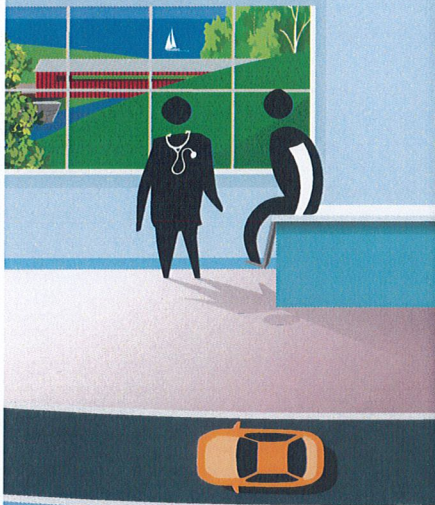


Primary care provider

You should contact your regular provider for most urgent care and common health issues during office hours. Some examples are:

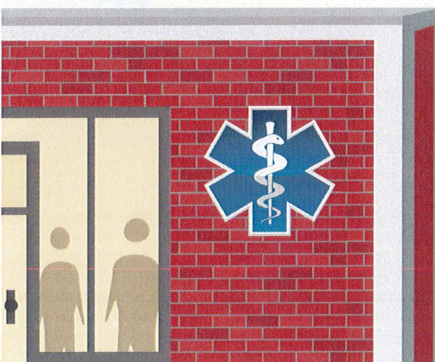
- infections
- cough
- digestive issues



Urgent care center

When you have a condition or illness that is not an emergency, but still needs quick attention, you could seek urgent care services. Urgent care could include treatment for:

- minor cuts
- minor back pain
- broken bones



KNOW BEFORE YOU GO

Make the right care choice.

Be informed now so that you can choose the appropriate care for your situation. Understanding all of your options may save you time and money.*

Get more information!
Visit BCBSVT's [website](#).



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the
Blue Cross and Blue Shield Association

We'll see you through.

Telemedicine

You can access a clinician remotely for diagnosis and treatment via phone, video or other technologies. Commonly treated conditions:

- pink eye
- rash
- flu symptoms



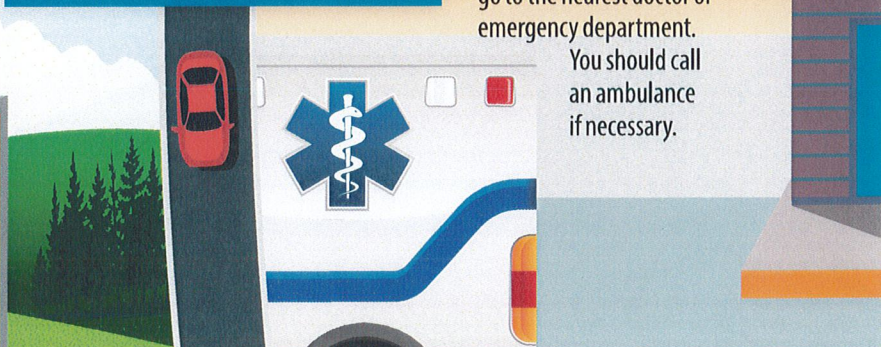
Emergency room

In an emergency, you need care right away. Emergencies might include:

- chest pains
- head injury with fainting
- injury to spine

If you have an emergency at home or away, call 9-1-1 or go to the nearest doctor or emergency department.

You should call an ambulance if necessary.

