



The signs
of a healthier Vermont



A variety of programs to suit any budget.

Health Plans for
***Business Resource
Services (BRS)***

www.bcbsvt.com



**BlueCross BlueShield
of Vermont**

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



About Business Resource Services

Business Resource Services (BRS) is a member organization for businesses. BRS develops cost-saving services and products exclusively for members that can add value to your organization and improve your bottom line.

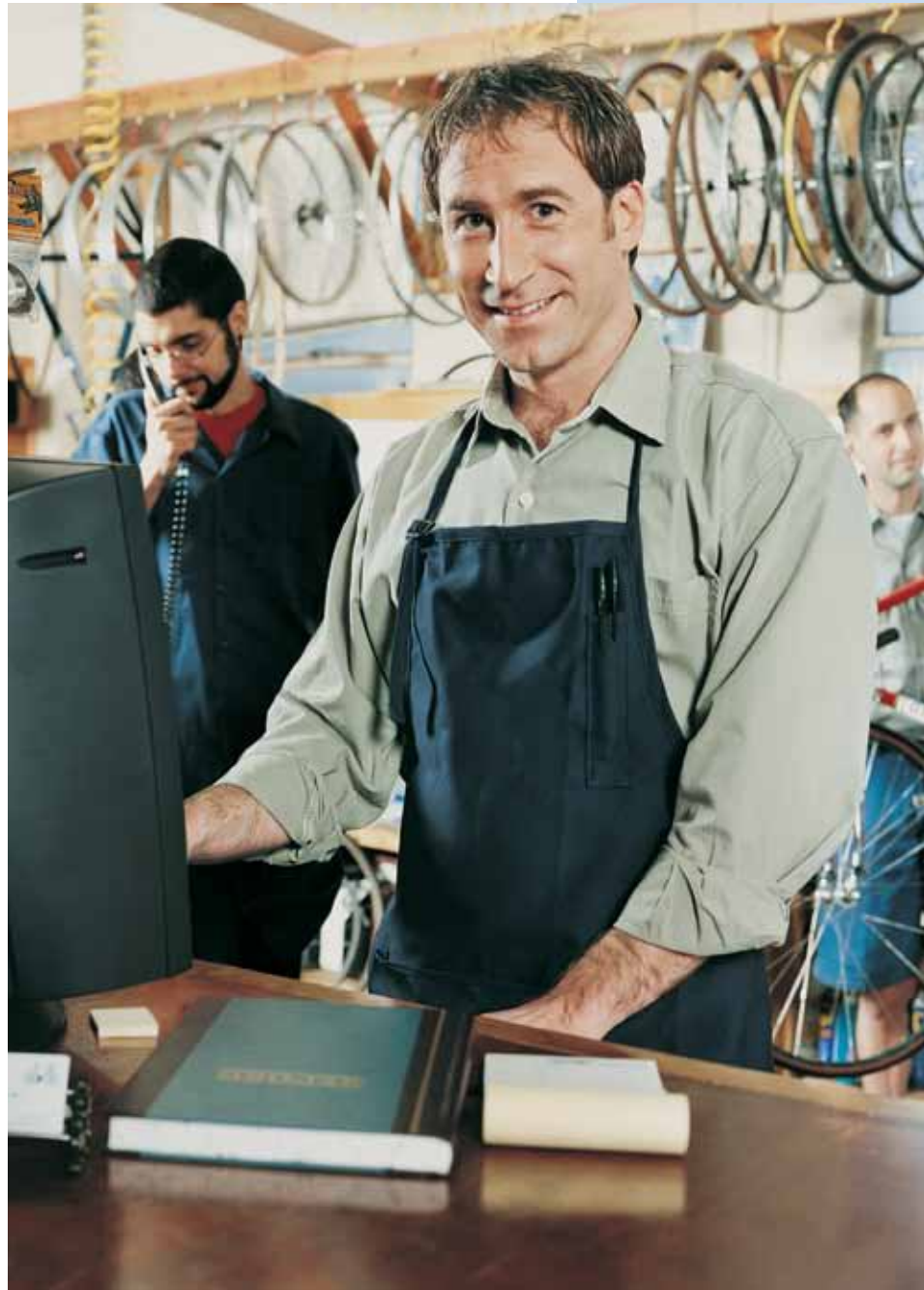
BRS supports the distinctive quality of small and medium-sized businesses and appreciates the opportunity to help you reach your goals. BRS delivers value for Vermont businesses—*Vermont business values.*

