



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
Enrollment Guide

Welcome to Blue Cross and Blue Shield of Vermont



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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 Health SolutionsSM 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. 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 **Medical Plan Document**, 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 "Understanding Preventive Care" on page 11.

Primary Care Providers

You may choose to select a primary care Provider (PCP) who can coordinate your care and guide you to participating specialists. If so, you can search for primary care Providers 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.

Prior approval

Your plan requires prior approval for certain services. Your plan does not require prior approval for emergency medical services.

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 participating providers will get prior approval for you. If you are outside of Vermont and you require care, please call (800) 922-8778 before you obtain certain services to be eligible for benefits. When receiving care from a non-network provider or an out-of-state provider, it is your responsibility to get prior approval. Forms are available on our website at www.bcbsvt.com. Any Provider may help you fill out the form and give you other information you need to submit your request.

Case management

If a member suffers a catastrophic health event or has a complex condition, Blue Cross and Blue Shield of Vermont has a case management program to help. While a member's doctor is the primary resource for medical questions and concerns, a case manager serves as his or her dedicated advocate at BCBSVT, who will coordinate benefits and find programs, services and support systems that can help support the member and his or her family.

Blue Cross and Blue Shield of Vermont has a staff of licensed professional nurses and social workers on hand to help members. In addition to assessing their health status and current needs, our case managers desire to know our members on a personal level to support them better. Case managers will help members decide their personal health goals, take action on those goals and coordinate with their health care providers to help them reach their goals.

Our case managers may provide educational materials about members' conditions and treatment plans and coordinate resources so that they get timely and affordable care and use their benefits in the best way.

Other benefits of case management include assisting to find alternative funding and transportation if necessary and available.

If you have any questions concerning coordination of care, or are interested in learning more about our case management program, please call us at (800) 922-8778 and choose option 1.



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 **Medical Plan Document**.
- 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 **Medical Plan Document**.
- Providers who are not approved to provide a particular service or who don't meet the definition of "provider" in your **Medical Plan Document**.

Tips on getting the most from your benefits

Your **Medical Plan Document** 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 Provider (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.



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.

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.

Call your doctor

If you have a primary care Provider (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.

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

Visit an urgent care center

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

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.

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.

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.

Better care through Blue Health SolutionsSM



Blue Health Solutions

Blue Health Solutions 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 screenings 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 speak with you about your care. Please know that our nurses' conversations with members are strictly confidential. Blue Health Solutions programs are voluntary and available at no additional cost to our members.

Fitness and health events

Blue Cross and Blue Shield of Vermont holds many signature events each year that help Vermonters get out and get active. They range from walking challenges at Vermont worksites to "Hike, Bike and Paddle" events at Vermont lakes and ponds to "Family Days" and "Snow Days" at some of our state's most beautiful venues.

Blue ExtrasSM

Our Blue Extras Health and Wellness Program gives members discounts on area health, fitness, nutrition and wellness resources—even recreational activities in their communities. To check out the growing list of discounted services and other items, visit www.bcbsvt.com/blueextras.

Consumer Support Tools

Members can visit the Healthwise Knowledgebase[®], contains thousands of pages of information about health topics, or the Health Advisor, which helps them compare price and quality of care from various providers.

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.

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.



Chronic condition management

As a BCBSVT member, you are not alone if you're suffering from a chronic condition. Our nurses are standing by to assist our members in achieving and maintaining their health through a variety of means. Through our chronic condition program, we may send members helpful information about their conditions and give them access to our nursing staff and other resources to help them make lifestyle changes that are critical for their overall health improvement.

We offer help for a variety of prevalent conditions including:

- Asthma
- COPD
- Diabetes
- Heart disease, or coronary disease
- Heart failure

A Blue Cross and Blue Shield of Vermont nurse may reach out to a member to speak about his or her condition. We want to be sure that each member is getting the best care and screening available and help the member to stay on track with his or her doctor's treatment plan. Conversations with disease management participants are strictly confidential and participation in the program is always voluntary.

Rare condition management

Some conditions are less prevalent, making them potentially more costly and hard to manage, but we can offer specialized help when local support may be hard to find. We can connect members to nurses who have expert knowledge of rare conditions. This one-on-one help is designed to help improve members' total health and manage their multiple and complex conditions. Support could include symptom management, self-care support, medication optimization and care optimization.

