

VERMONT MEDIGAP BLUESM

CHOOSING A MEDICARE SUPPLEMENT POLICY: TURNING 65 AND NEW RETIREEES

2021 Medicare supplement products

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**The Vermont
Health Plan**

An independent licensee of the Blue Cross and Blue Shield Association.

An independent, local Vermont company

HEALTH CARE AFTER RETIREMENT

Three smart
steps to quality
health care
after retirement:



STEP



01 TO GET STARTED, ENROLL IN MEDICARE PARTS A & B:

Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) are managed by the Federal Government and help cover specific services.

- Part A—Hospital insurance For more information on Part A, see page 3.
- Part B—Medical insurance For more information on Part B, see page 3.

STEP



02 NEXT, PROTECT YOURSELF AGAINST OUT-OF-POCKET COSTS WITH A MEDICARE SUPPLEMENT PLAN:

Generally, Medicare pays 80 percent of the Medicare-allowed amount—leaving you to pay the remaining 20 percent. A Medicare supplement insurance policy, or Medigap policy, is health coverage offered by insurance companies and provides assistance with costs not paid by Medicare, like co-insurance, co-payments and deductibles.

- Medicare supplement insurance For more information, see page 4.

STEP



03 FINALLY, COMPLETE YOUR COVERAGE WITH PRESCRIPTION DRUG COVERAGE:

Part D drug coverage is Medicare's prescription drug program and is offered through insurance companies.

- Part D—Drug coverage For more information on Part D, see page 5

What is Medicare ?

MEDICARE IS THE FEDERAL
HEALTH INSURANCE
PROGRAM FOR:

- people 65 or older,
- people under 65 with certain disabilities, and
- people of any age with End-Stage Renal Disease (ESRD).

01

ENROLL IN MEDICARE PARTS A & B

HOW DO YOU ENROLL?

For Medicare Parts A and B, call Social Security toll free at (800) 772-1213 (TTY: (800) 325-0778). You can also set up an appointment at your local Social Security office. You'll need to provide proof of age, such as a birth certificate.

Part B late enrollment penalty:

Timing for Part B enrollment varies based on individual circumstances; however, in most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty.

PART A—HOSPITAL INSURANCE COVERS:



- Hospital care
- Care in a skilled nursing facility
- Hospice care
- Some home health care

For most individuals, Medicare Part A (hospital insurance) is free. If neither you nor your spouse has paid Medicare taxes for at least 10 years, you will need to pay a monthly premium. (You can find this amount in the "Your Medicare Costs" section at www.medicare.gov.)

If you are eligible for Medicare Part A (hospital insurance), either for free or by paying for it, you can also enroll in Medicare Part B (medical insurance).

PART B—MEDICAL INSURANCE COVERS:



- Doctor and other health care providers' services
- Outpatient care (medical care or treatment that does not require an overnight stay in a hospital or medical facility)
- Durable medical equipment
- Home health care
- Some preventive services (such as flu shots and yearly wellness visits)

Part B, which you may decline, requires a monthly premium. The Part B premium can come right out of your Social Security check. Most people will pay the standard premium amount. If your modified adjusted gross income is above a certain amount, you may pay more.



CHOOSE A MEDICARE SUPPLEMENT POLICY THAT WORKS BEST FOR YOU

The next important component of the equation is Medicare supplement insurance, also known as a Medigap policy.

Medicare supplement plans provide assistance with costs not paid by Medicare, like co-insurance, co-payments and deductibles. You pay a monthly premium to the insurance company for this coverage (in addition to your Medicare Part B premium).

Medicare supplement policies differ based on their coverage.

Vermont Medigap BlueSM is our Medicare supplement plan, which may help you with a worry-free retirement.

We offer Plans A, C*, D, F*, G and N.

See pages 6 and 7 for a plan comparison chart.

WHEN YOU ARE ELIGIBLE

You may apply for Vermont Medigap Blue coverage only during your initial Medicare open enrollment period (or as otherwise required by law). The open enrollment period is the six-month period that begins on the first day of the month that you are both 65 years of age or older and enrolled for benefits under Medicare Part B. If you are eligible for Medicare because of a disability, you may only enroll in Vermont Medigap Blue during the six months following the date you become eligible for Medicare. Your coverage takes effect on the first day of the month after we receive your application.

Did you turn 65 prior to January 1, 2020?

If you answered yes, and haven't enrolled in Medicare or purchased a Medicare Supplement Plan yet, you have options. When you are ready, you have several Medicare Supplement plan options—including C and F.

If you are newly Medicare eligible on or after January 1, 2020 — due to changes in federal law—you will no longer be able to enroll in Medicare Supplement Plan C or F, but you have other plan options.

VERMONT MEDIGAP BLUESM OFFERS VERMONTERS...



- Affordable rates
- Personal attention from our local sales and service staff.
- Special invitations to fun-filled activities and events throughout the state at www.bcbsvt.com/calendar
- Coverage accepted throughout the U.S. and, with some plans, during foreign travel

For more details about our Medigap products, see pages 6-7 of this brochure.