Who Belongs

BRS welcomes all Vermont businesses and industries, including non-profit organizations. BRS supports the unique quality of small businesses and appreciates the opportunity to help them reach their goals. Working together to do business smarter is what BRS is all about.

Access to Health Plans

Providing employee benefits is part of any strategy of retaining valued staff members and attracting qualified applicants. BRS helps their members afford health insurance by partnering with Blue Cross and Blue Shield of Vermont, the only local, non-profit health plan in the state that offers comprehensive protection for employers of all sizes. BRS membership is required, and dues are appropriately based on the size of your company.



Contact Us

Do you have questions about our health care plans or any of our other services? Would you like to learn more about how Business Resource Services can work with your business? Please feel free to call, write or email us directly, or ask your broker about us.

For more information about BRS membership, contact:

Business Resource Services (BRS)

P.O. Box 9367
South Burlington, VT 05407
Phone: (802) 865-4560
resources@brsvt.com
www.brsvt.com



Comprehensive benefits in every plan

Expansive Provider Networks

Blue Cross and Blue Shield of Vermont has the largest provider network in the state with every hospital, more than 95 percent of doctors and virtually all pharmacies participating. To find a BCBSVT network provider or pharmacy in Vermont or the contiguous states, visit our website at www.bcbsvt.com and click on the "Find A Doctor" link.

The Blue Cross and Blue Shield ID card is also recognized worldwide through the BlueCard® program. Our members can take advantage of provider discounts arranged by our sister Blue plans and do not have to pay up-front for services. Members can locate BlueCard doctors and hospitals quickly and easily by calling the BlueCard Access number at (800) 810-BLUE or by visiting the BlueCard Doctor and Hospital Finder website at www.BCBS.com.

Cost-Effective Prescription Drug Programs

Our pharmacy plan features a co-payment of only \$5 per generic medication after deductible. All drug plans are managed through our Prescription Drug Network to provide savings for members and their employers. Members can also take advantage of our convenient mail order drug program and save multiple trips to the pharmacy.

Quality, Local Customer Service

You can reach our enrollment services team from 8 a.m. to 4:30 p.m. each day in our Berlin, Vermont office. Your employees can reach our customer service representatives from 7 a.m. to 6 p.m., and our pharmacy help center is staffed 24 hours a day, seven days a week. Employers and members can also complete a number of transactions and find out more about health plan coverage through our website, www.bcbsvt.com.

New for 2010

BlueCare Access Plan

Many companies have employees who work and reside outside of Vermont, and employers want to provide all employees—in-state and out-of-state—with the same level of benefits at the same premium cost. The BlueCare Access plan accomplishes both objectives without the need for a dual option arrangement (i.e., offering both an HMO and a PPO plan). The employer offers a single care plan that offers the same level of benefits to all employees, regardless of where they reside. Financially, the employer has one set of premiums for all employees and receives a single, consolidated invoice for all health care costs. Members who reside in the BlueCare service area (i.e., Vermont and the bordering counties of New Hampshire) use TVHP providers while out-of-area residents access care through the national BlueCard network. The BlueCare Access Plan is available as a managed care plan plus two high-deductible options; check the benefit summaries at the back of this brochure for more details.

