



The State of Vermont health plans are administered by:



**BlueCross BlueShield
of Vermont**

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

State of Vermont Employees, Dependents and Retirees
2014 Enrollment Guide

Welcome to Blue Cross and Blue Shield of Vermont



Table of Contents

Your coverage	4	Answers by phone or online	8
Office visits and preventive care	4	Prior approval	8
Primary Care Physicians.....	4	Blue extras	8
Tips on other coverage.....	4	Disease management.....	8
Continuity of Care.....	4	Better Beginnings®	9
Knowing where to go for care can save you money.....	5	Case management.....	9
Call the BCBSVT Nurse Hotline.....	5	Fitness and health promotion events in your community	9
Call your doctor.....	5	What is preventive care?.....	10
Emergency care.....	5	What will preventive care cost me?	10
Visit an urgent care center.....	5	What is the difference between preventive and diagnostic medicine?.....	10
Urgent Care Centers in Vermont.....	5	Can preventive care turn into diagnostic medicine?.....	10
Providers in Vermont and around the globe	6	Preventive care examples	10
State of Vermont transplant coverage	6	Are there other preventive services that I may need?.....	10
Blue Distinction®.....	6	Care during and after pregnancy.....	13
Visit www.bcbsvt.com	7	Preventive care for children and adolescents	14
Finding doctors on the BCBSVT website.....	7	Immunization schedule for children	15
Member Resource Center.....	7		
What's on the rest of the site	7		
Privacy Practices	7		
How Blue Cross and Blue Shield of Vermont protects your privacy	7		



Blue Cross and Blue Shield (BCBSVT) is a nonprofit, community-based Vermont company. At Blue Cross and Blue Shield of Vermont we're committed to providing the best possible service. That's why as a member of the State Employees' Health Plan your Blue Cross and Blue Shield of Vermont coverage allows you to start immediately receiving:

- Access to the finest doctors the state has to offer with freedom to choose your own doctors without needing a referral.
- A Blue Cross and Blue Shield ID card, the most recognized symbol in health benefits worldwide.
- Web tools that allow you to search for participating providers, learn about your benefits and much more.
- Our Blue HealthSolutionsSM program, which offers health and wellness programs designed to help our members achieve and maintain their best health at every stage of life including our popular and effective Better Beginnings[®] prenatal program for expectant mothers.

If you have any questions please contact our customer service team at **(888) 778-5570**.

Your coverage

Your employer has selected Blue Cross and Blue Shield of Vermont to administer your health care benefits. This guide gives general information about your coverage. (Please note, this guide does not give all of the limitations and exclusions of your coverage.)

After you enroll you will receive an **Outline of Coverage**, which gives your payment terms (deductibles, co-payments, etc.). Your **Outline of Coverage** appears on our member resource center online at **www.bcbsvt.com/login/resource-center** and on the State of Vermont's Human Resources website at **humanresources.vermont.gov/salary/benefits**. You may request a hard copy if you wish by calling Blue Cross and Blue Shield of Vermont's customer service team at **(888) 778-5570**.

Your **Summary Plan Description**, which explains your benefits, is available on the State of Vermont's Human Resources website. If you would like to see sample documents prior to enrolling, please visit the State of Vermont's Human Resources website at **humanresources.vermont.gov/salary/benefits**.

How Your Health Plan Works

Office visits and preventive care

Blue Cross and Blue Shield of Vermont encourages you to get preventive care and to receive all of your care in the most convenient, cost-effective settings. The State of Vermont plans offer certain preventive care at 100 percent with no out-of-pocket costs to you if you use a participating provider. Please see the "Understanding Preventive Care" section on page 10.

Primary Care Physicians

You may choose to select a primary care physician (PCP) who can coordinate your care and guide you to participating specialists. If so, you can search for primary care physicians at www.bcbsvt.com/FindaDoctor.

Blue Cross and Blue Shield of Vermont encourages 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.

Continuity of Care

Our primary goal during this initial transition to Blue Cross and Blue Shield of Vermont is to ensure that you receive all of the medical and behavioral health care you need with no gaps, delays or disruption in treatment.

If you are receiving medically necessary **inpatient, partial hospital, residential or intensive outpatient (IOP) treatment** through your previous carrier, you have a 30-day transition period to continue your care with your current provider once your coverage with Blue Cross and Blue Shield of Vermont begins on January 1, 2014.

