screening available and help you comply with your doctor's treatment plan. Please know that our nurses' conversations with members are strictly confidential. Blue HealthSolutions programs are voluntary and available at no additional cost to our members. If you would like to find out what Blue HealthSolutions services and resources might meet your specific needs, call (800) 922-8778 and select option 1.

Answers By Phone or Online

Whether you have a chronic condition or just need a first aid tip, our 24-Hour Nurseline provides easy access at any time of the day or night by phone. Call our registered nurses toll-free at (866) 612-0285.

Log on to our secure member site at www.bcbsvt.com to use our web tools, like the **Healthwise Knowledgebase**,[®] which contains thousands of pages of information about health topics, and the **Healthcare Advisor**,[®] which helps members make health care decisions by providing information on hospital and other provider quality, as well as cost comparisons between hospitals, physicians and medications.



Fitness and Health Promotion Events at Work or in Your Community

In addition to health management and support programs, BCBSVT has many fun, effective programs designed to reward you for healthy behavior. Among them:

WalkingWorksSM, a program that makes it easy and fun to keep track of your success at walking for fitness

Blue365SM, an easy-to-use website that offers information and discounts on services that can help you live better every day (see page 9)

At Blue Cross and Blue Shield of Vermont, we care about the health of our members and our other neighbors and friends in Vermont. Each year, we hold many events that help Vermonters get up and moving. They range from walking challenges at Vermont worksites to "Hike, Bike and Paddle" events at Vermont lakes and ponds to "Family Days" and "Snow Days" at some of our state's most beautiful venues.

While Blue HealthSolutions improves your members' health, we show our enthusiasm to your sons and daughters, too, through our sponsorship of "Girls on the Run" and "Velocity," our very own all-boys program. Be sure to check the community events section of our website or talk to your employer to see what we're doing in your area.

Utilization Review and Prior Approval

Blue HealthSolutions also performs certain reviews to be sure that you're getting appropriate care in the appropriate settings. Please be sure to check www.bcbsvt.com/priorapproval to determine whether the service you need requires **prior approval, precertification or other review**. You may need to call us before you obtain certain services to be eligible for benefits.



Expecting a new addition to the family? Our plans offer the Better Beginnings® program to help you make the healthiest, happiest start for your baby.



Better Beginnings

Better Beginnings uses health management tools to offer you prenatal and postnatal support. When you enroll in the program, one of our Better Beginnings registered nurse case managers will work with you and your health care provider to promote healthy outcomes for you and your baby. You must register prior to the birth of your baby to participate.

Here's How It Works!

You have a choice of five different benefit options if you register before 34 weeks gestation.* A sample of benefits provided include but are not limited to:

- A voucher for a breast pump or homemaker services to help you after your baby is born
- A visit from a nurse or lactation consultant to check on you and your baby
- Coupons for birthing and infant/child CPR classes
- Your choice of a book from our specially selected Better Beginnings book list

A registered nurse case manager will review the program's benefits with you. Because every pregnancy is different, we tailor the program to meet your individual needs. You must actively participate in the program.

** We have a limited option for women who enroll after 34 weeks.*

How to Register

Go to our website at www.bcbsvt.com/member/Health and Wellness/BetterBeginnings.html and download all the forms you need to register in the Quick Links section on that page. You may also call the customer service number on the back of your ID card and a representative will help you to get all the information you need to register.

Once you have your materials, please complete and return your Health Risk Assessment, Consent Form and Benefit Option Selection Form to finish your registration.

Blue Cross and Blue Shield of Vermont reserves the right to change Better Beginnings options. You can always find the most recent options on our website at www.bcbsvt.com/Health and Wellness/BetterBeginnings.



Blue365
Your resource for living healthier™

Welcome Healthcare Resources Healthy Choices Recreation & Travel

Living well means having healthy options every day. Blue365 helps you find the health and wellness information, support and services you need 365 days a year - while at the same time enjoying special member savings.

As a member of Blue Cross and Blue Shield of Vermont, you automatically have access to the content, tools and discounted offers available through Blue365.

If you're a first-time visitor, [sign up](#) to receive personalized news. Or [login](#) if you're a returning visitor.

Healthcare Resources
Find a doctor or hospital near you. Learn about distinguished specialty care centers. Check out specially priced healthcare products and services. It's all here in Healthcare Resources.

Spotlight Feature
Belton
Belton will provide discounts on services and products producing savings of up to 25% for members and immediate family members (children, parents, and grandparents) of BCBSVT and TVHP members 1-800-235-8663.

See All Healthcare Resources Features

Healthy Choices
Whether you're looking for a discounted gym membership or diet program, tips on children's and seniors' health issues, or a personalizable cardiovascular workout plan, you'll find what you need in Healthy Choices.