Colorectal Cancer Screening at Lower Cost

Co-payments for colorectal cancer screenings now cost less for many members, as mandated by the Vermont Legislature. Your co-payment for this important preventive service will be no higher than your office visit co-pay. If preventive office visits are paid at 100 percent, the benefit covers colorectal screenings at 100 percent.

Benefit Cost Savings

We continually review our health plans to validate that employer groups are paying premiums for benefits that are medically necessary. Effective January 1, 2010, we will exclude coverage on certain elective surgical procedures, infertility treatments, dental surgery and Osteopathic Manipulation Treatment (OMT). Durable medical equipment will be subject to annual limits and bariatric/gastric surgery to lifetime limits. Members will be allowed a maximum of 30 physical therapy sessions per year, regardless of the providing practitioner. Our Plan Certificates and Outlines of Coverage contain the complete details, and you should encourage your employees to carefully review their health plan materials.



Managed Care Programs

BLUECARE® **BlueCare** is an HMO product, a managed care plan that requires members to select Primary Care Physicians (PCPs). Referrals to specialists within The Vermont Health Plan (TVHP) network are not required, though prior approval is required when members go out of network (excluding emergency care). Members pay only co-payments for PCP office visits and pay nothing at all for preventive care. Hospital inpatient care, outpatient care or specialist visits require larger co-payments or deductibles.

BlueCare Access™ plan offers members the same quality care and low-cost co-payments of our managed care products but delivers network access locally and across the country. BlueCare Access is ideal for Vermont-based employers that employ out-of-state staff because the group can offer a single health plan to all employees, regardless of where they reside. Members who reside in the BlueCare service area (i.e., Vermont and the bordering counties of New Hampshire) use TVHP providers while out-of-area residents access health care through the national BlueCard network.

BlueCare Options® is a point-of-service program and provides a second, more modest level of benefits for services when members choose to go out of network without prior approval from the Plan. The members must share in the higher cost of care through larger deductibles and coinsurance.

High-Deductible Health Plans

HSA BLUE CARE SM **HSA BlueCare** SM is a high-deductible HMO plan. Members must choose Primary Care Physicians (PCPs) who will help coordinate care, but referrals to specialists within the HMO network are not required. Benefits are paid at 80 or 100 percent of the Allowed Price after members meet annual deductibles. Office visits for preventive care, including well-child care, are covered with no out-of-pocket cost to employees.

BlueCare Access HSA™ plan delivers local and out-of-area access to physicians and facilities with the income tax advantages of Health Savings Accounts (HSAs). Benefits are paid at 80 percent of the Allowed Price after members meet annual deductibles, and prescription drug costs are included in the annual deductible. Preventive care is covered at 100 percent with no co-payments. Members who reside in the BlueCare service area (i.e., Vermont and the bordering counties of New Hampshire) use TVHP providers while out-of-area residents access health care through the national BlueCard network.

HSA BLUE **HSA Blue** SM is a high-deductible plan that allows members to use providers of their choice, an attractive option for members who live or work outside of Vermont and for dependent students away at school. Once a member meets the annual deductible, benefits are paid at 80 percent of the Allowed Price. Prescription drug costs are included in the annual deductible. Preventive care covers office visits at 100 percent, including annual OB-GYN exams, mammograms and well-child care.

PPO Plan

VERMONT FREEDOM PLAN **The Vermont Freedom Plan**® is a PPO (Preferred Provider Organization) product with two levels of benefits. The plan offers lower out-of-pocket expenses when members seek care from Preferred Providers within the Blue Cross and Blue Shield of Vermont network or with Preferred networks in other states. The plan pays a Standard level of benefits with higher out-of-pocket costs when members receive care from Non-preferred Providers. Because the Vermont Freedom Plan offers a national network of providers, it is an attractive option for employers who have staff or dependent students living or working outside of Vermont.