Once your 30-day transition period is over, you will need to decide whether or not you want to continue to see your current provider. If your current provider is not in the Blue Cross and Blue Shield of Vermont network, you will receive reduced benefits (dependent upon your plan's out-of-network benefits).

If you choose to see a Blue Cross and Blue Shield of Vermont participating provider, please visit our website and use the find-a-doctor tool at

Tips on other coverage

Your [Summary Plan Description](#) and [Outline of Coverage](#) give full details about your care. Here are some important tips to keep in mind:

- For some services, you must get prior approval by calling (800) 922-8778. You can find a list of services requiring prior approval here www.bcbsvt.com/priorapproval.
- Your plan covers 60 visits for short-term rehabilitation (chiropractic care, speech, physical and/or occupational therapy).
- Your plan covers acupuncture services performed by a licensed acupuncturist, licensed physician (M.D.), Doctor of Osteopathic Medicine (D.O.) or Naturopathic Doctor (N.D.). If you use an out-of-network provider you will receive out-of-network benefits.
- Your plan offers vision services, which includes a \$100 benefit that can be used for vision exams and one pair of lenses every 24 months for all members. There are no limits for pediatric vision coverage. To find a participating provider please visit www.bcbsvt.com.

www.bcbsvt.com/FindaDoctor. From the drop-down menu select Blue Cross and Blue Shield of Vermont Network Providers (PPO/EPO/POS) for a list of current, participating providers.

If your current provider is a Blue Cross and Blue Shield of Vermont participating provider, you may continue to see your provider and receive in-network benefits. If you are receiving medically necessary **Outpatient Treatment** through your previous carrier, you have a 60-day transition period to complete your outpatient treatment plan with your current outpatient provider once your coverage with Blue Cross and Blue Shield of Vermont begins on January 1, 2014.

Once your 60-day transition period is over you will need to decide whether you want to continue to see your current provider. If your current provider is not in the Blue Cross and Blue Shield of Vermont network, you will receive reduced benefits (dependent upon your plan's out-of-network benefits).

If you choose to see a Blue Cross and Blue Shield of

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 [Summary Plan Description](#).
- 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. Dental, auditory or podiatric services, unless specifically provided by your [Summary Plan Description](#).
- Providers who are not approved to provide a particular service or who don't meet the definition of "provider" in your [Summary Plan Description](#).

Vermont participating provider, please visit our find-a-doctor tool at www.bcbsvt.com/FindaDoctor. From the drop-down menu select Blue Cross and Blue Shield of Vermont Network Providers (PPO/EPO/POS) for a list of current, participating providers.

If your current provider is a Blue Cross and Blue Shield of Vermont participating provider, you may continue to see your provider and receive in-network benefits.

We encourage you to call Blue Cross and Blue Shield of Vermont to register your care, however, it is not required. Outpatient services will be covered at the in-network benefit level during your grace period. Blue Cross and Blue Shield of Vermont must certify all treatment beginning on or after January 1, 2014 as outlined by your plan.

For support, please call Blue Cross and Blue Shield of Vermont for assistance with our Continuity of Care program at the following numbers:

- nurse case managers at (800) 922-8778; or
- customer service team at (888) 778-5570.



Knowing where to go for care can save you money

Knowing where to go for medical care when the unexpected happens can save you time and money — not to mention, get you the best care for your situation. We've created guidelines to help you determine the right place to receive care.

Emergency care

In an emergency, dial 9-1-1. Your plan provides benefits for emergency care and other emergency treatment when your condition is a true emergency. Our definition of an emergency appears in your

Visit an urgent care center

You may need urgent care even when your condition is not an emergency.

Urgent Care Centers in Vermont

Northwestern Walk-In Clinic

927 Ethan Allen Highway, Suite 2
Georgia, VT 05468
(802) 524-8911
Mon—Fri: 8 a.m.—7 p.m.
Sat: 8 a.m.—2 p.m.

Convenient Medical Center

25 North Main Street
Rutland, VT 05701
(802) 775-8032
Mon—Fri: 9 a.m.—6 p.m.
Sat: 9 a.m.—12 p.m.

Call the BCBSVT Nurse Hotline

Blue Cross and Blue Shield of Vermont has a 24-hour nurse hotline to help answer questions when your doctor may be unavailable. Don't hesitate to call, any time of day, seven days a week (866) 612-0285.

