Vermont Blue advantage

Vermont Blue Advantage Group℠ PPO

Benefits-at-a-Glance
Medical Services and Prescription Drugs

University of Vermont Medicare Advantage - Plan J

January 1, 2025 – December 31, 2025

The information provided is a summary of your benefits, showing what we cover and what you pay. A complete list of services is found in the *Evidence of Coverage* and the *Medical Benefits Chart*.

If you have any questions about this plan's benefits or costs, please call Vermont Blue Advantage Group PPO Customer Service (phone numbers are on the back cover of this booklet).

To join Vermont Blue Advantage Group PPO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area of the United States and its territories.

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

Vermont Blue Advantage® is an independent licensee of the Blue Cross Blue and Shield Association.

Vermont Blue Advantage Group PPO has a network of doctors, hospitals, pharmacies, and other providers. For more detailed information about our providers, you can call Customer Service or see the plan's provider directory online at **www.VermontBlueAdvantage.com/findadoctor.** You can also request a provider directory from Customer Service (phone numbers are on the back cover of this booklet).

You can also use providers that are not in our network as long as they accept Medicare. To find providers who accept Medicare, visit **www.medicare.gov/care-compare**.

Out-of-network/non-contracted providers are under no obligation to treat Vermont Blue Advantage Group PPO 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.

Vermont Blue Advantage Group PPO

University of Vermont Medicare Advantage - Plan J

Cost-sharing Table	
Plan Premium	In addition to the Medicare Part B premium, you may also be required to pay a premium contribution as defined by your employer, union group, or third-party advisor.
Medical Deductible *(Does not include prescription drugs)* All medical and hospital care services below apply to this annual deductible.	$1,000 combined in-network and out-of-network annual deductible
Maximum Out-of-Pocket Responsibility *(Does not include prescription drugs)* All medical and hospital care services below apply to this annual amount, except for: • Enhanced hearing beyond Original Medicare • Enhanced vision exams beyond Original Medicare • Worldwide urgent, emergency care, and emergency transportation.	$2,000 annually

Benefit	In-Network and Out-of-Network
Ambulance Services Coverage for medically necessary transport. Cost sharing applies to each one-way trip. • Emergency ground and air ambulance • Non-emergency ground ambulance *Authorization rules may apply.*	 20% coinsurance in the U.S. and its territories, after deductible 20% coinsurance for non-emergency transport in the U.S. and its territories, after deductible
Caregiver Support	**MyCareAdvocate™** On-demand, personalized guidance from expert Care Advocates providing caregivers with information, coaching, assistance, and emotional support to reduce caregiver stress. Topics can include healthcare, living arrangements, financial concerns, legal resources, and more. To access MyCareAdvocate, call 1-877-960-3510, 8 a.m. to 7 p.m. Eastern time, Monday through Friday. TTY users call 711. **MyCareDesk®** Online comprehensive caregiver support, with resources and guidance to empower caregivers navigating complex topics like senior living, in-home care, health, finances, legal topics, and healthy living. To access MyCareDesk visit **VBA.MyCareDesk.com**.
Chiropractic Care • Manual manipulation of the spine to correct subluxation • One routine office visit per year • One set of X-rays (up to 3 views) when performed by chiropractor	 $30 copay for each Medicare-covered visit, after deductible $30 copay for each routine care visit, after deductible $0 copay for one annual set of X-rays, after deductible
Dental Services Original Medicare covers limited dental services (this does not include services in connection with care, treatment, or replacement of teeth)	 $30 copay for Medicare-covered services, after deductible

Benefit	In-Network and Out-of-Network
Diabetes Supplies	
• Diabetic supplies (e.g., monitoring)	$0 copay
• Diabetic shoes and inserts	$0 copay
• Glucometers and continuous glucose monitors	$0 copay
Doctor Visits	
• Primary care providers	$25 copay, after deductible
• Specialists	$30 copay, after deductible
Durable Medical Equipment and Supplies	
• Durable medical equipment (e.g., wheelchairs, oxygen)	20% coinsurance, after deductible
• Prosthetics (e.g., braces, artificial limbs)	20% coinsurance, after deductible
Authorization rules may apply.	
Emergency Care	$100 copay in U.S. and its territories, after deductible
Foot Care (podiatry services)	
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	$30 copay, after deductible
Health Fitness Program	This benefit is built into the plan with no additional cost. Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction. Benefits include: • Use of exercise equipment, classes, and other amenities at thousands of participating locations