The Vermont Freedom Plan (PPO)

- \$750/\$1,500 deductible; 80% coinsurance; \$3,750/\$7,500 out-of-pocket limit
- \$1,500/\$3,000 deductible; 80% coinsurance; \$7,500/\$15,000 out-of-pocket limit
- \$2,500/\$5,000 deductible; 80% coinsurance; \$7,500/\$15,000 out-of-pocket limit
- \$5,000/\$10,000 deductible; 80% coinsurance; \$7,500/\$15,000 out-of-pocket limit
- \$10,000/\$20,000 deductible; 100% coinsurance; \$10,000/\$20,000 out-of-pocket limit

	PREFERRED PROVIDERS		NON-PREFERRED PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS
Adult Preventive Office Visits <i>Including annual OB-GYN exam and well-child care</i>	\$30 co-payment	100% of our allowed price after co-payment	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
Other Physician Office or OB-GYN Visits <i>Including sick visits to a physician</i>				
Mental Health and Substance Abuse Office Visits <i>Prior approval may be required</i>	\$30 co-payment	100% of our allowed price after co-payment	100% of charges	Not a covered benefit
Chiropractic Care <i>Prior approval required after 12 visits per year</i>				
Maternity Office Visits	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
Outpatient Diagnostic Services <i>Includes laboratory and x-ray</i>				
Emergency Care <i>Condition must meet criteria for emergency care</i>	\$150 co-payment	100% of our allowed price after co-payment (waived if admitted)	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
Outpatient Surgery <i>Prior approval may be required</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>				
INPATIENT CARE				
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	100% of charges	Not a covered benefit
HOME CARE AND REHABILITATION SERVICES				
Inpatient Rehabilitation <i>Prior approval required for rehabilitation</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	100% of charges	Not a covered benefit
Home Health, Inpatient Skilled Nursing, Hospice Care Services and Private Duty Nursing	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
OTHER SERVICES				
Ambulance <i>Prior approval required for non-emergency transport</i>	\$50 co-payment	100% of our allowed price after co-payment	\$50 co-payment	100% of our allowed price after co-payment
Medical Equipment and Supplies <i>Prior approval may be required</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of our allowed price after deductible	Deductible, then 30% of our allowed price	70% of our allowed price after deductible
PRESCRIPTION DRUGS				
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	\$100 deductible, then \$5 generic, 40% Preferred Brand-name, 60% Non-preferred Brand-name	After \$100 deductible and co-payment, 100% generic, 60% Preferred Brand-name, 40% Non-preferred Brand-name	100% of charges	Not a covered benefit



This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.

HSA Blue: HSA Compatible High-Deductible Health Plan with Preventive Care Rider

- \$2,250/\$4,500 individual/family deductible per year, 80% coinsurance, aggregate*, \$3,250/\$6,500 out-of-pocket limit
- \$4,000/\$8,000 individual/family deductible per year, 80% coinsurance, aggregate*, \$5,000/\$10,000 out-of-pocket limit

	ALL PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Including well-child care</i>	No member cost	100% of our allowed price
Screen Mammogram and PAP Test <i>Excluding diagnostic services</i>		
Maternity Office Visits	Deductible, then 20% of allowed price	80% coinsurance after deductible
Other Physician Office Visits		
Mental Health and Substance Abuse Office Visits† <i>Prior approval is required</i>		
Chiropractic Care† <i>Prior approval required after 12 visits per year</i>		
Emergency Care <i>Condition must meet criteria for emergency care</i>		
Outpatient Surgery <i>Prior approved may be required</i>		
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>		
Diagnostic Services <i>Includes laboratory and x-ray</i>		
INPATIENT CARE		
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	Deductible, then 20% of our allowed price	80% coinsurance after deductible
Inpatient Care, Mental Health or Substance Abuse† <i>Prior approval required</i>		
HOME CARE AND REHABILITATION SERVICES		
Inpatient Skilled Nursing or Rehabilitation† <i>Prior approval required for rehabilitation</i>	Deductible, then 20% of our allowed price	80% coinsurance after deductible
Home Health and Hospice Care Services		
Private Duty Nursing <i>Up to \$2,000 per member per calendar year</i>		
OTHER SERVICES		
Ambulance <i>Prior approval required for non-emergency transport</i>	Deductible, then 20% of our allowed price	80% coinsurance after deductible
Medical Equipment and Supplies <i>Prior approval may be required</i>		
PRESCRIPTION DRUGS		
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% coinsurance after deductible



This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.