Summary Plan Description. In general, your plan covers emergency care when a person with average knowledge of medicine would expect your condition to result in serious harm to your

If your doctor can't see you or it's after hours, visit an urgent care center or medical clinic, which is usually open for extended hours. Urgent care is for medical symptoms, pain or conditions that require immediate medical attention, but are not severe or life-threatening and do not require use of a hospital or emergency room.

Concentra – South Burlington

7 Fayette Road
South Burlington, VT 05403
(802) 658-5756
Mon—Fri: 7 a.m.—7 p.m.
Sat—Sun: 9 a.m.—3 p.m.

Concentra – Berlin

654 Granger Road, Suite 1
Barre, VT 05641
(802) 223-7499
Mon—Fri: 8 a.m.—5 p.m.

Call your doctor

If you have a primary care physician (PCP) he or she will be able to recommend the most appropriate type of care for most medical situations. He or she will be able to help you identify whether you're dealing with an emergency, or can wait to schedule an appointment or see a specialist.

mental or physical health without immediate care. Pregnant women may also need emergency care to protect their unborn children from serious harm.

Urgent care conditions include, but are not limited to: earache, sore throat, rash, sprained ankle, flu and fever not higher than 104°.

The State of Vermont Health Plans cover urgent care. If you need urgent care and your PCP is unable to see you right away, you can visit one of the following urgent care centers listed below.

Fanny Allen Walk-In Care Center

Fanny Allen Campus, Main Level
790 College Parkway
Colchester, VT 05446
(802) 847-1170
Mon—Thurs: 8 a.m.—8 p.m.
Fri, Sat, Sun: 9 a.m.—8 p.m.

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 maintains an expansive participating provider network that contains all Blue Cross and Blue Shield of Vermont-participating (preferred) providers in Vermont, as well as participating providers in other states and worldwide.

Blue Cross and Blue Shield of Vermont's, Vermont network of participating providers includes more than 95 percent of the physicians in the state and all of Vermont's hospitals. To find the most up-to-date list of participating providers, visit our website www.bcbsvt.com/FindADoctor.

No matter which 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 **Summary Plan Description**. The BlueCard program gives you access to doctors and hospitals across the United States and in more than 200 countries. More than 90 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 pay the same co-payments, deductibles and co-insurance as you would for care within Vermont. 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, co-insurance and payment for non-covered services.

State of Vermont transplant coverage

Hospital and provider charges for transplants, and related transplant services, are covered at 100 percent if the transplant is performed at a designated facility, which includes Fletcher Allen Health Center, Dartmouth-Hitchcock Medical Center and Blue Distinction Centers® nation wide.

Blue Distinction®

Blue Distinction is an innovative quality designation that helps consumers find medical facilities that have demonstrated expertise in select procedures. Blue Distinction recognizes facilities that meet objective, evidence-based thresholds for clinical quality, developed in collaboration with expert physicians and medical organizations. These designated facilities are subject to periodic reevaluation; reassessing their structure, processes and aggregate patient outcomes.

Blue Distinction Centers for Specialty Care®

Blue Distinction's goal is to give consumers in need of specialty care credible information to make more effective healthcare decisions, thus delivering better value to the State of Vermont Health Plan members¹. The Blue Distinction program examines evidence-based quality measures, processes and aggregate outcomes for clinical care. At the core of Blue Distinction are the Blue Distinction Centers for Specialty Care® (Blue Distinction Centers®), initially launched in 2006. Areas covered by this program include bariatric surgery, cardiac care, complex and rare cancers, knee and hip replacement, spine surgery and transplant.

There is great variation in terms of how specialty care patients are evaluated and treated. Blue Distinction Centers help consumers identify facilities that meet quality-focused criteria determined in collaboration with medical experts across the country, at national and local levels. These selection criteria help to identify facilities that are staffed appropriately and are fully integrated to support the goals of increased patient health and safety.

Blue Distinction Centers for Specialty Care programs provide a framework for better-informed healthcare choices, thus delivering better value to Blue members.