Spotlight Feature
Reebok
Reebok is giving Blue365 members exclusive discounts from their online and retail stores. Enjoy 20% off footwear and apparel purchases from the online store, or visit a Reebok retail store and save 15% on purchases.

See All Healthy Choices Features

Recreation & Travel
When you're on the road, it can be tough staying healthy. To make it a little easier, Blue365 gives you access to the best educational resources and great savings on healthy travel and leisure experiences in Recreation & Travel.

Spotlight Feature
Fairmont
Fairmont Hotels & Resorts invites you to enjoy the Fairmont Blue365 offers! Find your energy! Whether you are experiencing our Fairmont Fit program or visiting the Willow Stream spa, stir your imagination and rekindle your passion for living well.

See All Recreation & Travel Features

Blue365
Your resource for living healthier.®

www.bcbsvt.com/blue365



Being a member of Blue Cross and Blue Shield of Vermont comes with perks! You get discounts on a wide variety of healthy products and services—here in Vermont and across the country.

Living well means having healthy options every day. That's why we've designed Blue365 to take you beyond your health insurance and offer you access to trusted health and wellness resources 365 days a year—and you can enjoy special member values on many services. Plus, you're invited to help shape this evolving program by sharing your feedback along the way.

Visit www.bcbsvt.com/Blue365 for discounts on health and wellness, family care, financial well-being and even travel. Enjoy great deals from such vendors as:

- NutriSystem,® Jenny Craig,® Weight Watchers®
- Reebok,® Polar,® Everlast®
- Snap Fitness®
- Westin® and Fairmont Hotels®
- Charles Schwab® (financial tools for a healthier future)

When you visit the Blue365 site, you'll find great information and tips on how to live better, 24/7, 365 days a year.



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Provider Coverage

To find providers outside of Vermont, either visit the BlueCard doctor and hospital finder website at www.bcbs.com or call (800) 810-BLUE (2583) for the names and addresses of doctors or hospitals in the area you're visiting.



Providers in Vermont and Around the Globe

Blue Cross and Blue Shield of Vermont uses an expansive participating provider network which contains all BCBSVT-participating (preferred) providers in Vermont, as well as participating providers in other states and worldwide. Members who have [The Vermont Freedom Plan](#) or [Plan J/Comp](#) should use participating providers to get the most of their benefits.

As of this printing, our Vermont network of participating providers included well over 95 percent of the physicians in the state and all of Vermont's hospitals. Our pharmacy network includes virtually every Vermont pharmacy. To find the most up-to-date list of participating providers, visit our website and follow the "Find a Doctor" instructions on page 13.

For our [managed care plans](#) like BlueCare and the Vermont Health Partnership, we use more select **networks** that help us coordinate care for our members. If you have a managed care plan, you pick a primary care provider to help manage your care. (You can search for physicians on our website at www.bcbsvt.com/FindaDoctor.) With a managed care plan, you most likely need **prior approval** when you use non-network providers.

BCBSVT also maintains a special network of managed [mental health and substance abuse providers](#). You must get prior approval from BCBSVT to receive benefits for mental health and substance abuse services.

No matter which Blue Cross and Blue Shield plan you have, you can take your health care benefits with you—across the country and around the world—as long as you follow the rules in your Certificate of Coverage. The [BlueCard](#) program gives you access to doctors and hospitals across the United States and in more than 200 countries. More than 85 percent of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans.

By using Blue Cross and Blue Shield providers, you can take advantage of the savings that local Blue plans have negotiated with the doctors and hospitals in their respective areas. You will not pay any amount above these negotiated rates. Also, you most likely will not need to complete a claim form or pay up front for health care services and wait for reimbursement. You *will* have to pay your out-of-pocket costs like deductibles, co-payments, coinsurance and payment for non-covered services.



Health Policy Changes

What Vermont mandates and federal reform mean to you

This year, federal and state changes to health care made several impacts to health plans. If you are a new member, your health plan includes certain features now required by law. If your current plan is now renewing, you'll notice some changes when you get your contract documents.

Federal Health Care Reform:

The Patient Protection and Affordable Care Act

On March 23, 2010, President Obama signed into law historic legislation reforming our nation's health care system, known as the Patient Protection and Affordable Care Act (or the Affordable Care Act). The law sought to make it easier for individuals and small employer groups to purchase affordable coverage. Many changes made by the law will not take place until 2014, but some go into effect earlier.

For plan years beginning after September 23, 2010:

You may keep your children on your plan, or put them back on your plan, until they turn 26 years of age. Previously, they "aged off" of your membership when they turned 19 (or 25 if they were full-time students). You may cover these dependents even if they are married (although you may not cover your child's dependents), living away from you, or financially independent. Certain limitations may apply, so talk to your employer about adding a dependent to your plan.