* *Aggregate deductible: Full individual or entire family deductible must be satisfied.*

† *Network providers must be used.*

BlueCare HMO

- \$500/\$200 inpatient/outpatient co-payment
- \$1,000 combined inpatient/outpatient deductible
- \$2,000/\$1,000 inpatient/outpatient deductible

	NETWORK PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Including well-child care</i>	No member cost	100% of our allowed price
Maternity Office Visits <i>One co-payment covers all maternity office visits</i>	\$20 co-payment	100% after co-payment
Primary Physician Office Visits	\$20 co-payment	100% after co-payment
Specialist Office Visits	\$30 co-payment	100% after co-payment
Mental Health and Substance Abuse Office Visits <i>Prior approval may be required</i>	\$30 co-payment	100% after co-payment
Chiropractic Care <i>Prior approval required after 12 visits per year</i>	\$30 co-payment	100% after co-payment
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>	\$30 co-payment	100% after co-payment
Outpatient Diagnostic Services <i>Includes laboratory and x-ray</i>	No member cost	100% of our allowed price
Emergency Care <i>Condition must meet criteria for emergency care</i>	\$100 co-payment (co-payment waived if admitted as an inpatient)	100% after co-payment
Outpatient Surgery <i>Prior approved may be required</i>	Outpatient co-payment or deductible	100% after co-payment or deductible
INPATIENT CARE		
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	Inpatient co-payment or deductible	100% after co-payment or deductible
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>		
HOME CARE AND REHABILITATION SERVICES		
Inpatient Skilled Nursing or Rehabilitation <i>Prior approval required for rehabilitation</i>	Inpatient co-payment or deductible	100% after co-payment or deductible
Home Health Care	\$30 co-payment	100% after co-payment
Hospice Care	No member cost	100% of our allowed price
Private Duty Nursing <i>Up to \$2,000 per member per calendar year</i>	\$30 co-payment	100% after co-payment
OTHER SERVICES		
Ambulance <i>Prior approval required for non-emergency transport</i>	\$0 or \$50 co-payment	100% after co-payment
Medical Equipment and Supplies <i>Prior approval may be required</i>	20% of allowed price	80% of allowed price
Vision Exam and Materials (optional) <i>One exam per year, materials per VSP allowance</i>	\$20 co-payment each for exam and materials	100% of our allowed price after co-payment
PRESCRIPTION DRUGS		
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	\$100 deductible, then \$5 generic, 40% Preferred Brand-name, 60% Non-preferred Brand-name	After \$100 deductible and co-payment, 100% generic, 60% Preferred Brand-name, 40% Non-preferred Brand-name



BlueCare Options—\$3,000/\$6,000 deductible, 80% coinsurance, \$5,000/\$10,000 out-of-pocket limit