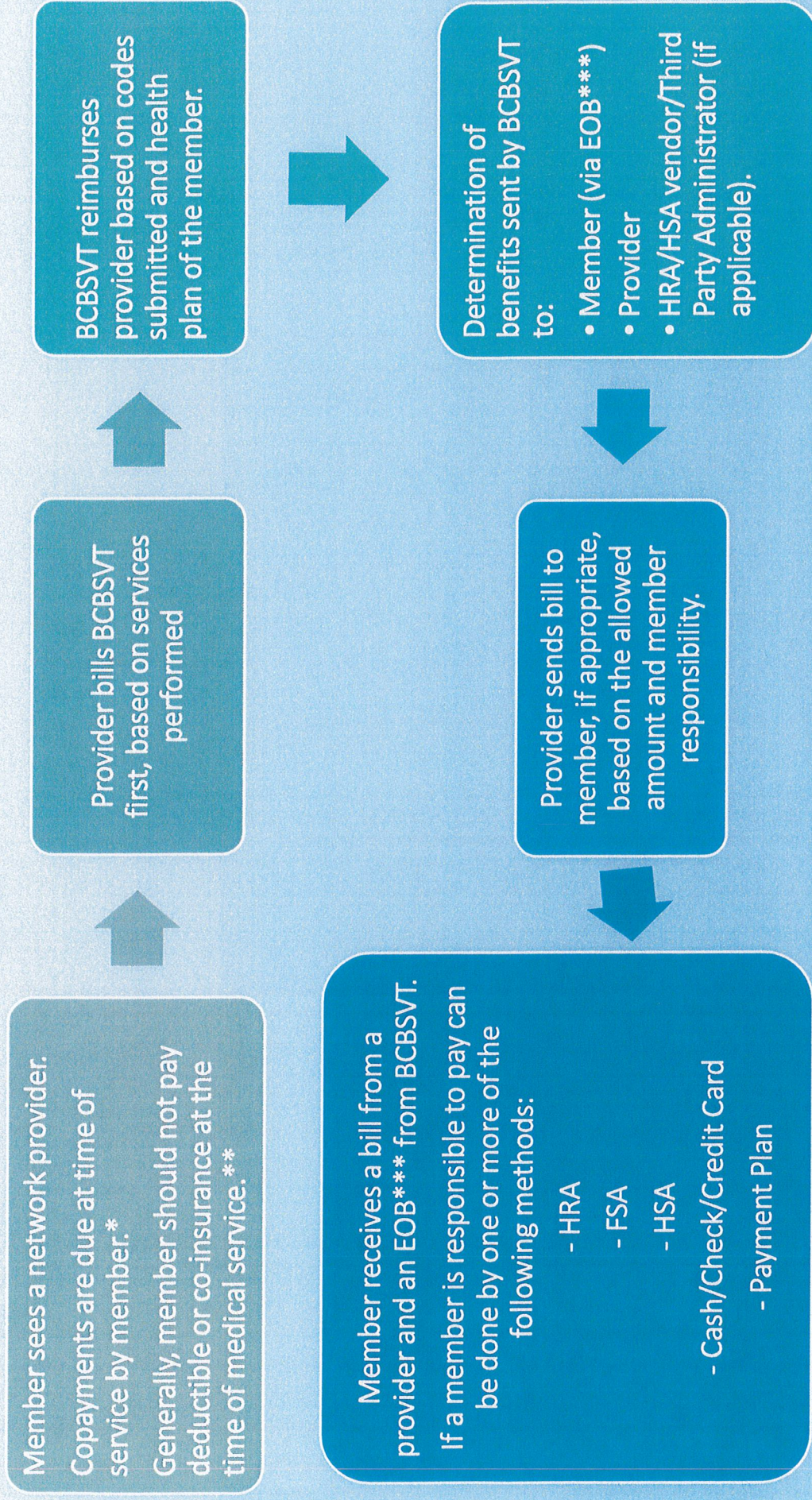


*Prior approval requirements and member benefits vary according to the member's group or individual plan. Before receiving services, please check your benefits as outlined in your member materials or by calling the number on the back of your ID card.

- 1 Print this page.
- 2 Cut out the card.
- 3 Fill out the card with your PCP's, and urgent care center, contact information.
- 4 Keep it in your wallet so you have the numbers handy if you get sick!



Life of a Medical Claim



12/18/17

* Some providers may waive collection of copayments at time of service when an HRA will pay on member's behalf.

** Some providers may request a portion of a deductible be paid ahead of a planned major service.

*** Explanation of Benefits – Members can find their EOBs online at the BCBSVT Member Resource Center.

Questions or concerns?
Please contact:

Blue Cross and Blue Shield
of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690
www.bcbsvt.com
click [here](#) for email contact

Blue Cross and Blue Shield
of Vermont provides
administrative services
and does not assume any
financial risk for claims.

Cost transparency tool for medical services

Are you interested in estimating the cost of your care before you go to the provider's office?