Blue Distinction Centers for Transplants®

Facilities designated as Blue Distinction Centers for Transplants have dedicated teams that provide a full range of transplant services, in one or more of seven specific transplant types: heart, lung (deceased and living donor), combination heart/lung, liver (deceased and living donor), simultaneous pancreas kidney (SPK), pancreas (PAK/PTA), and bone marrow/stem cell (autologous & allogeneic). Blue Distinction Centers for Transplants receive specific designations, identifying which of these particular types of transplant programs have received Blue Distinction recognition. Additional value-added services provided through this program include global pricing.

The selection criteria used in designating Blue Distinction Centers for Transplants were developed in collaboration with expert physicians and medical organizations, including the Center for International Blood and Marrow Transplant Research (CIBMTR®), the Scientific Registry of Transplant Recipients (SRTTR) and the Foundation for the Accreditation of Cellular Therapy (FACT)². Our selection criteria includes:

- an established transplant program, actively performing these procedures for the most recent 24-month period and performing a required minimum volume of transplant procedures
- appropriate experience and credentialing of its transplant team
- an established acute care inpatient facility, including intensive care, emergency and a full range of services³
- full accreditation by a Centers for Medicare and Medicaid Services (CMS)-deemed national accreditation organization
- evaluation of patient and graft aggregate outcomes including sufficiently low graft failures and mortality rates
- a comprehensive quality management program
- documented patient care and follow-up procedures at admission and discharge, including referral back to primary care physicians.

To see a list of the specific selection criteria for the Blue Distinction Centers for Transplants, please visit www.bcbs.com/bluedistinction.

¹ Some Blue companies may already participate in local transplant programs. The Blue Distinction Centers for transplants do not disrupt or replace these existing programs. Blue members may not necessarily be required to use institutions that are part of this program.

² These organizations have provided information and input, but do not formally endorse the Blue Distinction Centers program.

³ Certain bone marrow transplant programs meet this requirement by affiliation with a full-service, accredited inpatient hospital facility.



Visit www.bcbsvt.com

Blue Cross and Blue Shield of Vermont's website, www.bcbsvt.com, is your home for everything related to Blue Cross and Blue Shield of Vermont. The site features easy access to information on your health plan, up-to-date news on the company and info on any upcoming events. The site also includes a secure location for you to access your personal plan information and a searchable database of all providers within the network.

Finding doctors on the BCBSVT website

Blue Cross and Blue Shield of Vermont continues to make enhancements to its online provider directory.

If you log onto the secure member resource center you can read reviews of doctors or even add a review of your own.

Visit the new provider directory at www.bcbsvt.com/FindADoctor.

Member Resource Center

Blue Cross and Blue Shield of Vermont has designed their Member Resource Center as a user-friendly page that gives you access to information on your health plan. You can view your benefit information, such as deductibles and co-payments, and check the status of your claims. You can also:

- Read your [Outline of Coverage](#)
- Order a new ID card
- Print a proof of coverage
- Email 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 Blue Cross and Blue Shield of Vermont's website will prove very useful. There you may:

- Download any form that you may need to fill out—including claim forms and applications
- Use the "Find-a-Doctor" site—look up providers in your area by health plan, location or specialty
- **Use price and quality tools**—research the cost of in-network medical services and supplies, find doctors and compare hospitals.

How Blue Cross and Blue Shield of Vermont protects your privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You have the right to gain access to your health information and to information about our privacy practices. Blue Cross and Blue Shield of Vermont makes a complete copy of our Notice of Privacy Practices available on our website, www.bcbsvt.com, which includes information on:

- Our routine use and disclosure of personal health information (PHI);
- The internal protection of oral, written and electronic PHI; and
- The protection of information disclosed to Plan sponsors or to employers.

Better care through Blue HealthSolutionsSM



Blue HealthSolutions is Blue Cross and Blue Shield of Vermont's suite of customized health and wellness programs and solutions to help members achieve and maintain their optimal health. This program will help ensure that you're getting the best care and screening available and help you comply with your doctor's treatment plan. That's why Blue Cross and Blue Shield of Vermont's nurses may call to touch base with you about your care. 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.

Answers by phone or online

Whether you have a chronic condition or just need a first aid tip, Blue Cross and Blue Shield of Vermont's 24-Hour Nurse hotline 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 Blue Cross and Blue Shield of Vermont's secure member site at www.mybluehealth.bcbsvt.com to use our web tools. This site contains thousands of pages of information about health topics and health care, which help you compare price and quality of care from various providers.