	PREFERRED		STANDARD	
	YOU PAY	PLAN PAYS	YOU PAY	PLAN PAYS
OUTPATIENT CARE				
Preventive Office Visits <i>Including annual OB-GYN exam and well-child care</i>	No member cost	100% of our allowed price	40% of our allowed price after deductible	60% of our allowed price after deductible
Maternity Office Visits <i>One preferred co-payment covers all maternity office visits</i>	\$30 co-payment	100% of our allowed price after co-payment	40% of our allowed price after deductible	60% of our allowed price after deductible
Primary Care Physician Office Visits <i>Including sick visits to a physician</i>	\$30 co-payment	100% of our allowed price after co-payment	100% of charges	Not a covered benefit
Mental Health and Substance Abuse Office Visits <i>Prior approval required</i>	\$30 co-payment	100% of our allowed price after co-payment	100% of charges	Not a covered benefit
Chiropractic Care <i>Prior approval required after 12 visits per year</i>				
Diagnostic Services <i>Includes laboratory and x-ray</i>	20% of our allowed price after deductible	80% of our allowed price after deductible	40% of our allowed price after deductible	60% of our allowed price after deductible
Emergency Care <i>Condition must meet criteria for emergency care</i>	\$100 co-payment	100% of our allowed price after co-payment	No standard benefits	No standard benefits
Outpatient Surgery <i>Prior approval may be required</i>	20% of our allowed price after deductible	80% of our allowed price after deductible	40% of our allowed price after deductible	60% of our allowed price after deductible
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>	\$30 co-payment	100% of our allowed price after co-payment	40% of our allowed price after deductible	60% of our allowed price after deductible
INPATIENT CARE				
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	20% of our allowed price after deductible	80% of our allowed price after deductible	40% of our allowed price after deductible	60% of our allowed price after deductible
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>	20% of our allowed price after deductible	80% of our allowed price after deductible	100% of charges	Not a covered benefit
HOME CARE AND REHABILITATION SERVICES				
Inpatient Rehabilitation <i>Prior approval required for rehabilitation</i>	20% of our allowed price after deductible	80% of our allowed price after deductible	100% of charges	Not a covered benefit
Inpatient Skilled Nursing or Hospice Care Services	20% of our allowed price after deductible	80% of our allowed price after deductible	40% of our allowed price after deductible	60% of our allowed price after deductible
Home Health Care or Private Duty Nursing <i>Up to \$2,000 per member per calendar year</i>	\$30 co-payment	100% of our allowed price after co-payment	40% of our allowed price after deductible	60% of our allowed price after deductible
OTHER SERVICES				
Ambulance <i>Prior approval required for non-emergency transport</i>	20% of our allowed price after deductible	80% of our allowed price after co-payment	No Standard Benefits	No Standard Benefits
Medical Equipment and Supplies <i>Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible	Deductible, then 40% of our allowed price	60% of our Allowed Price after deductible
Vision Exam and Materials (optional) <i>One exam per year, materials per VSP allowance</i>	\$20 co-payment each for exam and materials	100% of our allowed price after co-payment	100% of charges	Not a covered benefit
PRESCRIPTION DRUGS				
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	\$100 deductible, then \$5 generic, 40% Preferred Brand-name, 60% Non-preferred Brand-name	After \$100 deductible and co-payment, 100% generic, 60% Preferred Brand-name, 40% Non-preferred Brand-name	100% of charges	Not a covered benefit



BlueCross BlueShield of Vermont
Independent Licensees of the Blue Cross and Blue Shield Association.

This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.

HSA BlueCare: HSA Compatible High-Deductible Health Plan with Preventive Care Rider

- \$2,000/\$4,000 individual/family deductible per year, 100% coinsurance, aggregate
- \$2,500/\$5,000 individual/family deductible per year, 100% coinsurance, aggregate
- \$3,000/\$6,000 individual/family deductible per year, 100% coinsurance, stacked
- \$5,000/\$10,000 individual/family deductible per year, 100% coinsurance, stacked

- \$2,500/\$5,000 deductible per year, 80% coinsurance, \$3,500/\$7,000 out-of-pocket limit, stacked
- Aggregate deductible: Full individual or entire family deductible must be satisfied.*
Stacked deductible: Each member must satisfy individual deductible until family deductible met.

