



BlueCross BlueShield of Vermont

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

CDHP Blue - Consumer Directed Health Plan

\$1,500 / \$3,000 Individual / Family Deductible, 0% Member Coinsurance

PPACA Grandfathered

Vision Exam \$20

Created For: Marlboro College

BENEFIT HIGHLIGHTS	ALL PROVIDERS
Your Plan Year: <i>1/1/2012 through 12/31/2012</i> <i>All accumulators, such as deductibles, out-of-pocket limits and benefit limits apply to your Plan Year for all medical and prescription drug benefits.</i>	
Plan Year Deductible <i>Includes medical and prescription drug benefits. If you have a two-person or family membership, the entire deductible must be met by any combination of family members before benefits are paid by the plan.</i>	\$1,500 Individual \$3,000 Two-Person and Family
Coinsurance	Plan pays 100% of allowed price after deductible is met.
Plan Year Out-of-Pocket Limit <i>Includes medical and prescription drug deductible. If you have a two-person or family membership, the entire Out-of-Pocket Limit must be met by any combination of family members before benefits are paid by the plan.</i>	\$1,500 Individual \$3,000 Two-Person and Family Plan pays 100% of allowed price after Out-of-Pocket Limit is met.
Lifetime Maximum	Unlimited
Transplant Services Benefit Maximum	Unlimited

OUTPATIENT CARE	ALL PROVIDERS	
	YOU PAY	PLAN PAYS
Adult Preventive Office Visits <i>Excludes diagnostic services such as laboratory and x-ray</i>	No member cost	100% of our allowed price
Gynecological Preventive Office Visits <i>Excludes diagnostic services</i>	No member cost	100% of our allowed price
Well Baby and Child Office Visits <i>Includes routine immunizations</i>	No member cost	100% of our allowed price
Screening Mammogram and PAP Test <i>Excludes diagnostic services</i>	No member cost	100% of our allowed price
Colorectal Screening <i>Excludes diagnostic services</i>	No member cost	100% of our allowed price
Primary Care Physician Office Visits	Deductible, then no member cost	100% of our allowed price after deductible
Specialist Physician Office Visits	Deductible, then no member cost	100% of our allowed price after deductible

Group Effective Date: 01/01/2012

Standard Plan Name: BCBS-HRA-\$1,500-0%-LG-AGG-GF/PMC2 PPACA Grandfather Disclaimer CY 1008915

Template Name: BCBS-HRA-0%-LG-AGG-72011-GF



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OUTPATIENT CARE	YOU PAY	PLAN PAYS
Outpatient Mental Health and Substance Abuse Office Visits and Services <i>Requires prior approval</i>	Deductible, then no member cost	100% of our allowed price after deductible
Maternity Office Visits	Deductible, then no member cost	100% of our allowed price after deductible
Nutritional Counseling <i>Up to three visits; visits for treatment of diabetes do not count toward the three-visit limit</i>	Deductible, then no member cost	100% of our allowed price after deductible
Chiropractic Visits <i>Prior approval required after 12 visits</i>	Deductible, then no member cost	100% of our allowed price after deductible
Emergency Room Physician and Facility Services <i>Covered when your condition meets criteria for necessary emergency care. Includes Mental Health and Substance Abuse services.</i>	Deductible, then no member cost	100% of our allowed price after deductible
Diagnostic Services <i>Includes diagnostic laboratory and x-ray</i>	Deductible, then no member cost	100% of our allowed price after deductible
Outpatient Surgery <i>Prior approval may be required</i>	Deductible, then no member cost	100% of our allowed price after deductible
Outpatient Physical, Occupational, and Speech Therapy <i>Up to 30 visits combined per Plan Year</i>	Deductible, then no member cost	100% of our allowed price after deductible
INPATIENT CARE	YOU PAY	PLAN PAYS
Inpatient Care, General Hospital Admission <i>Pre-certification is required for inpatient services.</i>	Deductible, then no member cost	100% of our allowed price after deductible
Inpatient Care, Mental Health or Substance Abuse Admission <i>Prior approval required for all mental health and substance abuse treatment.</i>	Deductible, then no member cost	100% of our allowed price after deductible
HOME CARE AND REHABILITATION SERVICES	YOU PAY	PLAN PAYS
Inpatient Skilled Nursing <i>Requires pre-certification</i>	Deductible, then no member cost	100% of our allowed price after deductible
Inpatient Rehabilitation Services <i>Requires prior approval</i>	Deductible, then no member cost	100% of our allowed price after deductible
Cardiac Rehabilitation <i>Up to 36 sessions per acute cardiac event; requires prior approval</i>	Deductible, then no member cost	100% of our allowed price after deductible
Private Duty Nursing <i>Up to \$2,000 per member per Plan Year; requires prior approval</i>	Deductible, then no member cost	100% of our allowed price after deductible

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HOME CARE AND REHABILITATION SERVICES	YOU PAY	PLAN PAYS
Home Health and Hospice Care Services <i>Home Health Services require pre-certification after initial evaluation; Hospice Care Services require prior approval.</i>	Deductible, then no member cost	100% of our allowed price after deductible
OTHER SERVICES	YOU PAY	PLAN PAYS
Ambulance <i>Includes emergency and routine transport. Prior approval required for non-emergency transport.</i>	Deductible, then no member cost	100% of our allowed price after deductible
Medical Equipment and Supplies <i>Prior approval may be required</i>	Deductible, then no member cost	100% of our allowed price after deductible
Vision Exam <i>One exam per year</i>	\$20 co-payment	100% of our allowed price after co-payment

PRESCRIPTION DRUGS	YOU PAY	PLAN PAYS
Retail Pharmacy Program <i>Up to a 30-day supply. Prior approval may be required.</i>	Deductible, then no member cost	100% of our allowed price after deductible
Home Delivery Pharmacy Program <i>Up to 90-day supply. Prior approval may be required.</i>	Deductible, then no member cost	100% of our allowed price after deductible

BlueCross BlueShield of Vermont believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-800-247-2583. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarization which protections do and do not apply to grandfathered health plans.

Federal Mental Health Parity applies; Mental Health and Substance Abuse benefits are subject to change pending final interpretation and requirements of the Federal Mental Health Parity mandate.
Benefit Enhancement Rider

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

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