Benefit	In-Network and Out-of-Network
Health Fitness Program (Continued)	• SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness • Burnalong® access with supportive virtual community and thousands of classes for all interests and abilities • SilverSneakers On-Demand™ online library with hundreds of workout videos • SilverSneakers GO™ mobile app with on-demand videos and live classes • SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls, and parks) • Online fitness tips and healthy eating information • Social connections through events such as shared meals, holiday celebrations, and class socials • GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place To locate a participating fitness center near you, call **1-888-572-7841**, 8 a.m. to 8 p.m., Eastern time, Monday through Friday. TTY: **711**. Or visit: **www.SilverSneakers.com**. This is not a covered benefit for gym memberships or fitness programs that are not part of the SilverSneakers Fitness Program. Tivity Health® is an independent corporation retained by Vermont Blue Advantage to provide health and fitness services to its Vermont Blue Advantage members. Burnalong is a registered trademark of Burnalong, Inc. SilverSneakers is a trademark of Tivity Health, Inc.
Hearing Services Original Medicare covers limited hearing services • Hearing exam to diagnose and treat hearing and balance issues	$25 copay for primary care provider visit, after deductible

Benefit	In-Network and Out-of-Network
Hearing Services (Continued) **Enhanced hearing services, beyond Original Medicare** • Routine hearing exam once every year • Hearing aid fitting evaluation • Hearing aids (analog or basic digital) You may pay less if you use an in-network provider. Locate a NationsHearing provider at VBA.NationsBenefits.com/Hearing or call **1-877-247-1195**, 24 hours a day, 7 days a week. TTY: **711**. • You can also use a non-NationsHearing network provider. If you see a non-NationsHearing network provider for your hearing exam, you are responsible for any amounts your provider charges above the plan's approved amount. This means you may end up paying more than the $0 copay for the exam.	$30 copay for specialist visit, after deductible $0 copay $0 copay $0 copay **In-Network through NationsHearing for hearing aids:** $0 copay up to a $3,000 allowance every two years toward new standard (analog or basic digital) hearing aids. **Out-of-Network through non-NationsHearing for hearing aid(s):** Our plan will reimburse you up to a $3,000 allowance toward one new standard (analog or basic digital) hearing aids, every two years. You can submit receipts from an out-of-network provider for reimbursement by calling NationsHearing. Over-the-counter hearing aids purchased off-the-shelf are not a covered benefit. You are responsible for the difference between the plan's benefit allowance and the cost of the hearing aid(s).
Home Health Agency Care Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Referral required. Custodial care is not a benefit. *Authorization rules may apply.*	$0 copay, after deductible
Home Infusion Therapy Includes home infusion drugs and administration *Authorization rules may apply.*	20% coinsurance, after deductible

Benefit	In-Network and Out-of-Network
Inpatient Hospital Care The copays are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. *Authorization rules may apply.*	$0 copay, after deductible $30 copay per visit for physician services, after deductible Our plan covers an unlimited number of days for an inpatient hospital stay.
Medicare Part B Drugs • Part B drugs, such as chemotherapy drugs • Immunizations • Other Part B drugs *Authorization rules may apply.*	$0 copay, after deductible
Mental Health Inpatient Services • Inpatient therapy stay If your hospital stay is longer than 90 days, our plan provides for up to 100 additional days of coverage, subject to the Medicare lifetime limit of 190 days. This limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital. A benefit period starts the day you go into an inpatient psychiatric hospital. It ends when you go for 60 days in a row without inpatient psychiatric hospital care. No prior hospital stay is required. Copays restart as new benefit period begins. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. *Step therapy applies to certain Part B drugs.* *Authorization rules may apply.*	$0 copay per day, after deductible, until lifetime limitation is exhausted

Benefit	In-Network and Out-of-Network
Mental Health Outpatient Services • Outpatient therapy visit You can use Teladoc Health® to access telemedicine services by visiting **www.TeladocHealth.com** or calling **1-800-Teladoc (835-2362)**, available 24 hours a day, 7 days a week, 365 days a year. **TTY: 1-855-636-1578**. Online behavioral health support from licensed behavioral health providers such as therapists, counselors, and U.S. board-certified psychiatrists by appointment 7 days a week, 7 a.m. to 9 p.m. local time.	$0 copay, after deductible, for an outpatient group/individual mental health visit or psychiatric service $0 copay for online telemedicine visit via Teladoc Health
Nurse Advice Line Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at **1-833-968-1766**. TTY: **711**.	$0 copay