	NETWORK PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Including well-child care</i>	No member cost	100% of our allowed price
Screen Mammogram and PAP Test <i>Excluding diagnostic services</i>		
Maternity Office Visits	Deductible, then no member cost or 20% of allowed price	100% or 80% of allowed price after deductible
Primary Care Physician Office Visits		
Specialist Office Visits		
Mental Health and Substance Abuse Office Visits <i>Prior approval is required</i>		
Chiropractic Care <i>Prior approval required after 12 visits per year</i>		
Diagnostic Services <i>Includes laboratory and x-ray</i>		
Emergency Care <i>Condition must meet criteria for emergency care</i>		
Outpatient Surgery <i>Prior approved may be required</i>		
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>		
INPATIENT CARE		
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of allowed price after deductible
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>		
HOME CARE AND REHABILITATION SERVICES		
Inpatient Skilled Nursing or Rehabilitation <i>Prior approval required for rehabilitation</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of allowed price after deductible
Home Health and Hospice Care Services		
Private Duty Nursing <i>Up to \$2,000 per member per calendar year</i>		
OTHER SERVICES		
Ambulance <i>Prior approval required for non-emergency transport</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% of allowed price after deductible
Medical Equipment and Supplies <i>Prior approval may be required</i>		
PRESCRIPTION DRUGS		
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	Deductible, then no member cost or 20% of our allowed price	100% or 80% coinsurance after deductible



BlueCross BlueShield of Vermont
Independent Licensees of the Blue Cross and Blue Shield Association.

This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.

BlueCare AccessSM—\$1,500/\$750 inpatient/outpatient deductible per year

	NETWORK PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Including well-child care</i>	No member cost	100% of our allowed price
Maternity Office Visits <i>One co-payment covers all maternity office visits</i>	\$20 co-payment	100% after co-payment
Primary Physician Office Visits	\$20 co-payment	100% after co-payment
Specialist Office Visits	\$30 co-payment	100% after co-payment
Mental Health and Substance Abuse Office Visits <i>Prior approval may be required</i>	\$30 co-payment	100% after co-payment
Chiropractic Care <i>Prior approval required after 12 visits per year</i>	\$30 co-payment	100% after co-payment
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>	\$30 co-payment	100% after co-payment
Outpatient Diagnostic Services <i>Includes laboratory and x-ray</i>	No member cost	100% of our allowed price
Emergency Care <i>Condition must meet criteria for emergency care</i>	\$150 co-payment (co-payment waived if admitted)	100% after co-payment
Outpatient Surgery <i>Prior approved may be required</i>	Outpatient deductible	100% after deductible
INPATIENT CARE		
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	Inpatient deductible	100% after deductible
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>		
HOME CARE AND REHABILITATION SERVICES		
Inpatient Skilled Nursing or Rehabilitation <i>Prior approval required for rehabilitation</i>	Inpatient deductible	100% after deductible
Home Health Care	\$30 co-payment	100% after co-payment
Hospice Care	No member cost	100% of allowed price
Private Duty Nursing <i>Up to \$2,000 per member per calendar year</i>	\$30 co-payment	100% after co-payment
OTHER SERVICES		
Ambulance <i>Prior approval required for non-emergency transport</i>	\$50 co-payment	100% after co-payment
Medical Equipment and Supplies <i>Prior approval may be required</i>	20% of allowed price	80% of allowed price
Vision Exam and Materials (optional) <i>One exam per year, materials per VSP allowance</i>	\$20 co-payment each for exam and materials	100% of our allowed price after co-payment
PRESCRIPTION DRUGS		
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	\$100 deductible, then \$5 generic, 40% Preferred Brand-name, 60% Non-preferred Brand-name	After \$100 deductible and co-payment, 100% generic 60% Preferred Brand-name, 40% Non-preferred Brand-name



BlueCross BlueShield of Vermont
Independent Licensees of the Blue Cross and Blue Shield Association.

This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year. Inpatient/outpatient deductibles are limited to two per year.

