



**BlueCross BlueShield  
of Vermont**

*Independent Licensees of the Blue Cross and Blue Shield Association.*



## CDHP BlueCare Access - Consumer Directed Health Plan

**\$3,000 / \$6,000 Individual / Family Deductible, 20% Coinsurance**

PPACA Compliant

Wellness Drugs - \$0 Deductible, \$5 Generic Co-payment, 40% Preferred Brand-Name Coinsurance, or 60% Non-Preferred Brand Name  
Coinsurance (Note: All other prescription drugs are subject to the plan year deductible, then 20% coinsurance)

Vision Exam \$20 co-payment

**Created For: Business Resource Services**

BENEFIT HIGHLIGHTS	NETWORK PROVIDERS
<p>Your Plan Year: <i>January 1, 2012 through December 31, 2012</i> <i>All accumulators, such as deductibles, out-of-pocket limits and benefit limits apply to your Plan Year for all medical and prescription drug benefits.</i></p>	
<p>Network Access <i>Members who reside in the BlueCare Services Area (i.e. Vermont and the following New Hampshire bordering counties: Coos, Grafton, Cheshire and Sullivan) must use TVHP providers.</i> <i>Members who reside outside of the BlueCare Service Area must use any BlueCard Preferred Provider</i></p>	<p>Please visit the following website to find a provider: <a href="http://www.bcbsvt.com/FindaDoctor">www.bcbsvt.com/FindaDoctor</a> Then select "BlueCare Access"</p>
<p>Out-of-Area Eligible Dependents <i>The BlueCard Preferred Provider Network must be used.</i></p>	<p>Please visit the following website to find a provider: <a href="http://www.bcbsvt.com/FindaDoctor">www.bcbsvt.com/FindaDoctor</a> Then select "BlueCare Access"</p>
<p>Prior Approvals <i>All medical management requirements will apply</i></p>	<p>If you reside in the BlueCare Service Area, Network Providers will take care of prior approvals for you. If you live outside of the BlueCare Service Area, it is your responsibility to know when you must request prior approval and to make sure that your Physician submits a prior approval request. Please visit the following website for list Drugs and Services that require prior approval: <a href="http://www.bcbsvt.com/priorapproval">www.bcbsvt.com/priorapproval</a></p>
<p>Stacked Plan Year Deductible <i>We will begin paying benefits for an individual once he or she has met the individual deductible. Includes medical and prescription drug benefits. Excludes Wellness Drugs</i></p>	<p>\$3,000 Individual \$6,000 Family</p>
<p>Coinsurance</p>	<p>Member pays 20% of our allowed price after deductible is met. Plan pays 80% of our allowed price after deductible is met.</p>
<p>Plan Year Out-of-Pocket Limit <i>Includes Medical and Prescription Services.</i></p>	<p>\$4,000 Individual \$8,000 Family</p>
<p>Lifetime Maximum</p>	<p>Unlimited</p>
<p>Transplant Services Maximum</p>	<p>Unlimited</p>

Group Effective Date: 01/01/2012

Custom Summary Name: BRS-TVHP-HSA-BCA-3000-0% STK PPACA RX-0-5-40%-60% CY 1008310



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OUTPATIENT CARE	NETWORK PROVIDERS	
	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Includes Well Baby, Adult Preventive, Gynecological Preventive office visits and preventive services such as laboratory and x-rays. Excludes diagnostic services</i>	No member cost	100% of our allowed price
Screening Mammogram <i>Excludes diagnostic services</i>	No member cost	100% of our allowed price
Colorectal Screening <i>Excludes diagnostic services</i>	No member cost	100% of our allowed price
Primary Care Physician Office Visit	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Specialist Office Visits	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Outpatient Mental Health and Substance Abuse Office Visits and Services <i>Requires prior approval</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Maternity Office Visit	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Nutritional Counseling <i>Up to three visits; visits for the treatment of diabetes do not count toward the three-visit limit</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Chiropractic Visits <i>Prior approval required after 12 visits</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Emergency Room Physician and Facility Services <i>Covered when your condition meets criteria for necessary emergency care. Includes mental health and substance abuse services</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Diagnostic Services <i>Includes laboratory and x-rays. Prior approval may be required.</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Outpatient Surgery <i>Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Outpatient Physical, Occupational, and Speech Therapy <i>Up to 30 visits combined per Plan Year</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
INPATIENT CARE	YOU PAY	PLAN PAYS
Inpatient Admission includes Mental Health and Substance Abuse care <i>Prior approval required for all mental health and substance abuse treatment. Pre-certification for inpatient services required.</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible

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HOME CARE AND REHABILITATION SERVICES	YOU PAY	PLAN PAYS
Inpatient Skilled Nursing and Inpatient Rehabilitation Services <i>Pre-certification for Inpatient Skilled nursing may be required. Prior approval required for rehabilitation services</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Home Health and Hospice Care Services <i>Pre-certification may be required for Home Health services. Prior approval required for Hospice care</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Cardiac Rehabilitation <i>Up to 36 sessions per acute cardiac event; requires prior approval</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Private Duty Nursing <i>Up to \$2,000 per member per Plan Year; prior approval required</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
OTHER SERVICES	YOU PAY	PLAN PAYS
Ambulance <i>Includes emergency and routine transport. Prior approval required for non-emergency transport</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
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
Vision Exam <i>One exam per year</i>	\$20 co-payment	100% of our allowed price after co-payment

PRESCRIPTION DRUGS	YOU PAY	PLAN PAYS
Retail Pharmacy Program <i>Up to a 30-day supply. Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Home Delivery Pharmacy Program <i>Up to 90-day supply. Prior approval may be required</i>	Deductible, then 20% of our allowed price	80% of our allowed price after deductible
Wellness Drugs <i>Eligible Wellness Drugs can change and will be updated from time to time. We will inform you of changes using newsletters and other mailings. To get the most up-to-date listing, you may visit our website at <a href="http://www.bcbsvt.com">www.bcbsvt.com</a> or call customer service as (888) 882-3600.</i>		
Retail Wellness Pharmacy Program <i>Up to a 30-day supply. Prior approval may be required</i>	\$5 Generic co-payment	100% of our allowed price after co-payment
	40% Preferred Brand-Name coinsurance	60% Preferred Brand-Name coinsurance
	60% Non-Preferred Brand-Name coinsurance	40% Non-Preferred Brand-Name coinsurance
Home Delivery Wellness Pharmacy Program <i>Up to a 90-day supply. Prior approval may be required</i>	\$12.50 Generic co-payment	100% of our allowed price after co-payment
	40% Preferred Brand-Name coinsurance	60% Preferred Brand-Name coinsurance
	60% Non-Preferred Brand-Name coinsurance	40% Non-Preferred Brand-Name coinsurance

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## **CDHP BlueCare Access - Consumer Directed Health Plan**

*This document summarizes your health care benefits on a Plan Year basis. Your subscriber contract defines the complete terms and conditions of your benefits in detail. Should any questions arise concerning your benefits, your subscriber contract governs.*

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