BCBSVT has a tool to help you **estimate** the cost of your medical care before you go to the provider's office. The cost estimator tool provides financial information for specific services related to your benefit plan that you receive with a network provider.

Depending on the services you receive, your actual charges may be different from the estimated charges found on the estimator tool. If you have questions about discrepancies between estimated and actual costs, speak with your provider or his/her office staff.

The cost estimator tool will not know whether you have specific benefit limits. If you are unsure whether benefit limits apply, contact BCBSVT's customer service team by dialing the number on the back of your ID card.

To access the cost-estimator tool follow these easy steps:

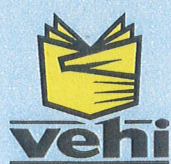
- 1** Log in to our Member Resource Center.
- 2** From the landing page, click the link to the cost estimator and then click the accept button to continue to the national doctor and hospital finder page.
- 3** Once there, fill out your location and choose "costs for procedures" in the category dropdown box.
- 4** Because you're logged into the MRC, your plan's alpha prefix (the three letters at the beginning of your ID number on your ID card) will automatically populate.
- 5** You may review cost estimates for your 2018 benefit plan on or after January 1, 2018.
- 6** Now that you're logged in, enter the type of service for which you'd like a cost estimate (e.g., specialist office visit). Certain services may have multiple options, so choose the one that fits your needs.
- 7** After you hit search, your estimated out-of-pocket cost will display next to the name of the provider on the right side of the page. You will also see the average total cost of the procedure.

Select a category

- All Categories
- Doctors by name
- Doctors by specialty
- Places by name
- Places by type
- Costs for procedures

Specialist Office Visit

- Specialist Office Visit (30 Minutes)
- Specialist Office Visit (40 Minutes)
- Specialist Office Visit (60 Minutes)
- Specialist Office Visit (80 Minutes)



Health NAVIGATION

KNOW WHEN YOU GO

**Ask the right
questions**

Be informed now so that you can choose the appropriate care for your situation. Understanding all of your options may save you time and money.*



What is this test for?

If I get this test, will the results change my treatment plan?

Are there simpler, safer options other than diagnostic testing?

When can I expect to receive the results?

Are there any adverse side effects to this treatment or this drug?

How do I spell the name of that drug?

Will this drug interact with any medications, vitamins or over-the-counter treatments I'm currently taking?

Are there generic options we could explore that may save me money?

Can I wait to have this procedure?

How many times have you done this procedure?

Are there any alternative treatments we can explore?

Can you help me understand how much this treatment may cost?

Which hospital can best meet my needs?

*Prior approval requirements and member benefits vary according to the member's group or individual plan. Before receiving services, please check your benefits as outlined in your member materials or by calling the number on the back of your ID card.

Questions or concerns?

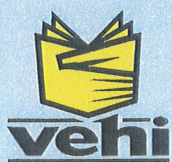
Please contact:

Blue Cross and Blue Shield
of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690
www.bcbsvt.com
click [here](#) for email contact

Other topics of interest:

For more details
about preventive care
benefits, click [here](#).

Blue Cross and Blue Shield
of Vermont provides
administrative services
and does not assume any
financial risk for claims.



Health NAVIGATION

Understanding preventive care

Who defines the preventive care benefit?

Preventive care is defined by the Affordable Care Act and state mandates. The following committees determine what services fall under preventive, no-cost-to-you care:

- Services rated A or B by the United States Preventive Services Task Force (USPSTF);
- Immunizations recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices
- Guidelines supported by the Health Resources and Services Administration
- Recommendations from the American Academy of Pediatrics' Bright Futures program
- Other applicable state and Federal mandates.

All of the committees and administrations listed above provide required guidelines about, and research on, preventive services to determine which are the most effective for population health.

This means that your plan covers services the majority of the population needs at no additional cost to you. The committees and administrations listed above do not base their recommendations on any one individual person's medical history or other risk factors.

Preventive care benefits include:

- Basic screenings
- Some provider visits
- Immunizations
- Some medications

For details, please visit BCBSVT's [website](#).

Preventive care examples that do not require any cost-sharing:

- Annual flu shots
- Breast cancer screening by mammography for women over 40
- Tobacco use intervention and cessation
- Colorectal cancer screenings for adults age 50 to 75
- Cholesterol screening for children up to age 17

HELPFUL TIPS!