Blue Care Access HSASM: High-Deductible Health Plan

- \$2,000/\$4,000 individual/family deductible per year, 80% coinsurance, \$3,000/\$6,000 out-of-pocket limit, aggregate*
- \$3,000/\$6,000 individual/family deductible per year, 80% coinsurance, \$4,000/\$8,000 out-of-pocket limit, stacked*

	NETWORK PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Including well-child care</i>	No member cost	100% of our allowed price
Screen Mammogram and PAP Test <i>Excluding diagnostic services</i>		
Maternity Office Visits	Deductible, then 20% of allowed price	80% of allowed price after deductible
Primary Care Physician Office Visits		
Specialist Office Visits		
Mental Health and Substance Abuse Office Visits <i>Prior approval is required</i>		
Chiropractic Care <i>Prior approval required after 12 visits per year</i>		
Diagnostic Services <i>Includes laboratory and x-ray</i>		
Emergency Care <i>Condition must meet criteria for emergency care</i>		
Outpatient Surgery <i>Prior approved may be required</i>		
Outpatient Physical, Occupational and Speech Therapy <i>Up to 30 visits combined per calendar year</i>		
INPATIENT CARE		
Inpatient Care, General Hospital <i>Precertification required, includes maternity/newborn care</i>	Deductible, then 20% of our allowed price	80% of allowed price after deductible
Inpatient Care, Mental Health or Substance Abuse <i>Prior approval required</i>		
HOME CARE AND REHABILITATION SERVICES		
Inpatient Skilled Nursing or Rehabilitation <i>Prior approval required for rehabilitation</i>	Deductible, then 20% of our allowed price	80% of allowed price after deductible
Home Health and Hospice Care Services		
Private Duty Nursing <i>Up to \$2,000 per member per calendar year</i>		
OTHER SERVICES		
Ambulance <i>Prior approval required for non-emergency transport</i>	Deductible, then 20% of our allowed price	80% of allowed price after deductible
Medical Equipment and Supplies <i>Prior approval may be required</i>		
PRESCRIPTION DRUGS		
Prescription Drugs (Including Mail Order) <i>Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% coinsurance after deductible



This is only a partial listing of benefits. Please consult a subscriber contract for complete details, limitations, etc. Deductible begins accumulating in January each year with no carryover from previous year.

* Stacked deductible: Each member must satisfy individual deductible until family deductible is met.

* Aggregate deductible: Full individual or entire family deductible must be satisfied.



Blue HealthSolutionsSM



The Blue HealthSolutions program keeps our healthiest members healthy and helps members with chronic or catastrophic illnesses get the special attention they need. Since chronic conditions and acute illnesses make a sizable impact on health care spending, Blue HealthSolutions helps mitigate spending on high-dollar cases while improving the care your employees receive from their providers. These components include:

- disease management for chronic conditions like asthma, diabetes and hypertension
- case management to help members with acute illnesses or injuries navigate the health care system efficiently
- pharmacy management that helps members make cost-conscious decisions about prescription drugs
- our 24-Hour Nurse Line, staffed by registered nurses who answer health-related questions from members

Better Beginnings[®]—This popular prenatal program offers education, materials and helpful support for expectant mothers. Our nurses keep in touch with a mom-to-be throughout her pregnancy to ensure she's getting the best possible care. By providing individualized benefits and support for mothers, Better Beginnings helps babies get the best start in life.

Wellness Center—A health and wellness website packed with in-depth information on medical issues, treatment options and a confidential health assessment that connects employees to personalized wellness support. The Wellness Center allows employers to tailor wellness programs to the unique circumstances of their workplaces.

Blue365[®]—Living well means having healthy options every day. That's why Blue Cross and Blue Shield of Vermont and its sister Blue plans across the country designed Blue365 to take your employees beyond their health insurance and offer them access to trusted health and wellness resources 365 days a year, online at www.bcbsvt.com.



**BlueCross BlueShield
of Vermont**

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

P.O. Box 186
Montpelier, VT 05601-0186
Phone: (800) 255-4550
SalesandService@bcbsvt.com