



UVM RETIREE RESOURCE GUIDE

for Retirees with Medicare

As administered by Blue Cross and Blue Shield of Vermont's affiliate Medicare Advantage Plan, Vermont Blue Advantage

Frequently Used Resources	
Customer Service	1-800-572-0280 (TTY: 711) Hours: 8:00 am – 8:00 pm Seven days a week from October 1 through March 31; Monday-Friday from April 1 through September 30
Prescription Drug Related Questions For prescription drug benefit questions, to set up mail order prescriptions, or get help finding a pharmacy.	1-877-710-3796 (TTY: 711) Pharmacy benefit manager is now Express Scripts as of 1/1/2021.
Telehealth Online Visits Have a private, convenient, and secure doctor visit mental health and emotional wellness visits through Amwell without leaving home.	1-855-635-1393 (TTY: 711) Amwell mobile app or VermontBlueAdvantage.com/Telehealth Use service key "VBA" when registering.
24-hour Nurse line	1-833-968-1766 (TTY: 711)
Find a Doctor Online Tool	VermontBlueAdvantage.com/find-a-doc
Additional Pharmacy Resources Including mail order form, drug tracker form to keep track of your medications and the prescription drug formulary	VermontBlueAdvantage.com/pages/member-resources
COVID-19 Benefit, Safety, and Vaccine information	VermontBlueAdvantage.com/COVID
Register to use the Member Portal	Through VermontBlueAdvantage.com/pages/members

Frequently Asked Questions: General

Who do I contact for support?

A customer service representative is available for any inquiry you may have. Call our Medicare Advantage service specialists at 1-800-572-0280 (TTY: 711). For pharmacy questions, call our prescription drug specialists at 1-877-710-3796 (TTY: 711).

Are my retiree medical plan benefits changing?

No. Your benefits remain the same as they did prior to 2021, but are administered by Blue Cross and Blue Shield of Vermont's affiliate Medicare Advantage Plan, Vermont Blue Advantage. Please note pharmacy benefits will now be provided through Express Scripts instead of CVS Caremark (more details are provided in the Prescription Drugs section).

Do I need both Medicare Part A and Part B to enroll in this plan?

Yes, you need to be enrolled in both Medicare Part A and Part B to enroll in the UVM Medicare Advantage plan.

Do I need to continue to pay Medicare Part B premium?

Yes, you need to continue to pay Medicare Part B premium as you do today.

Can I keep my doctor?

In nearly all cases, yes. The UVM Vermont Blue Advantage plan uses the familiar, broad Blue network in Vermont and nationwide. While we encourage you to use a network provider whenever possible, as Vermont Blue Advantage's provider contracts include special member protections, you can see any provider who accepts Medicare. To find a network provider, visit VermontBlueAdvantage.com/find-a-doc

Which providers do not accept Medicare?

There are some mental health counselors that can provide short-term, acute treatment in Vermont but do not meet Medicare credentialing standards. Therefore, their services are not covered by your plan. However, your plan

includes a broad network of Medicare certified mental health providers or you are welcome to see any provider that accepts Medicare. Call us at 1-800-572-0280 (TTY: 711) if you need assistance finding an eligible provider.

Does my plan work out of state? Or out of country?

Yes. Whether you live out of state full time or travel out of state or out of country, your plan will work for you. Your ID card has the PPO “suitcase” symbol that providers recognize across the country to indicate your plan is part of the Blue Card network. For more information visit the “find a doctor while traveling” section of our website at VermontBlueAdvantage.com/find-a-doc and select the option for your situation:

- To find a provider outside Vermont, select the **“find care nationwide”** button. You will be directed to our national provider directory. When prompted, enter prefix code V4B and begin your search.
- Your plan also covers urgent and emergency care when traveling out of country. For more information select the **“find care outside the U.S.”** button. You will be directed to the Blue Cross Global® Core page. Follow instructions to register.

You can also call us at **1-800-572-0280 (TTY: 711)** to speak to a Medicare Advantage service specialist.

How do I access Telehealth benefits?

Telehealth visits are a convenient and secure way to address a health care need. Download the free Amwell mobile app or go to vba.amwell.com. Enter service key: VBA when you sign up. You can also begin by calling 1-855-365-1393 (TTY: 711).

Where can I find more information about my plan benefits?

Your detailed Group Evidence of Coverage document can be found in the member resources section of the Vermont Blue Advantage website:

VermontBlueAdvantage.com/pages/member-resources

What else should I know?

UVM offers you great benefits and we want you to use those benefits. Your customized UVM Medicare Advantage plan also includes a \$50 incentive for completing an annual wellness visit. Simply schedule a wellness visit appointment

with your doctor, fill out a form we'll send you in the mail, and receive a \$50 gift card.

I received a welcome call from Vermont Blue Advantage. Was it legitimate?

Vermont Blue Advantage will call you to welcome you to the plan. However, if you receive an unexpected call and are unsure about the legitimacy of a call, hang up and call the number on the back of your card: 1-800-572-0280 (TTY: 711).