By using the tools on the My Blue Health® wellness center, you can create and manage a health improvement program designed especially for your specific needs— tracking your diet, exercise and overall health. My Blue Health features a number of exercise tools that allow you to track your physical activity, as well as gain access to fitness plans and exercise demos. You can use My Blue Health on your mobile device, making it easy to track while you're on the go.

Prior approval

Blue Cross and Blue Shield of Vermont, under guidance from the State of Vermont, administers certain reviews to be sure that you're getting appropriate care in appropriate settings. Please be sure to check www.bcbsvt.com/priorapproval to determine whether the service you need requires prior approval or other review. Vermont providers will get prior approval for you. If you are outside of Vermont and you require care, please call (800) 922-8778 for . If you use a non-network provider, you may need to call Blue Cross and Blue Shield of Vermont before you obtain certain services to be eligible for benefits.

Disease management

Blue HealthSolutions helps members with a variety of conditions. They include:

- Diabetes (for members of all ages)
- Coronary artery disease (for members over age 18)
- Heart failure (for members over age 18)
- COPD (for members over age 18)
- Asthma (for members over age 18 who opt into the program)

Blue Cross and Blue Shield of Vermont will send you information about your condition and give you access to our nursing staff and other resources to help you make behavioral and lifestyle changes that are critical for your short- and long-term health improvement.

Blue Cross and Blue Shield of Vermont may call you about your condition. Blue Cross and Blue Shield of Vermont's nurses want to be sure that you're getting the best care and screening available and help you comply with your doctor's treatment plan. Please know that Blue Cross and Blue Shield of Vermont's conversations with disease management participants are strictly confidential and that participation in the program is always voluntary.





Better Beginnings®

Expecting a new addition to the family? Blue Cross and Blue Shield of Vermont offers the Better Beginnings® program to help you make the healthiest, happiest start for your baby.

Better Beginnings uses health management tools to offer you pre-natal and post-natal 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. (Better Beginnings has only a limited number of options for women who join after the 34th week of gestation.) A sample of benefits provided include but are not limited to:

- Homemaker services to help you after your baby is born
- Vouchers for car seats or fitness classes
- 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, Blue Cross and Blue Shield of Vermont tailors the program to meet your individual needs. You must actively participate in the program.

How to register

Go to Blue Cross and Blue Shield of Vermont's website at www.bcbsvt.com/BetterBeginnings 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 maternity 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/BetterBeginnings.

Case management

Blue Cross and Blue Shield of Vermont's case management program is a voluntary program. It is available in certain circumstances. Your case manager will work with you, your family and your provider to coordinate medical care for you.

Your case manager will help you manage your benefits. He or she may also find programs, services and support systems that can help. To find out if you are eligible for the program, call (800) 922-8778 and choose option 1.

Understanding Preventive Care

*Blue Cross and Blue Shield of Vermont and the State of Vermont want you to get preventive care so you can find out about health problems early and get the treatment you need. Some preventive care can keep you from becoming sick in the first place. This guide explains which preventive care is recommended for you and how your plan covers various services.**

What is preventive care?

Preventive care includes screenings, tests and counseling performed or prescribed by your doctor or other health care provider when you don't have signs or symptoms of an injury or illness. Your provider delivers some care to prevent you from getting sick. Other preventive care helps detect health conditions early, so you can change your lifestyle or get treatment to improve your health. Blue Cross and Blue Shield of Vermont encourages you to get appropriate preventive care for your age and gender. (See the charts on page 11-15.)

What will preventive care cost me?

Your plan covers certain preventive services at no cost to you (i.e., with no "cost-sharing" like deductibles, co-insurance or co-payments). Your plan provides this benefit for all services rated A or B by the United States Preventive Services Task Force (USPSTF), a board of physicians who have researched preventive services to determine which are the most effective. The charts in this brochure show you which services receive an A or B rating by the USPSTF. You do not have to pay cost-sharing for these services. You do have to pay cost-sharing for preventive services not on this list and for services provided by out-of-network providers.



What is the difference between preventive and diagnostic medicine?