1 Recognize what preventive care is so you're not surprised when services require cost-sharing such as deductible and co-insurance or co-payments.

Preventive care is:

- When you have no signs or symptoms of disease, illness or other condition and
- your provider performs a preventive service (as defined by the committees listed in this document) and finds nothing of concern.

2 Review your plan documents to understand your benefits prior to seeking care.

Your plan does not cover all care received at a routine visit at no cost to you. Providers may order screenings, counseling or tests for various reasons such as:

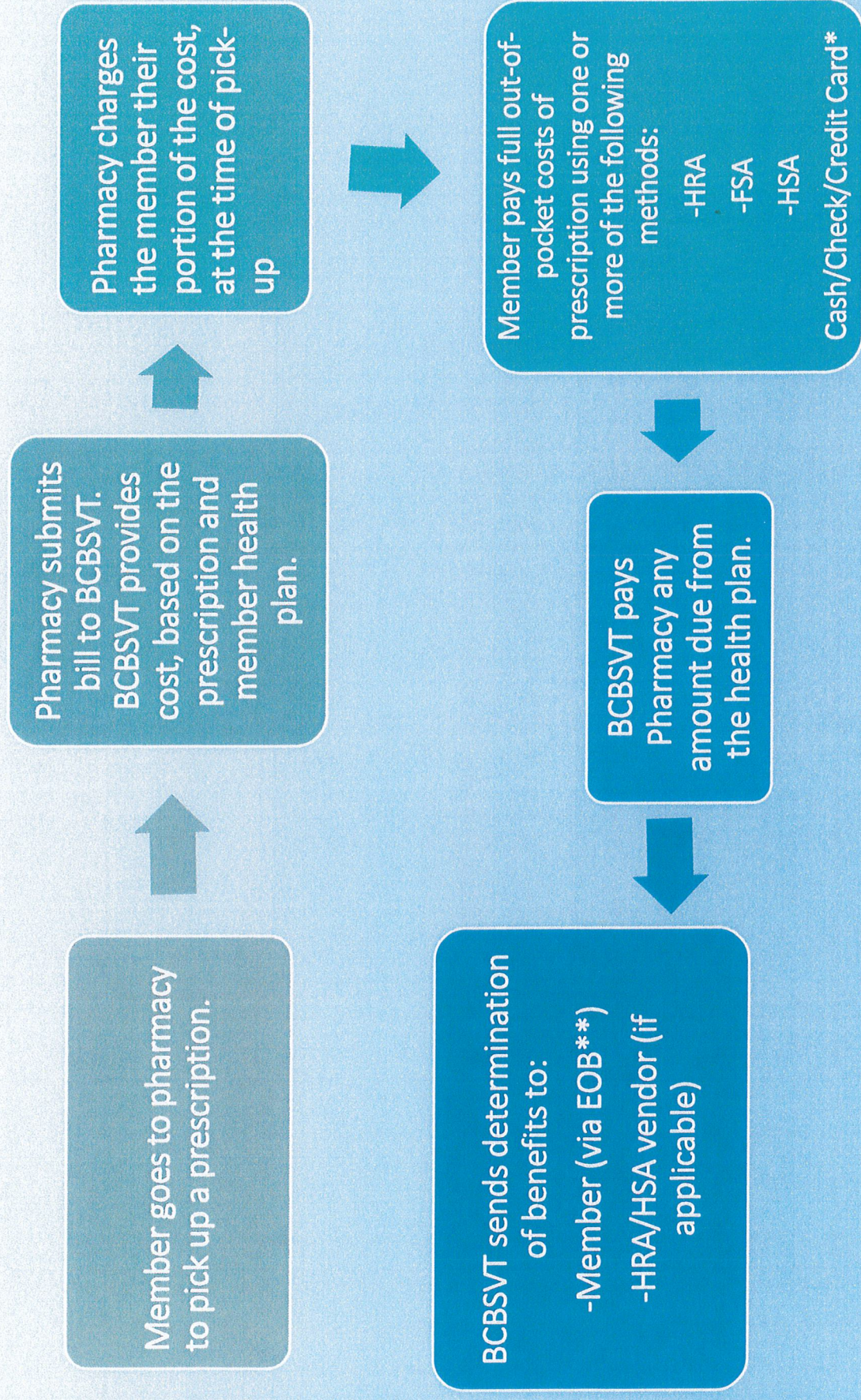
- personal and family history
- specific risk factors you or your family may have

Your doctor may consider these types of services "preventive" for you, but they may require cost-sharing because they fall outside of nationally defined preventive care services.