Benefit	In-Network and Out-of-Network
Online Telemedicine Visits Telehealth visits with your regular primary care physician specialist or mental health provider. Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication, such as online. This does not replace an in-person visit but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office. Telemedicine visit through Teladoc Health®, an independent company and our plan-approved vendor. When you can't get in to see your regular provider or need an appointment fast, you can also use Teladoc Health's online telemedicine services. Teladoc Health provides online urgent care, behavioral health support and nutritional counseling. Online behavioral health support from licensed behavioral health providers such as therapists, counselors, and U.S. board-certified psychiatrists by appointment 7 days a week, 7 a.m. to 9 p.m. local time. To access telemedicine services, visit **www.TeladocHealth.com** or call **1-800-Teladoc (835-2362)**, available 24 hours a day, 7 days a week, 365 days a year. **TTY: 1-855-636-1578**.	$25 copay, after deductible, for your regular primary care physician and mental health provider via telehealth $30 copay, after deductible, for your regular specialist visits via telehealth $0 copay for urgent care, mental health and nutrition counseling telemedicine visits through Teladoc Health Get urgent general medical services from U.S. board-certified doctors without an appointment for: • Sore throat, coughs, fevers • Ear and sinus infections • Headache • Allergies • Pink eye • Bronchitis • Nutrition counseling Use your smartphone, computer, or tablet anywhere in the United States to meet with doctors and behavioral health care providers when it's convenient for you. Prescriptions can be sent to your local pharmacy. Certain medications cannot be prescribed online, including controlled substances.

Benefit	In-Network and Out-of-Network
Outpatient Diagnostic Tests and Therapeutic Services • Diagnostic mammograms • Diagnostic colonoscopies • Therapeutic radiological services • X-rays and low-tech diagnostic radiological services (for example, ultrasounds) • High-tech Medicare-covered diagnostic radiological services, such as CT, MRI, MRA, and PET • Diagnostic tests and procedures • Lab services *Authorization rules may apply.*	$0 copay, after deductible
Outpatient Hospital Services • Ambulatory surgical center • Outpatient hospital (surgical and non-surgical services) *Authorization rules may apply.*	$0 copay, after deductible $0 copay, after deductible
Outpatient Substance Abuse Individual or group therapy visit as well as telehealth through your regular provider	$0 copay, after deductible
Physical Therapy Available in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and comprehensive outpatient rehabilitation facilities Limited to 30 visits per calendar year, including evaluations	$0 copay, after deductible
Preventive Care	$0 copay for many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual physical exam • Annual wellness visit • Bone mass measurement

Benefit	In-Network and Out-of-Network
Preventive Care (Continued)	• Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening) • Depression screening • Diabetes screening and diabetes self-management training • Glaucoma screening • Health and wellness education programs • HIV screening • COVID-19, flu, Hepatitis B, and pneumonia immunizations • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings • Screening and intensive behavioral therapy for obesity • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.
Rehabilitation Services • Cardiac rehabilitation/intensive cardiac services • Pulmonary rehabilitation	$0 copay, after deductible

Benefit	In-Network and Out-of-Network
• Occupational therapy visit, limited to 30 visits per calendar year, including evaluations • Speech and language therapy, limited to 30 visits per calendar year, including evaluations	
Renal Dialysis Services for Kidney Disease Home health care visits, equipment, dialysis, and supplies	$0 copay, after deductible
Skilled Nursing Facility (SNF) • Days 1-99 • Day 100 and above *Authorization rules may apply.*	$0 copay, after deductible $0 copay, after deductible
Supervised Exercise Therapy (SET) SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.	$0 copay, after deductible
Urgently Needed Services	$30 copay in the U.S. and its territories, after deductible
Vision Services Original Medicare covers limited vision services • Exam to diagnose and treat diseases and conditions of the eye • Eyeglasses or contact lenses after cataract surgery • Glaucoma screening • Diabetic retinopathy screening	 $30 copay, after deductible $0 copay $0 copay $0 copay