A preventive procedure starts with the intent of confirming your good health when you are apparently free of symptoms or disease. Diagnostic medicine happens when you go to your doctor or other health care provider with symptoms and your provider recommends screenings and tests to diagnose their cause. While your plan covers diagnostic services, you may have to pay deductibles, co-payments and/or co-insurance.

Can preventive care turn into diagnostic medicine?

Yes. Sometimes a provider begins a preventive screening or test and, during its course, finds or suspects disease. The provider then bills us for a diagnostic procedure. You may have to share in the cost. Also, if you have a history of a particular illness, a screening related to that illness might be considered diagnostic for you, while it may be preventive for other patients.

Preventive care examples

Scenario 1 (applies to HealthGuard™ and TotalChoice™ plans):

A 30-year old woman without symptoms has an annual physical. It includes a breast exam, a Pap smear, cholesterol and glucose screening and screening for sexually transmitted diseases. The Pap smear shows an irregularity. The first exam will be paid at the preventive level. A follow-up exam, done at a later date because of the irregularity of the Pap, will be paid subject to cost-sharing.

Scenario 2 (applies to HealthGuard or TotalChoice plans)

You have a lipid test and a metabolic test at your annual physical. You do not have to pay cost-sharing for the lipid test, but since the metabolic test does not appear on the USPSTF's list of A- and B-rated services, you must share in the cost of the metabolic test.

Note: The SelectCare™ plan has different benefits for labs and diagnostics. Please check your Outline of Coverage for details

Are there other preventive services that I may need?

Yes, you may need other preventive services because of your individual health care needs. The USPSTF bases its recommendations on the needs of the general population. You may have special needs, so Blue Cross and Blue Shield of Vermont encourages you to consult your doctor or other health care provider about additional preventive care.

**This is just a summary of preventive-care benefits.*

Preventive Care for Men



		FIND YOUR AGE (YEARS)											
FOR YOUR:	SCREENING OR EXAM TYPE:	18	20	30	35	45	50	55	60	65	70	75	80
Height and Weight	Body Mass Index (BMI)	[Blue shaded]											
Intestinal Health	Colorectal Cancer												*
Heart and Vascular Health	Abdominal Aortic Aneurysm										One-time screening if you have ever smoked.		
	Blood Pressure	Have your blood pressure checked every 2 years.											
	Cholesterol		If you are at increased risk for coronary heart disease! ¹	[Blue shaded]									
Metabolic Health	Type 2 Diabetes	If your sustained blood pressure (treated or untreated) is greater than 135/80 mmHg.											
Sexual Health	HIV Screening	If you are at increased risk for HIV infection.											
	Syphilis Screening	If you are at increased risk for syphilis infection.											
Immunizations	Flu Shot	Get the flu shot every year.											
	Pneumonia Shot												Get a pneumonia shot.
	Shingles Vaccine												
Medications	Aspirin												Ask your doctor if you should take aspirin to prevent heart disease.
Other Screenings	Alcohol Intake	[Blue shaded]											
	Depression ²	Mental health is important for your overall health.											
	Fall Prevention												
	Smoking Cessation	[Blue shaded]											

Blue indicates that USPSTF encourages every man within the age range should have this screening, exam or medicine. Your plan covers it with no cost-sharing.

Green indicates that there are unique circumstances that may be covered by your plan with no cost-sharing if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.

*If you have a family history of colorectal cancer, you may need screening earlier.

- USPSTF recommends screening in men aged 20-35 for lipid disorders if they are at increased risk for coronary heart disease. You may be at increased risk if you smoke, are obese, have diabetes or high blood pressure, have a history of heart disease or blocked arteries, or if a man in your family had a heart attack before age 50 or a woman, before age 60.
- Ask your doctor if you should be screened for depression, especially if during the past two weeks, you felt down, sad or hopeless or have felt little interest or pleasure in doing things.