Rare conditions addressed through our program include:

- ALS
- CIPD
- Crohn's Disease
- Cystic Fibrosis
- Dermatomyositis
- Gaucher Disease
- Hemophilia
- Lupus
- Multiple Sclerosis (MS)
- Myasthenia Gravis
- Parkinson's Disease
- Polymyositis
- Rheumatoid Arthritis
- Scleroderma
- Seizure Disorders
- Sickle Cell Disease
- Ulcerative Colitis

Our website



Visit Blue Cross and Blue Shield of Vermont's website

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.



Member Resource Center

We've designed our Member Resource Center as a user-friendly site 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:

- **View your Outline of Coverage**
- Change your address (please be sure also to change this with your employer)
- Change your primary care provider
- Order a new ID card
- Print a proof of coverage

- View your Explanation of Benefits documents for the last 18 months (see green box at right)
- Email Blue Cross and Blue Shield of Vermont a secure message
- View our newsletters in pdf (Acrobat) file format or save them to read from your computer at your leisure
- 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.

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.

Finding doctors on the BCBSVT website

From our home page, link to our online provider directory. Our directory makes the process of searching for Vermont doctors who contract with Blue Cross and Blue Shield of Vermont and its health plans quick and simple. We include links to the BlueCard directory where you can find providers in other states and countries.

We also have a tool that can help you select a provider. If you log on to our 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. Find the member resource center at www.bcbsvt.com/mrc.

What's on the rest of the site

Many features contained in BCBSVT's website will prove very useful. There you may:

- Find medical policies
- 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
- Read the news section of BCBSVT's website, which contains news releases and legislative reports on health insurance related issues

Help us go green. Get your EOB online!

Trying to reduce the amount of paper that comes into your home? You can now get your Explanation of Benefits (EOB) documents on our member resource center. You can also choose to get notifications about EOBs via email or text messages. To opt into this planet-friendly option:

- Visit www.bcbsvt.com/mrc any time after October 1, 2015, then log in or "Register."
- At the top of the page you will find the "Go Green" button, which you can use to let us know that you will forego paper EOBs.
- Select whether you want online delivery only or whether you want email or text message notifications.
- You can then log into the member resource center at any time to see copies of your EOBs from the last 18 months.

You may also call our customer service team at (888) 778-5570 and opt into online EOB delivery.

Please note that each member age 12 or older must opt out of paper delivery separately. For privacy protection, members age 12 or older see only their services on their paper or online EOBs. The subscriber (the member whose name is on the membership) sees his or her services and those of members under age 12.



Provider and Transplant Services

To find providers outside of Vermont, either visit the BlueCard doctor and hospital finder website at www.bcbs.com or call (888) 778-5570 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 Providers 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 **Medical Plan Document**. 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 Providers 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 Providers and medical organizations, including the Center for International Blood and Marrow Transplant Research (CIBMTR®), the Scientific Registry of Transplant Recipients (SRTR) 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 Providers.

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.

*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 "Preventive Care for Men" on page 12.)

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 TotalChoice™):

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 TotalChoice™):

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 area]											
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!		[Blue shaded area]								
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.											
Medications	Aspirin					Ask your doctor if you should take aspirin to prevent heart disease.							
Other Screenings	Alcohol Intake	[Blue shaded area]											
	Depression ²	Mental health is important for your overall health.											
	Fall Prevention	[Blue shaded area]									[Blue shaded area]		
	Smoking Cessation	[Blue shaded area]											

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 shaded]												
Intestinal Health	Colorectal Cancer	[Blue shaded]						*			[Blue shaded]			
Heart and Vascular Health	Blood Pressure	Have your blood pressure checked every 2 years.												
	Cholesterol	[Blue shaded]		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 shaded]								**		[Blue shaded]		
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 shaded]		If you are 21 to 65 years old and have been sexually active, have a Pap smear every 1 to 3 years.						[Blue shaded]				
	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 shaded]												
	Mammogram	[Blue shaded]						[Blue shaded]						
	Syphilis Screening	If you are at increased risk for syphilis infection.												
Other Screenings	Contraceptives*** and Contraceptive Counseling	Generic female contraception methods (or brand name methods if no generic is available)												
	Alcohol intake	[Blue shaded]												
	Depression	Mental health is important for your overall health. ²												
	Fall Prevention	[Blue shaded]						[Blue shaded]						
	Smoking Cessation	[Blue shaded]												
	Domestic Violence	[Blue shaded]												

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 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.*



The State of Vermont health plans are administered by:



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