Benefit	In-Network and Out-of-Network
Enhanced Vision Services We offer additional enhanced vision benefits not covered by Original Medicare, including: • Enhanced (non-Medicare covered) supplemental routine eye exam • Enhanced vision benefit has an allowance toward materials, including elective contact lenses, frames, or complete glasses (lenses and frames) You may pay less if you use an in-network provider. To locate an in-network VSP Choice Network provider, call **1-855-492-9028** from 8 a.m. to 8 p.m. 7 days a week. TTY: **711**. You can also visit **www.vsp.com/choiceretail**. You can submit receipts from a non-VSP provider for reimbursement. Learn more at **www.vsp.com/claims/submit-oon-claim**.	**In-network** $0 copay for one supplemental routine eye exam every 12 months through a VSP Choice Network provider. **Out-of-Network** $0 copay for one supplemental routine eye exam every 12 months through an out-of-network non-VSP Choice Network provider. If you see a non-VSP provider, you are responsible for any amounts your provider charges above the plan's approved amount. This means you may end up paying more than the $0 copay for the exam. **In-and Out-of-Network** $250 allowance toward materials every 12 months through a VSP Choice Network provider or an out-of-network non-VSP Choice Network provider. You are responsible for any charges above the plan's benefit allowance.
Worldwide Emergency Coverage • Worldwide emergency transportation (ambulance) • Worldwide emergency medical coverage • Worldwide urgent coverage	$0 copay for worldwide emergency one-way ground or air ambulance trip $0 copay $0 copay If you need care when you're outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only. Urgent care, emergency care, and emergency transportation are subject to a combined $50,000 lifetime maximum benefit outside of the U.S. and its territories.

Additional Benefits	In-Network and Out-of-Network
Contraceptive Devices	$0 copay
Gradient Compression Stockings	$0 copay, after deductible
Private Duty Nursing	$0 copay, after deductible, with an annual coverage limit of 14 hours
Weight Loss Surgery *Authorization rules may apply.*	$0 copay, after deductible
Wigs, Wig Stand, and Adhesive Wigs must be prescribed by a physician and medically necessary. *Authorization rules may apply.*	$0 copay, after deductible

Prescription Part D Benefits				
Stage 1: Deductible	$150. This applies to Tier 3, Tier 4, and Tier 5.			
Stage 2: Initial Coverage You pay the following until your out-of-pocket costs reach $750. See Chapter 6 of the *Evidence of Coverage* for information about how Medicare counts your out-of-pocket costs.				
Tiers (includes specialty drugs limited to a 30-day supply)	**Retail network pharmacy 30-day supply**	**Mail-order 30-day supply**	**Retail network pharmacy 90-day supply**	**Mail-order 90-day supply**
Tier 1: Preferred Generic	$5	$5	$10	$10
Tier 2: Generic.	$5	$5	$10	$10
Tier 3: Preferred Brand	$25	$25	$50	$50
Tier 4: Non-Preferred Brand	$40	$40	$80	$80
Tier 5: Specialty	$25	$25	N/A	N/A
Tier 6: Select Care Drugs	$0	$0	$0	$0
Stage 3: Out-of-Pocket Maximum Met	You continue to pay your Stage 2 copay amounts until your out-of-pocket costs reach $750, then you pay $0.			

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

For more information on the phases of the benefit, please call us or access the *Evidence of Coverage* online at **www.VermontBlueAdvantage.com/UVM/member-resources**.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered online at **www.VermontBlueAdvantage.com/UVM/member-resources**.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see

the plan's pharmacy directory online at **www.VermontBlueAdvantage.com/UVM/pharmacies**. Costs may differ based on pharmacy type.

For more information

A complete list of services is found in the *Evidence of Coverage* and the *Medical Benefits Chart,* which are mailed in your new member welcome kit and will be available online prior to your group's effective date at **www.VermontBlueAdvantage.com/UVM/member-resources.** You can also request these documents from Customer Service.

If you are not yet enrolled, call toll-free **1-833-668-0280**. TTY users should call **711**. You can call us Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

Once you are enrolled, call toll-free **1-800-572-0280**. TTY users should call **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.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language. For additional information, call us at **1-800-572-0280**. TTY users should call **711**.

To learn more about Original Medicare, you can order a copy of the "Medicare & You" handbook at **www.medicare.gov**, or you can call Medicare at 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.