3 Use our online tools and general information documents to learn more.

Always attempt to verify what services are preventive and what services are diagnostic. For more details, click [here](#).

Life of a Pharmacy Claim



12/18/17

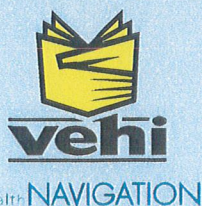
* You can pay with a debit card for an HRA, HSA and FSA, if you have one and it is activated.

** EOB – Explanation of Benefits. Members can find their EOBs online at the BCBSVT Member Resource Center

Questions or concerns?
Please contact:

Blue Cross and Blue Shield
of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690
www.bcbsvt.com
click [here](#) for email contact

Blue Cross and Blue Shield of
Vermont provides administrative
services and does not assume
any financial risk for claims.



Cost transparency tool for prescription drugs

*Are you interested in estimating the cost of your
care before you go to the provider's office?*

BCBSVT and Express Scripts, our pharmacy benefits
manager, have a tool that can help you **estimate** the
cost of your prescriptions. This estimator tool can provide
you with financial information about prescription
costs, including the names of pharmacies where you
can find the same prescriptions at lower costs.

What you are actually charged for a prescription
may differ, though, from the estimate on the
estimator tool. If you have questions about
discrepancies between estimated and actual costs
for prescriptions, speak with your pharmacist.

The cost estimator tool will not know whether
you have specific benefit limits. If you are
unsure whether benefit limits apply, contact
BCBSVT's customer service team by dialing
the number on the back of your ID card.

To access the cost-estimator tool follow these easy steps:

- 1** Log in to our Member Resource Center.
- 2** Click the link to the Pharmacy Center
on the left-hand navigation pane.
- 3** Then, click the link to "price a drug" and click
the "ok" button to continue to a secure website
hosted by your pharmacy benefits manager.
- 4** Once you reach the landing page, select
the family member who will be using the
prescription from the "select a patient"
dropdown menu. You may also narrow your
search to a specific retail pharmacy or up
to three pharmacies to compare prices.
- 5** Enter the name of the medication for
which you'd like pricing information.
A list of dosage options may populate
if multiple doses are available. Select
the dosage your provider prescribed.
- 6** Fill out the fields to indicate your
quantity and days' supply.
- 7** If the drug you entered requires prior
approval or has other coverage restrictions,
you will receive a coverage alert. Read
the notes in the coverage alert to learn
important information, including
limitations on quantity, any step therapy
requirements or other important notes.

The screenshot shows the user interface of the cost estimator tool. At the top, there is a navigation menu with links: Authorizations, ID Card Request, Pharmacy Center, HSA/HRA Accounts, Health and Wellness, and Drive and Delivery. The 'Pharmacy Center' link is highlighted. Below the navigation menu, there is a section titled 'Drug strength' with a table of drug options. A blue arrow points from step 2 of the instructions to the 'Pharmacy Center' link. Another blue arrow points from step 3 to the 'price a drug' link. Below the drug strength table, there is a section titled 'Quantity and days' supply' with input fields for quantity and days' supply. A blue arrow points from step 6 to these input fields. At the bottom of the screenshot, there is a red warning icon and the text 'Coverage alert'. A blue arrow points from step 7 to this alert.