I'm not yet retired or not yet Medicare eligible. How do I enroll?

UVM HR tracks Medicare eligibility for current retirees and will contact you and/or your dependent prior to turning age 65 to assist in transitioning to Medicare Advantage. If you have any questions, please contact UVM HR Services at 1-802-656-3150 (TTY: 711) for information.

Frequently Asked Questions: Prescription Drugs

Who do I contact for questions about prescription drugs?

For questions about prescription drug benefits, estimated costs, formulary, mail order prescriptions, or to find a pharmacy, call our prescription drug specialists at 1-877-710-3796 (TTY: 711).

Do I need to enroll in a separate prescription drug or Part D plan?

No, your UVM Medicare Advantage plan includes prescription drug coverage. In fact, if you enroll in a separate Part D plan outside of the UVM retiree health benefit program, CMS will cancel your UVM Medicare Advantage medical and drug coverage. To keep your UVM all-in-one plan, you need to only enroll in the UVM Medicare Advantage plan.

I refilled my prescription for the first time on the new plan. Why was I charged more than expected?

Your plan has always had a prescription drug deductible that resets each January. Your pharmacist can tell you if you met your deductible or not. If you have not met your deductible, you will pay out of pocket until your deductible is met, then your copay will apply.

Is the pharmacy benefits manager (PBM) changing?

Effective 1/1/2021, your pharmacy benefits manager is Express Scripts. Express Scripts and the prior benefit manager, CVS/Caremark, have worked closely together to coordinate your transition to Express Scripts. Please contact the Vermont Blue Advantage pharmacy service team through Express Scripts at 1-877-710-3796 (TTY: 711) with any questions.

How do I sign up for Prescription Drug Home Delivery?

You have a few options to access this convenient service, which often saves you money. You can call our prescription drug specialists at 1-877-710-3796 (TTY: 711) and they will walk you through the process. You can also fill out the form located in the member resource section of our website:

VermontBlueAdvantage.com/pages/member-resources

What tools or resources related to pharmacy are available?

Express Scripts has a convenient mobile app and resources online – including a pharmacy locator and drug cost estimating tool - that can be accessed through the pharmacy section of VermontBlueAdvantage.com/find-a-doc.

Where can I find the drug formulary?

You can review or download the drug formulary through the member resources section of our website: VermontBlueAdvantage.com/pages/member-resources. You can also call us at 1-877-710-3796 (TTY: 711) to request a copy be mailed to you.

Is the formulary changing? What does that mean?

Effective 1/1/21, the formulary, which is a list of drugs by copay tier, is a little different with Express Scripts versus CVS Caremark. For most prescriptions, you will pay the same or a lower copay. You will always pay the same \$5 copay for generic medications.

For most brand name drugs, you will pay the same (\$20 or \$40) or a lower copay. However, there are a small number of brand name drugs for which your current medication will fall into a higher copay tier. The top 20 medications that fall into a higher copay tier are provided below.

Please speak to your doctor or call us at 1-877-710-3796 (TTY: 711) to discuss options. Often your doctor will be able to prescribe a therapeutic equivalent drug that is on a lower copay tier.

ALBUTEROL SULFATE HFA-90 MCG-HFA AEROSOL WITH ADAPTER (GRAM) INHALATION
NOVOLOG FLEXPEN-100/ML (3)-INSULIN PEN (ML)-SUBCUTANEOUS
LEVALBUTEROL TARTRATE HFA-45 MCG-HFA AEROSOL WITH ADAPTER (GRAM)-INHALATION
PROAIR HFA-90 MCG-HFA AEROSOL WITH ADAPTER (GRAM)-INHALATION
LEVEMIR FLEXTOUCH-100/ML (3)-INSULIN PEN (ML)-SUBCUTANEOUS
MULTAQ-400 MG-TABLET-ORAL
PRADAXA-150 MG-CAPSULE-ORAL
ARMOUR THYROID-30 MG-TABLET-ORAL
DOXYCYCLINE IR-DR-40 MG-CAPSULE, IMMEDIATE DELAY RELEASE, BIPHASE-ORAL
PREVIDENT-1.1 %-PASTE (ML)-DENTAL
XOPENEX HFA-45 MCG-HFA AEROSOL WITH ADAPTER (GRAM)-INHALATION
ARMOUR THYROID-90 MG-TABLET-ORAL
CHANTIX-1 MG-TABLET-ORAL
JUBLIA-10 %-SOLUTION WITH APPLICATOR (ML)-TOPICAL
XIIDRA-5 %-DROPPERETTE, SINGLE-USE DROP DISPENSER-OPHTHALMIC (EYE)
ARMOUR THYROID-60 MG-TABLET-ORAL
SYNTHROID-75 MCG-TABLET-ORAL
TIMOPTIC OCUDOSE-0.5 %-DROPPERETTE, SINGLE-USE DROP DISPENSER-OPHTHALMIC (EYE)
EPINEPHRINE-0.3MG/0.3-AUTO-INJECTOR (EA)-INJECTION
RITALIN-10 MG-TABLET-ORAL

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