You will no longer have lifetime benefit limits on any coverage or annual dollar limits for "essential benefits" (as defined by The Federal Department of Health and Human Services.*

We will no longer enforce waiting periods for pre-existing conditions on our group plans (while the law required this just for members under age 19 from this year until 2014, we have decided to eliminate waiting periods for all of our group members).

New plans will offer preventive care without co-payments, deductibles, etc. Visit the federal health care reform section of our website to see the complete list of covered preventive benefits.

This is just a very brief overview of the changes you can expect due to the Affordable Care Act. For more information, visit our website or the website of the U.S. Department of Health and Human Services.

Vermont Mandates

The state of Vermont has also made changes that affect your benefits this year:

You may now purchase a three-month supply of tobacco cessation drugs per year, whether or not the drugs are "over the counter."

We will cover dental anesthesia for children up to age seven in certain circumstances.

Please read your contract documents for full details on changes made by Vermont law.

* The Federal Department of Health and Human Services has not yet released a definition of "essential benefits" and may not do so until 2014, so health plans are encouraged to make good-faith efforts to comply with the spirit of the law. To that end, BCBSVT has determined that coverage for private duty nursing and bariatric surgery, for example, are not essential benefits and that most, if not all, durable medical equipment coverage will be considered essential benefits. We will therefore drop the annual limit on durable medical equipment for new plans and grandfathered group plans. For more information on what will happen with your particular plan, please ask your employer or call our customer service department at the number on the back of your ID card.



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Visit www.bcbsvt.com

Member Resource Center

From BCBSVT's homepage, you may log into the member site, where you can:

- View benefit information, like deductibles and co-payments for various services
- Read your subscriber contract documents
- Price a drug or view your prescription history
- Check claims status
- Change your address
- Change your PCP (if you're in a managed care plan)
- Order a new ID card
- Print a proof of coverage
- E-mail Blue Cross and Blue Shield of Vermont a secure message
- Research cost and quality of in-network and out-of-network services and much more!

To gain entry to the member site, visit www.bcbsvt.com and click on "Member" on the homepage, then follow the prompts to either login or register as a new user.

What's on the Rest of the Site

Many features contained in BCBSVT's public site (*which is accessible without password entry*) will prove very useful. There you may:

- View our Preferred Brand-name Drug List
- Find many of our medical policies
- Download any form that you may need to fill out—including claim forms, applications and student certification forms
- Use the "Find a Doctor" site—look up providers in your area by health plan, location or specialty
- Read the news section of BCBSVT's site, which contains news releases

and legislative reports on health insurance related issues
View our newsletters in PDF (Acrobat) file format or save them to read from your computer at your leisure
Look up discounts available to you through the Blue365 program
Enjoy other fun features like our interactive health and history timeline
Find information about the benefits of our consumer-directed health programs, including an online tool to help you calculate your potential savings.

Pharmacy Portal

Blue Cross and Blue Shield of Vermont offers a secure, password-protected pharmacy portal with round-the-clock assistance at www.express-scripts.com. With the "Price a Drug" feature, you can compare the cost of a medication at your local pharmacy versus the price of that same drug delivered to your home, or compare the drug prices between two retail pharmacies.

The pharmacy locator helps you quickly locate a retail pharmacy; each listing includes the pharmacy's phone number and MapQuest directions to the location. The portal lets you view your benefits, review your claims history and print out a personalized "Doctor Visit" kit, which details all your prescriptions before your next appointment.

Through the portal, you can also quickly refill mail order prescriptions online and check the status of your orders. The pharmacy portal delivers e-mail alerts to keep you informed as your prescription is filled and shipped to you.

We encourage you to check out www.express-scripts.com and register today.

Find a Doctor on the BCBSVT Website

The most up-to-date provider information is available at www.bcbsvt.com. Click on the "Find a Doctor" Quick Link for a choice of seven different types of provider searches. You can find a local doctor, or one outside of Vermont if you're traveling. All tools are easy to use and guide you step by step through your search.

You can also go to www.bluecares.com to locate providers nationwide. See page 10 for more information on our BlueCard program, a national program that enables members of one Blue plan to obtain health care services while traveling or living in another Blue plan's service area.

Our paper directories are also available online as PDF files that you may download. Please note, however, that those directories are updated far less frequently than our Find a Doctor online databases, which are updated nightly.

If you have questions about Find a Doctor or would like help using the search tool, please call our member service representatives at (800) 247-2583 from 7 a.m. to 6 p.m., Monday to Friday.



Our Online Wellness Center

The Wellness Center, our online resource, has a wealth of information on health-related topics and issues—all tailored to meet your individual health needs.

Discover the Wellness Center when you complete a confidential health assessment. This online questionnaire was developed by leading health researchers and can help you chart a course to a healthier lifestyle. The Wellness Center will create a custom health action plan just for you and display the information through your personal health page.

Read about healthy lifestyles or research a medical topic. Download videos that are relevant to your action plan.