Questions or concerns?
Please contact:

Blue Cross and Blue
Shield of Vermont
P.O. Box 186
Montpelier, VT
05601-0186
(800) 344-6690
www.bcbsvt.com
customerservice@
bcbsvt.com

Pharmacy cost-sharing assistance programs

Humira

<https://www.humira.com/humira-complete/cost-and-copay>
1-800-4HUMIRA (1-800-448-6472)

Enbrel

<https://www.enbrel.com/support/financial-assistance/>
1-888-4ENBREL

Copaxone

<https://www.copaxone.com/shared-solutions/copaxone-savings-and-benefits>
1-800-887-8100

Harvoni

<https://www.harvoni.com/support-and-savings/co-pay-coupon-registration>
1-844-READY41

Gilenya

<http://www.gilenya.com/c/ms-pill/co-pay>
1-800-GILENYA

Tecfidera

https://www.tecfidera.com/en_us/home/join-biogen-support/financial-support.html
1-800-456-2255

Revlimid

<http://www.revlimid.com/mm-patient/affording-revlimid/financial-assistance/>
1-800-931-8691

Genotropin

<http://www.genotropin.com/savings-program>
1-800-645-1280

Berinert

<http://www.berinert.com/patients/support-services/berinert-expert-network.aspx>
1-877-236-4423

Simponi

<https://www.simponi.com/rheumatoid-arthritis/simponi-dosing/patient-resources>
1-877-CarePath (877-227-3728)

Afinitor

<https://www.us.afinitor.com/angiomyolipoma-tsc/patient-support/financial-resources/>
1-888-669-6682

Xolair

<https://www.xolair.com/allergic-asthma/hcp/xolair-co-pay-card-program.html>
1-(855) XOLAIR-CARD (855-965-2472)

Norditropin

<https://www.norditropin.com/how-we-can-help/financial-support>
1-888-NOVO-444 (1-888-668-6444)

Firazyr

<https://www.firazyr.com/firazyr-support/onepath-co-pay-assistance-program>
1-866-888-0660

Ravicti

<http://www.horizonpharma.com/patients/patient-support/>
1-866-479-6742

Sprycel

<https://www.sprycel.com/sprycel-assist>
1-855-SPRYCEL (1-855-777-9235)

Ibrance

<https://www.ibrance.com/financial-assistance>
1-844-9-IBRANCE

Cinryze

<https://www.cinryze.com/financial-support>
1-866-888-0660

Zytiga

<http://www.janssenprescriptionassistance.com/zytiga-cost-assistance>
1-877-CarePath (877-227-3728)

Ampyra

<https://ampyra.com/cost-patient-assistance>
1-888-881-1918

Stelara

<https://www.stelarainfo.com/stelara-cost-insurance-information>
1-877-CarePath (877-227-3728)

Rebif

<https://www.rebif.com/getting-started-with-rebif/rebif-copay>
1-877-447-3243

Plegridy

https://www.plegridy.com/en_us/home/biogen-support-program/financial-support.html
1-800-456-2255

Questions or concerns?

Please contact:

Blue Cross and Blue Shield
of Vermont
P.O. Box 186
Montpelier, VT 05601-0186
(800) 344-6690

www.bcbsvt.com
click [here](#) for email contact

Other topics of interest:

- www.express-scripts.com
- www.bcbsvt.com/pharmacy

Blue Cross and Blue Shield of Vermont provides administrative services and does not assume any financial risk for claims.

Pharmacy benefits

As a VEHI member, you will get your prescription drugs through BCBSVT's network of pharmacies, here in Vermont and nationwide. Present your Blue Cross and Blue Shield of Vermont ID card at a network pharmacy and the pharmacist will file a claim for you.

Prescription drug prices are a leading cause of increases in health care costs and VEHI's health plan premiums. One way to reduce medication costs substantially is to use generic drugs whenever possible. Generics are less expensive than brand-name medications and are just as medically effective.

Almost all Vermont pharmacies and a large percentage of pharmacies nationwide currently belong to this network. Most major chains (Rite-Aid, Kinney, CVS, etc.) participate. Call (877) 493-1949 or visit the Find-a-Doctor page of BCBSVT's website for a list of network pharmacies.

VEHI Platinum and Gold Drug Coverage

VEHI is among the first of BCBSVT groups to offer the cost-saving "4-tier" drug program. This drug program applies to the VEHI Platinum plan and the VEHI Gold plan, but not to the CDHP plans. Please note that the 4-tier drug program will continue to cover medicines for diabetes at 100 percent.

VEHI Gold and Silver CDHP Drug Coverage

CDHP members will pay deductibles and co-insurance for most drug coverage to comply with federal guidelines.

