

The health plan that Vermont's been waiting for. Catamount Blue.sm

Our new program offers you comprehensive coverage from the most trusted name in health care. In Vermont and nationwide, you can take advantage of Blue Cross and Blue Shield networks. As a Blue Cross and Blue Shield of Vermont subscriber, you also get the benefit of our Blue HealthSolutionssm suite of health management and wellness programs:

- **chronic care management** that can help you manage ongoing conditions and save you money at the doctor's office
- a **24-hour Nurse Line**, where you can ask questions and get advice from registered nurses
- a virtual personal health coach—just a click away—on our online **Wellness Center**
- online tools like our **Healthcare Advisor**, which can help you research provider quality, health care costs and other important treatment information
- our acclaimed **Better Beginnings[®]** for expecting moms

Featuring: Preventive Care At No Cost To You*

- annual physicals and OB-GYN exams
- screening mammograms
- PSA tests
- immunizations
- screening colonoscopies
- well-child care

Catamount Blue. It benefits everyone.



**BlueCross BlueShield
of Vermont**

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

**For details on coverage, please refer to a Catamount Blue Certificate of Coverage.*



**BlueCross BlueShield
of Vermont**

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

Catamount BlueSM

Summary of Benefits

888-445-5805

www.bcbsvt.com

Coverage Elements ¹	Preferred Providers	Non-preferred Providers
Calendar Year Deductible	\$250 individual/\$500 family	\$500 individual/\$1,000 family
Coinsurance	BCBSVT pays 80% of the Allowed Price ¹ ; you pay 20%.	
Annual Out-of-Pocket Limit	\$800 individual/\$1,600 family	\$1,500 individual/\$3,000 family
Lifetime Maximum²	\$1,000,000 combined Preferred and Non-preferred Provider benefits (includes prescription drugs)	
Services³		
Preventive Care (Includes physicals, well-child care, annual OB-GYN exam, screening mammogram, screening colonoscopy, PSA test, well-child care and immunizations.)	Covered at 100%.	
Other visits with a physician	\$10 co-payment per visit	
Prescription Drugs	\$10 generic, \$30 Preferred Brand-name, \$50 Non-preferred Brand-name; per 30-day supply Use mail order ⁴ and get a 90-day supply for just two co-payments	Not covered. (Only covered in-network.)
Ambulance	Coverage subject to Preferred Provider deductible and coinsurance wherever you are, as long as your condition is an emergency. You must get Prior Approval for all non-emergency transport.	
Emergency & Hospital Care Inpatient stay (includes maternity) Outpatient diagnostic services (lab, x-ray other than preventive services above)	BCBSVT covers at 80% of the Allowed Price after you pay your Preferred Provider deductible	BCBSVT covers at 80% of the Allowed Price after you pay your Non-preferred deductible
Outpatient physical, occupational and speech therapy⁵		
Mental health and substance abuse care (Prior approval required) Office visits	\$10 co-payment	Not covered. (Only covered in-network.)
Inpatient admissions	Deductible and coinsurance	
Chiropractic care	\$10 co-payment	Not covered. (Only covered in-network.)

¹ See your Certificate of Coverage for details. We pay benefits up to our Allowed Price. Preferred Providers accept our Allowed Price as payment in full. Non-preferred Providers may bill you for the difference between their charges and our Allowed Price.

² Other benefit-specific maximums may apply. For example, transplants are limited to \$1,000,000 combined Preferred and Non-preferred Provider benefits.

³ Some services are subject to Prior Approval or other notice requirements. For example, chiropractic care requires Prior Approval after 12 visits in a calendar year. Please read a Certificate of Coverage for full details.

⁴ Some retail pharmacies accept our mail order discounts (not all do). If a retail pharmacy accepts this rate, you pay only two co-payments for a 90-day supply.

⁵ Physical, occupational and speech therapy is limited to 30 visits per year combined.

This summary of benefits provides just a general outline of Catamount Blue benefits. For full details of coverage, please consult a Catamount Blue Subscriber Contract. This includes a Certificate of Coverage and Outline of Coverage that provide full details of coverage. Call 888-445-5805 between 7 am - 6 pm.