The Wellness Center is completely confidential, 100 percent secure and available to you 24 hours a day, seven days a week through the Member Resource Center of Blue Cross and Blue Shield of Vermont.

Try the Wellness Center soon by logging into the Member Resource Center at www.bcbsvt.com/member.



Special Enrollments

Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse or the other party to a civil union) 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 eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days of the date your or your dependents' other coverage ends. **No retroactive changes will be allowed, unless required by law.**

Open Enrollment

You may add dependents for any reason on the group's open enrollment date. If we receive your request before this date, we will make the change effective on the open enrollment date. If we receive your request during the month in which your open enrollment occurs, we will make the change effective on the first of the following month.

If you belong to a small group (a group of 50 or fewer employees), check with your Group Benefits Manager to see if your group or association imposes an open enrollment period.

Marriage/Civil Union

When you marry or enter a civil union, you may add your partner and his or her dependents to your membership. If we receive your application within 31 days after the date of marriage or civil union, your new type of membership is effective the first day of the month following the date of marriage or civil union. If we receive your request within 32 to 60 days after the date of your marriage or civil union, your new membership becomes effective the first day of the month after we receive your request. Your new dependent or dependents may enroll on your current plan, or you and your dependents may change to any other plan your employer offers.

If you fail to add your new dependent within 60 days of your marriage or civil union, you must wait until an open enrollment date to do so.



Birth or Adoption

If you already have a family membership, we cover your new child from the date of birth, legal placement for adoption or legal adoption. You should, however, notify us in writing of your family addition within 31 days.

If you do not have a family membership, we cover your child for 31 days after:

- Birth
- Legal placement for adoption
(when placement occurs prior to adoption finalization)
- Legal adoption
(when placement occurs at the same time as adoption finalization)

We must receive your application for a membership change in order to continue benefits for the child past 31 days. If we receive your request within the 31 days, the child's effective date is retroactive to the date of birth, placement for adoption or adoption. The new type of membership is effective the first day of the month following birth, placement for adoption or adoption.

If we receive your request within 32 to 60 days after birth or adoption, the child's membership and the new type of membership are effective the first day of the month following our receipt of your request. You may enroll your new dependent or dependents on your current plan, or you and your dependents may change to any other plan your employer offers.

If you fail to add your new dependents within 60 days, you must wait until an open enrollment date to do so. If you belong to a small group (a group of 50 or fewer employees), check with your Group Benefits Manager to see if your group or association imposes an open enrollment period. Dependents who do not become covered within 94 days must fulfill their own waiting periods for pre-existing conditions.

Court Ordered Dependents

The effective date of a court-ordered addition of a dependent is the first of the month after we receive your request unless otherwise required by law. The request must include proof of the court order.

Special Enrollment Rights Under "CHIP"

Effective April 1, 2009, the "Children's Health Insurance Program Reauthorization Act of 2009" ("CHIP") requires group health plans to offer special 60-day enrollment periods to employees and their dependents who are not covered by the group plan in two situations:

- When employees lose eligibility for Medicaid, Vermont Health Access Program (VHAP) or Dr. Dynasaur; or
- When employees become eligible for Vermont's Employer Sponsored Insurance premium subsidy program.

You must request coverage not later than 60 days after losing coverage from Medicaid, VHAP or Dr. Dynasaur or when the State determines you are eligible for premium assistance. You may choose either the date coverage ends or the first of the month following receipt of a valid enrollment request as the effective date for coverage under your group health plan.

You (and/or any dependent) must submit proof that you are eligible to enroll because one of the events above has occurred.

Please contact your group benefits manager for more information.



Policy Exclusions



How We Protect Your Privacy

We are required by law 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. A complete copy of our Notice of Privacy Practices is available at www.bcbsvt.com. To request a paper copy, contact customer service at the phone number listed on the back of your ID card.

General Exclusions

You can be confident that your health plan covers a broad array of necessary services and supplies as described in this booklet. The following points highlight some of the services that your health plan does not cover:

- Services that are investigational, experimental, cosmetic or not medically necessary as defined in your Certificate of Coverage.
- Services that should be covered by another source, such as another type of insurance or an employer.
- Non-medical charges like fees for completion of a claim form, personal service items or home modifications.
- Visual, dental, auditory or podiatric services, unless specifically provided by your Certificate.
- Providers who are not approved to provide a particular service or who don't meet the definition of "provider" in your Certificate.

If you would like to review our complete list of General Exclusions before enrolling, go to www.bcbsvt.com/Contracts. Click on the plan in which you are enrolling and read the chapter entitled "Exclusions." Once enrolled, you will receive your Certificate of Coverage which details all General Exclusions. Please read your Certificate carefully; it is a part of your Contract which governs your benefits.



**BlueCross BlueShield
of Vermont**

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

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