To be sure that members get the important wellness drugs they need, VEHI will offer its CDHP members coverage (at no cost) on certain drugs that can prevent illness or keep chronic conditions from becoming more serious. For example, VEHI offers no-cost coverage on prenatal vitamins and many drugs that treat:

- diabetes (medications and testing supplies)
- high blood pressure
- high cholesterol
- asthma
- osteoporosis

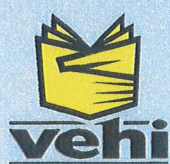
The "wellness drug list" changes from time to time.

The most recent copy appears on the Rx Center of the BCBSVT [website](#).

For all plans

To align more closely with benefit products typically on the market, VEHI has eliminated coverage of drugs designed to treat sexual dysfunction and infertility. Please note that services to determine a couple's infertility will still be covered. Also, if you are taking infertility medication prior to January 1, 2018, VEHI will cover the end of your course of treatment under your previous terms of coverage.

If you are prescribed a maintenance drug for the first time, you may only obtain a 30-day supply. If this medication works for you, at your second fill, you may be eligible for up to a 90-day supply. For more details regarding your maintenance prescription drug coverage, please contact BCBSVT's customer service team at the number on the back of your ID card.



Health NAVIGATION

Drug list updates

Drug lists change and will be updated periodically to ensure that newer, more effective drugs are added.

Drugs automatically come off the preferred brand-name drug list and are added to the generic lists when alternatives become available. You may reduce your out-of-pocket expenses by asking your provider to authorize a generic solution whenever possible. The use of generics guarantees you the lowest cost.

When a generic is not available, ask your provider if one of the drugs on the preferred brand-name drug list would be appropriate for you. These drugs can often meet patients' needs at a lower cost. A list of preferred brand-name drugs is available at the Rx Center of BCBSVT's [website](#).

Convenient refills and savings with BCBSVT's home delivery program

If you use prescription drugs on an ongoing basis, BCBSVT's home delivery service may be a less expensive, more convenient way for you to buy prescriptions. To begin using home delivery service for your maintenance drug, send BCBSVT's mail order pharmacy your doctor's prescription, an order form (available online or by phone) and any required cost-sharing amounts.

To request refills, you may use an online ordering [system](#) or call the toll-free number, (877) 493-1949. (Narcotics and antibiotics are not available through the home delivery service.)

Over-the-counter drugs

The plan covers certain over-the-counter drugs if you have a prescription from your provider. For example, the plan covers drugs like Claritin for allergies or Prilosec for stomach acid and reflux.

With a prescription, your pharmacist can dispense up to a 30-day supply of the medication and charge you the same amount you would pay for generic drugs.

BCBSVT's review of certain drug classes keeps costs down for you

Prior approval

BCBSVT's prior approval list changes periodically. The most current list can be found on the BCBSVT website or by calling toll-free (877) 493-1949. Prior approval is required for drugs that have been on the market less than 12 months and/or medications without National Drug Code numbers. For example:

- 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
- Biologics and other medications
- Brand-name drugs with generic equivalents

A complete list of drugs that require prior approval is available at the Rx Center of BCBSVT's [website](#).

Quantity limits

If your doctor prescribes a drug in an amount that exceeds certain criteria, such as the manufacturer's recommendations, BCBSVT may ask for documentation. Visit BCBSVT's [website](#) or call toll-free (877) 493-1949 to get a current list of drugs covered by this review or to learn the quantity limit for a particular drug. At present, BCBSVT places quantity limits on the following types of drugs:

- Sleeping agents (such as Ambien®)
- Glucose test strips
- Inhalers (like Advair®)
- Pain medications (like OxyContin®)
- Anti-migraine medications (like Imitrex®)

Step therapy

BCBSVT's 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:

- Certain anti-migraine agents (like Zomig®)
- Certain medications for depression (like Prozac Weekly®)
- Non-sedating antihistamines (like Allegra®)
- COX-2 inhibitors (like Celebrex®)
- Medications for stomach acid (like Nexium®)
- Medications for hypertension (like Cozaar®)
- Anti-viral medications
- Sleeping agents (like Lunesta®)
- Statins (cholesterol-lowering drugs)
- Nasal steroids (like Nasacort® AQ)
- Osteoporosis agents (like Boniva®)

Visit BCBSVT's [website](#) or call toll-free (877) 493-1949 to get a current list of drugs covered by this review or to learn the procedures to follow for review of your prescription use.