Preventive Care for Women



		FIND YOUR AGE (YEARS)													
FOR YOUR:	SCREENING OR EXAM TYPE:	18	20	30	35	40	45	50	55	60	65	70	75	80	
Height and Weight	Body Mass Index (BMI)	Blue													
Intestinal Health	Colorectal Cancer	Blue							*			Blue			
Heart and Vascular Health	Blood Pressure	Have your blood pressure checked every 2 years.													
	Cholesterol	Blue		Recommended if you are at increased risk for coronary heart disease. ¹			Strongly recommended if you are at increased risk for coronary heart disease. ¹								
Bone Health	Osteoporosis	Blue									**		Blue		
Metabolic Health	Type 2 Diabetes	If your sustained blood pressure (treated or untreated) is greater than 135/80 mmHg.													
Women's Health	Cervical Cancer	Blue		If you are 21 to 65 years old and have been sexually active, have a Pap smear every 1 to 3 years.							Blue				
	Chlamydia and Other STDs Screening and Counseling	If you are sexually active and 18-24 years.		If you are older than 24 years, sexually active and you are at increased risk for infection.											
	HIV Screening and Counseling	If you are at increased risk for HIV infection.													
	HPV Testing	Blue													
	Mammogram	Blue					Blue								
	Syphilis Screening	If you are at increased risk for syphilis infection.													
	Contraceptives*** and Contraceptive Counseling	Generic female contraception methods (or brand name methods if no generic is available)													
Immunizations	Flu Shot	Get the flu shot every year.													
	Pneumonia Shot	Blue									Get a pneumonia shot.				
	Shingles Vaccine	Blue							Blue						
Other Screenings	Alcohol intake	Blue													
	Depression	Mental health is important for your overall health. ²													
	Fall Prevention	Blue										Blue			
	Smoking Cessation	Blue													
	Domestic Violence	Blue													

Blue indicates that USPSTF encourages every woman within the age range should have this screening, exam or medicine. Covered without cost-sharing.

Green indicates that there are unique circumstances that may be covered by your plan with no cost-sharing if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.

*If you have a family history of colorectal cancer, you may need screening earlier.

**Screening is recommended at a younger age if your risk is at the level of a 65-year old.

***Contraceptives are covered by your Pharmacy Benefit Manager.

1. Screening is only recommended for women who are at increased risk for coronary heart disease. You may be at increased risk if you smoke, are obese, have diabetes or high blood pressure, have a history of heart disease or blocked arteries, or a man in your family had a heart attack before age 50 or a woman, before age 60.
2. Ask your doctor if you should be screened for depression, especially if during the past two weeks, you felt down, sad or hopeless or have felt little interest or pleasure in doing things.

Preventive Care During Pregnancy



Care during and after pregnancy

As a pregnant woman, you may be worried about your baby's health already. One of the best ways to ensure your baby is healthy is to take care of your own health by frequently checking in with your provider and receiving the appropriate preventive care. Preventive care consists of screenings and exams that look for disease before you have symptoms. The sooner a disease or condition is detected, the sooner you and your baby may have access to better treatment or counseling.

The U.S. Preventive Services Task Force (USPSTF) recommends certain additional screenings for pregnant women. The following table is a reference guide of preventive care screenings that should be factored into your usual preventive care screenings, exams and medicines. If you have questions at any point, consult your provider. You may have a unique pregnancy that requires special health care needs.

FOR:	SCREENING OR EXAM:	SPECIFIC GUIDELINES FOR PREGNANT WOMEN
Infectious Disease	Asymptomatic Bacteriuria	Screening recommended at 12-16 weeks gestation or at first prenatal visit, if later.
	Chlamydial Infection	Screening recommended at first prenatal visit for all pregnant women aged 24 or younger and for older pregnant women who are at increased risk.
	Gonorrhea	Screening recommended at first prenatal visit for all sexually active, pregnant women.
	Hepatitis B Virus	Screening strongly recommended at first prenatal visit.
	Syphilis Infection	Screening recommended at first prenatal visit.
Nutritional Conditions	Iron Deficiency Anemia	Routine screening recommended.
Obstetric Conditions	Rh (D) Incompatibility	Blood typing and antibody testing strongly recommended at first prenatal visit.
Breastfeeding	Support and Counseling	
	Supplies	You must get Prior Approval for hospital-grade breast pumps
Other Screenings	Alcohol & Drug Misuse	
	Depression	
	Smoking Cessation	
	Gestational Diabetes	

Blue indicates all pregnant women should have this screening. Covered without cost-sharing.

Green indicates that there are unique circumstances that may be covered by your plan with no cost-sharing if you qualify. Consult your doctor to see if this screening, exam or medicine is right for you.