You may not cover dependents under your Vermont Medigap Blue supplement plan. If you convert to Vermont Medigap Blue coverage from two-person or family coverage with Blue Cross and Blue Shield of Vermont or The Vermont Health Plan, you need to maintain separate coverage for your dependents. If you or your spouse are still employed, you may be eligible for group coverage. Contact your group benefits manager about your options.

Please call (800) 255-4550 or visit www.bcbsvt.com/vmb for more information.

Please note that to be eligible for Vermont Medigap Blue, you must be enrolled in both Parts A and B of Medicare.

All Medicare supplement policies are insured by The Vermont Health Plan, a subsidiary of Blue Cross and Blue Shield of Vermont.

Insured by the Vermont Health Plan Medicare supplement policy series: Plan A (280.258), Plan C (280.259), Plan D (280.260), Plan F (280.300), Plan G (280.507), Plan N (280.299).

03

ENROLL IN PART D DRUG COVERAGE

The final component of the equation is Medicare prescription drug coverage (Part D). Medicare Part D plans are offered by insurance companies approved by Medicare and are available to anyone who is entitled to Medicare Part A and/or enrolled in Part B.

Part D adds drug coverage to original Medicare and covers both brand-name and generic prescription drugs at network pharmacies in your area. (Note: Part D typically does not cover over-the-counter medications.)

You must enroll in Medicare Part D through an insurance company and pay a monthly premium. Each plan can vary in costs (premiums, deductibles, co-payments and drugs covered). You will pay these in addition to your Part B premium.

You should consider joining a plan unless you will already have drug coverage that is at least as good as Medicare Part D prescription drug coverage.

Blue Cross and Blue Shield of Vermont, in a joint venture with three other New England Blue plans, contracts with the Federal Government to offer Medicare prescription drug coverage, called Blue MedicareRxSM (PDP).

See our separate brochure, Blue MedicareRx (PDP), for more information about our products. You can learn more about our plans and eligibility requirements at www.rxmedicareplans.com. You may also call the Blue MedicareRx (PDP) team at (888) 496-4178, TTY: 711 (24 hours a day, 7 days a week).

HOW DO YOU ENROLL?



To get Medicare drug coverage, you must join a Medicare drug plan through a Prescription Drug Plan (PDP). Plans vary in cost and drugs covered. To compare plans go to www.medicare.gov.

You are eligible to enroll three months before, during, or three months after the month your Medicare coverage begins or during the open enrollment period each year between October 15 to December 7.

It is important to investigate your options now. If you wait, you may have to pay more for your coverage later.

Part D late enrollment penalty:

unless you are eligible for extra help with paying your Medicare costs, you may owe a late enrollment penalty. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage, and is added to the cost of your monthly Part D premiums.

People with limited income and resources:

may qualify for extra help in paying their premiums and out-of-pocket costs. If you qualify for additional assistance for your Medicare Prescription Drug Plan costs, the amount you pay for your premium and your cost at the pharmacy will be less. The subsidies may apply if you are Medicare-eligible and your resources and annual income are less than the amount defined each year. You can contact the Social Security Administration or your local agency on aging to see if you qualify.

Blue Cross and Blue Shield of Vermont, in a joint venture with three other New England Blue plans, contracts with the Federal Government to provide Part D benefits.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare and Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

PLAN COMPARISON CHART

ALL STANDARD MEDICARE SUPPLEMENT PRODUCTS

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in Vermont. **We offer Plans A, C, D, F, G and N as highlighted below.**

Monthly Costs	\$152.32		\$184.03	\$167.02
Disabled under 65	\$437.69		\$505.55	\$488.54
Did you turn 65 prior to January 1, 2020?	A	B	C	D
<p>If you answered yes, and haven't enrolled in Medicare or purchased a Medicare Supplement Plan yet, you have options. When you are ready, you have several Medicare Supplement plan options—including C and F.</p> <p>If you are newly Medicare eligible on or after January 1, 2020—due to changes in federal law—you will no longer be able to enroll in Medicare Supplement Plan C or F, but you have other plan options.</p> <p>If you are already enrolled in Medicare Supplement Plans C or F, your plans will not be affected by these changes.</p> <p>Questions? We're here to help! Call us at (800) 255-4550, option 2 or email us at consumersupport@bcbsvt.com.</p> <p>Read your certificate very carefully</p> <p>You must read the Certificate itself to understand all of the rights and duties of both you and your health plan.</p> <p>NOTICE: This Plan may not fully cover all of your medical costs.</p> <p>This chart does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the government publication Medicare and You for more details.</p>	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance
			Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
		Part A Deductible	Part A Deductible	Part A Deductible
			Part B Deductible	
			Foreign Travel Emergency	Foreign Travel Emergency

*1. Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,370 deductible.² Benefits from high-deductible Plan F will not begin until out-of-pocket expenses exceed \$2,370. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Right to Return Policy

If you find that you are not satisfied with your Plan, you may cancel it. If canceled within the first 30 days, we will treat the contract as if it had never been issued and return all of your payments.

