



UVM Retirees

**Vermont Blue Advantage® Medicare Advantage
coverage effective January 1, 2025**

Agenda

- Vermont Blue Advantage introduction
- Medicare basics and eligibility
- UVM customized benefits
- Enrollment process
- Benefits
- FAQs and resources
- Next steps



Welcome to Vermont Blue Advantage UVM Plan

Blue Cross[®] and Blue Shield[®] of Vermont's Medicare Advantage Solution

Blue Cross and Blue Shield of Vermont has formed Vermont Blue Advantage to deliver excellent products that offer peace of mind and savings to UVM and their retirees.

Your plans include valuable benefit and program enhancements, access to the National Blue network of providers, and the unmatched confidence that comes from carrying a BlueCross[®] BlueShield[®] card in your wallet.

Choice of familiar plans.

Benefit enhancements

Program enhancements

National Blue provider network*

*Plus flexibility to use any provider that participates with Medicare and accepts Medicare reimbursement

Medicare Basics and Eligibility

Medicare 101

Medicare is the federal health insurance program administered by the Centers for Medicare and Medicaid (CMS) for:

- Adults aged 65 and older and eligible to receive Social Security
- People under age 65, permanently disabled and have received Social Security disability benefits for at least two years
- People with end stage renal disease (kidney failure) or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease

MEDICARE IS MADE UP OF FOUR PARTS



Part D available through private insurer, and not all Medicare Advantage plans include prescription drugs

Medicare Advantage Eligibility

Eligibility for UVM MA plan:

- Reside in the United States
- Be enrolled in Medicare Part A and B
- Continue to pay their Part B premium, as they do today
- Only be enrolled in one MA plan

UVM Customized Benefits

Medicare Advantage Customized for UVM

- Your new Vermont Blue Advantage plans have been customized for UVM benefits and include some valuable enhancements such as hearing and vision.
- Simplicity of an all-in-one plan with a single insurance card

Medicare Advantage plans are heavily promoted, especially during the Annual Election Period in the Fall of every year. Don't confuse this advertising with your new UVM VBA plan.

Your new plan is not available in the individual market.

Benefit Highlights

Benefit Portfolio Highlights

This is an overview. You will receive detailed benefit information in the mail.

Benefit Category	J Plan
Overall Deductible	\$1,000 Deductible resets in January
Medical Out-of-Pocket Max	\$2,000
Preventive Care	Over 30 screenings and services at \$0 copay
Primary Care Provider/Routine Office Visit	\$25 copay
Specialist, Psychiatric, Urgent Care, Chiropractor	\$30 copay

Benefit Portfolio Highlights, cont.

Selected Services	J Plan
Emergency	\$100 copay
Inpatient and Outpatient Care in a Hospital	Deductible applies
Home Health, Rehabilitation & Skilled Nursing Facility Care	Deductible applies
Medical Equipment & Supplies & Part B Drugs	Deductible and 20% coinsurance apply
Diabetic Equipment & Supplies	\$0 copay

Benefit Portfolio Highlights, cont.

Benefit Category	J Plan
SilverSneakers® Fitness	Free fitness center membership--visit any participating fitness center or join online classes from home
Vision through VSP®	Vision exam (\$0 copay) and vision materials (\$250 allowance through VSP)
Hearing services through NationsHearing®	Hearing exams (\$0 copay) and hearing aid benefit (\$3,000 every 24 months) through Nations Hearing
Prescription Drug through Optum Rx	\$150 Deductible, then Copays of \$5 generic, \$25 preferred brand name, \$40 non-preferred brand name

Prescription Drugs

- The formulary is a list of prescription drugs that are covered by your health plan
 - You will be able to use the Formulary Look up tool.
- Pharmacy Benefit Manager (PBM) is changing to Optum Rx.
- You have a \$150 Rx deductible, and your Part D out-of-pocket maximum is \$750.
- Copays for drugs:
 - \$5 for generic
 - \$25 copay for preferred brand-name drugs
 - \$40 for non-preferred brand-name drugs

You pay no more than \$35 for a one-month supply of each covered insulin product, regardless of its cost-sharing tier.

Prescription Drugs, cont.

- Most of the major pharmacy chains are in the pharmacy network.
- We will try to transfer your prior approval authorizations for non-narcotic prescription drugs, no action required by retiree. You will also have the availability of transition fills for prescription drugs with formulary or PA restrictions during the first 90 days of your plan.
- If you are currently using mail order for your prescriptions today, you will need to sign up with the new vendor Optum Rx. We are working to transfer your non-narcotic prescriptions.

National access, Worldwide Recognition

Your UVM plan offer network flexibility, too!

You have access to doctors and hospitals within the network and outside of the network. As a member of VBA, you will have access to the large Blue Cross nationwide network so coverage should never be an issue.

- You must use providers that are Medicare participating.
- There is a provider search tool that will be available on the Vermont Blue Advantage website.

Out-of-network/non-contracted providers are under no obligation to treat UVM plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services

FAQs and Resources

Frequently Asked Questions and Resources

- You will receive a Welcome Kit with your Member Benefit Chart and other CMS mandated materials. It will be mailed in early December.
- January 1, 2025: Your new benefits begin. Put your Medicare card away and use your new VBA card at your providers and pharmacy.
- Once you receive your new card, please call the number on the back of the card with any questions. The VBA CMS compliant service center is located in Michigan, and their operations are senior focused to provide you with the best service.

Frequently Asked Questions and Resources, cont.

- There is a transition call center that is available November 1 – November 30 to answer any questions you have. The number is 1-833-668-0280 (TTY:711). can call us Monday through Friday from 8 a.m. to 5 p.m. Eastern time.
- Starting December 1, 2024, call our Medicare Advantage service specialists at 1-800-572-0280 (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time. For pharmacy questions, call our prescription drug specialists at 1-855-489-0646 (TTY: 711).
- The VBA website will be updated regularly with the materials and information regarding your plan.
- Find a doctor or pharmacy VermontBlueAdvantage.com/find-a-doc
- For questions regarding premiums please contact UVM.

Vermont Blue Advantage is a PPO plan with a Medicare contract. Enrollment in Vermont Blue Advantage depends on contract renewal.

Thank you!