Understanding your Explanation of Benefits

claims page

A Date of service: your date(s) of service for the care you received

B Service: your service category, which may include medical, laboratory, X-ray, pharmacy, surgery, office, physical therapy and more.

C Billed charges: the total amount your provider billed for your care

D Not covered – due from patient: the amount owed to your provider, which may include charges above the allowed amount, or for services you had that VEHl doesn't cover

E Amount you saved: the savings you received from being a VEHl and BCBSVT member

MEDICAL

Provider name contains the name of the billing or supervising provider and may not match the name of the provider you actually saw for your care.

Patient Name:		MEMBER NAME		Date of Birth:		MM/DD/YYYY		Group Name:		GROUP NAME	
Date Range:		09/15/2017 - 09/15/2017		Claim Number:		0109191707125		Group Number:		1230008006	
Provider Practice:		PROVIDER PRACTICE NAME		Provider Name:		PROVIDER NAME		Date Processed:		09/27/2017	
A	B	C	D	E	F	G	H	I	J	K	L
Date of Service	Service	Billed Charges	Not Covered-Due From Patient	Amount You Saved	Allowed Amount	Other Insurance Payments	Co-Pay	Deductible	Co-Insurance	Amount Your Plan Paid	Amount You Owe
09/15/2017-09/15/2017	MEDICAL	\$252.00	\$0.00	\$124.09	\$127.91	\$0.00	\$0.00	\$0.00	\$0.00	\$127.91	\$0.00
Message Code:		2013									
09/15/2017-09/15/2017	MEDICAL	\$40.00	\$0.00	\$11.20	\$40.00	\$0.00	\$0.00	\$28.80	\$0.00	\$0.00	\$28.80
Message Code:											
09/15/2017-09/15/2017	SURGERY	\$21.00	\$0.00	\$10.88	\$10.12	\$0.00	\$0.00	\$0.00	\$0.00	\$10.12	\$0.00
Message Code:		2013									
Total for Claim		\$313.00	\$0.00	\$146.17	\$178.03	\$0.00	\$0.00	\$28.80	\$0.00	\$138.03	\$28.80

Patient Name:		MEMBER NAME		Date of Birth:		MM/DD/YYYY		Group Name:		GROUP NAME	
Date Range:		09/15/2017 - 09/15/2017		Claim Number:		0109201718874		Group Number:		D20008006	
Provider Practice:		PROVIDER PRACTICE NAME		Provider Name:		PROVIDER NAME		Date Processed:		09/27/2017	
Date of Service		Billed Service Charges		Covered-Due From Patient		Amount You Saved		Allowed Amount		Insurance Payments	
Other		Co-Pay		Deductible		Co-Insurance		Amount Your Plan Paid		Amount You Owe	
09/15/2017-09/15/2017		LABORATORY		\$0.00		\$6.50		\$50.00		\$0.00	
Message Code:											
Total for Claim		\$50.00		\$0.00		\$6.50		\$50.00		\$0.00	

Medical Messages
2013 - This amount represents your savings. You do not have to pay this amount because your physician is within the BCBSVT network. If you have already paid in full, please request reimbursement from your physician.

Other Messages

F Allowed amount: the amount VEHl considers reasonable for a covered service or supply

Your EOB will also contain **message codes** within each claim, and we will define each message code for you. Be sure to review your message codes to gain a full understanding of the claims BCBSVT has processed for you.

G Other insurance payments: insurance payments your providers already received from your primary or secondary health plans

H Co-pay: the visit fee, or fixed dollar amount, you must pay for specific services as shown on your Outline of Coverage

I Deductible: the amount you must pay toward the cost of specific services each plan year before your plan pays certain benefits

J Co-insurance: a percentage of the allowed amount you must pay after you meet your annual deductible amount

K Amount your plan paid: the amount VEHl paid for the care you received. This amount goes directly to your in-network providers.

L Amount you owe: the total amount you owe for the care you received.