Preventive Care for Children

Preventive care for children and adolescents

SCREENING	AGE (YEARS)				
	AT BIRTH	3	6	12	18
Congenital Hypothyroidism					
Phenylketonuria (PKU)					
Sickle Cell Disease					
Hearing Loss					
Iron Deficiency Anemia Screening					
Lipid Screening					
Visual Impairment		At least once between 3 and 5 years			
Height and Weight (Childhood Obesity)					
Major Depressive Disorder					This may not be right for everyone between 12 and 18 years.*

From birth to adolescence, your child has unique health care needs. In order to ensure your child stays healthy, it is important to have frequent check-ups with your child's primary care provider to get your child the appropriate screenings and immunizations.

The U.S. Preventive Services Task Force (USPSTF) recommends certain screenings for children from birth to 18 years of age. USPSTF uses the Center for Disease Control and Prevention (CDC) as their source for immunization recommendations based on age. Your plan covers these preventive services and we encourage parents and children to use the following charts as a preventive care reference guide. Your child may have unique health care needs or individual circumstances that require additional screenings, exams and/or immunizations.

**Risk factors that indicate you (or your child) may need screening for Major Depressive Disorder include parental depression, having mental health or chronic medical conditions and having experienced a major negative life event.*



** This chart provides guidelines for most children. Ask your health care provider about specific recommendations for your child.*

Recommended Immunizations for Children



Immunization schedule for children

An integral part of early preventive care for young people is proper immunization. During the first year of life, your child loses the immunity received from his or her mother. If an unvaccinated child is exposed to disease, the child's body may not be capable of fighting it. Vaccines can help develop immunity to disease by imitating an infection, but this infection does not cause illness. When a child's body develops immunity from vaccination, the body can recognize and fight the disease in the future.

The immunizations listed to the right are those recommended by the US Preventive Services Task Force and the Center for Disease Control and Prevention. Your plan covers all of the listed immunizations with no cost-sharing.

CHILD'S AGE	VACCINE (DOSE)	PROTECTS AGAINST
At Birth	Hepatitis B (1 of 3)	Hepatitis B virus
1-2 months	Hepatitis B (2 of 3)	
2 months	DTaP (1 of 5)	Diphtheria, tetanus and pertussis (whooping cough)
	Hib (1 of 4)	Infections of the blood, brain, joints or lungs (pneumonia)
	Polio (1 of 4)	Polio
	Pneumococcal Conjugate ¹ (1 of 4)	infections of the blood, brain, joints, inner ears or lungs (pneumonia)
	Rotavirus ² (1 of 3)	Rotavirus diarrhea (and vomiting)
4 months	DTaP (2 of 5)	
	Hib (2 of 4)	
	Polio (2 of 4)	
	Pneumococcal conjugate (2 of 4)	
	Rotavirus ² (2 of 3)	
6 months	DTaP (3 of 5)	
	Hib (3 of 4)	
	Pneumococcal conjugate (3 of 4)	
	Rotavirus ² (3 of 3)	
6-18 months	Hepatitis B (3 of 3)	
	Polio (3 of 4)	
6 months or older	Influenza (yearly)	Flu and complications
12-15 months	Hib (4 of 4)	
	Pneumococcal Conjugate ¹ (4 of 4)	
	MMR (1 of 2)	Measles, mumps, and rubella (German measles)
	Varicella (1 of 2)	Chickenpox
12-23 months	Hepatitis A (1 of 2)	Hepatitis A virus (inflammation of the liver)
15-18 months	DTaP (4 of 5)	
18 months or older	Hepatitis A (2 of 2 following 6 months after first dose)	
4-6 years	DTaP (5 of 5)	
	Polio (4 of 4)	
	MMR (2 of 2)	
	Varicella (2 of 2)	
11-12 years	Tdap (1 of 1)	Diphtheria, tetanus and pertussis (whooping cough)
	MCV4 ³ (1 of 1)	Meningococcal conjugate vaccine
	HPV (1 of 3)	Human Papillomavirus
	HPV (2 of 3)	
	HPV (3 of 3)	

The State of Vermont health plans are administered by:



**BlueCross BlueShield
of Vermont**

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

P.O. Box 186
Montpelier, VT 05601-0186
State of Vermont Customer Service Phone: (888) 778-5570
Email: customerservice@bcsvt.com