BASIC BENEFITS

Hospitalization—Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.

Blood—First three pints of blood each year.

Hospice—Part A co-insurance.

Medical Expenses—Part B co-insurance (generally 20 percent of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require members to pay a portion of Part B co-insurance or co-payments.

	\$184.40		\$154.26			\$156.10	
	\$506.83		\$444.50			\$450.77	
	F	F*1	G	K	L	M	
	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance	Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance	Hospital and preventive care paid at 100%; other basic benefits paid at 50%	Hospital and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits, including 100% Part A Co-insurance Part B Co-insurance	\$20 co-payment ² for office visits, \$50 co-payment ² for ER; other basic benefits, including 100% Part A Co-insurance Part B Co-insurance
	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible					
	Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)				
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency

² These cost-share amounts are set by the federal government. For the most up-to-date rates, please visit www.medicare.gov and from the "Supplements & Other Insurance" drop-down menu, select "How to compare Medigap policies."

Out-of-pocket limit² \$6,220; paid at 100% after limit reached

Out-of-pocket limit² \$3,110; paid at 100% after limit reached

NOTICE: DISCRIMINATION IS AGAINST THE LAW

Blue Cross and Blue Shield of Vermont (BCBSVT) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex.

BCBSVT provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

BCBSVT provides free language services to people whose primary language is not English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, please call (800) 247-2583. If you would like to file a grievance because you believe that BCBSVT has failed to provide services or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact:

Civil Rights Coordinator
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601
(802) 371-3394
TDD/TTY: (800) 535-2227
civilrightscordinator@bcbsvt.com

You can file a grievance by mail, or email at the contacts above. If you need assistance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of
Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019
(800) 537-7697 (TDD)

FOR FREE LANGUAGE-ASSISTANCE SERVICES, CALL (800) 247-2583.

ARABIC

للحصول على خدمات
المساعدة اللغوية المجانية،
اتصل على الرقم
(800) 247-2583

CHINESE

如需免費語言協助服
務，請致電(800) 247-2583。

CUSHITE (OROMO)

Tajaajjila gargaarsa afaan
hiikuu kaffaltii malee argachuuf
(800) 247-2583 bilbilaa.

FRENCH

Pour obtenir des services
d'assistance linguistique
gratuits, appelez le
(800) 247-2583.

GERMAN

Kostenlose fremdsprachliche
Unterstützung erhalten Sie
unter (800) 247-2583.

ITALIAN

Per i servizi gratuiti di
assistenza linguistica, chiamare
il numero (800) 247-2583.

JAPANESE

無料の通訳サービス
のご利用は、(800) 247-2583
までお電話ください。

NEPALI

निःशुल्क भाषा
सहायता सेवाहरूका
लागि, (800) 247-2583
मा कल गर्नुहोस्।

PORTUGUESE

Para serviços gratuitos de
assistência linguística, ligue
para o (800) 247-2583.

RUSSIAN

Чтобы получить бесплатные
услуги переводчика,
позвоните по телефону
(800) 247-2583.

SERBO-CROATIAN (SERBIAN)

Za besplatnu uslugu prevođenja,
pozovite na broj (800) 247-2583.

SPANISH

Para servicios gratuitos de
asistencia con el idioma,
llame al (800) 247-2583.

TAGALOG

Para sa libreng mga serbisyo
ng tulong pangwika, tumawag
sa (800) 247-2583.

THAI

สำหรับการให้บริการ
ความช่วยเหลือด้านภาษา
ฟรี โทร (800) 247-2583

VIETNAMESE

Để biết các dịch vụ hỗ trợ
ngôn ngữ miễn phí, hãy
gọi số (800) 247-2583.

The Vermont Health Plan is not connected with or endorsed by the U.S. government or the Federal Medicare Program.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan are independent licensees of the Blue Cross and Blue Shield Association.

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The purpose of this material is a solicitation of insurance. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, contact your agent or the company.



**The Vermont
Health Plan**

P.O. Box 186 | Montpelier, VT 05601-0186
Phone: (800) 255-4550

Email: consumersupport@bcbsvt.com
www.bcbsvt.com/vmb



www.bcbsvt.com

284.300 (09/2019)

VERMONT MEDIGAP BLUESM
**OUTLINE OF
COVERAGE**

for Plans A, D, G, and N
and Plans C and F for applicants first
eligible for Medicare before 2020

If you have questions about
our Plans, call our customer
service department toll free
at (800) 625-6406.



**The Vermont
Health Plan**

An independent licensee of the Blue Cross and Blue Shield Association.

Premium Information

Use this Outline to compare benefits and rates among certificates. If you have already enrolled, use this Outline to understand your coverage.

This Outline shows benefits and rates of coverage sold for effective dates on or after January 1, 2021.

Direct Enroll Monthly Rate

Plan A Individual:	\$152.32
Plan D Individual:	\$167.02
Plan G Individual:	\$154.26
Plan N Individual:	\$156.10
Plan C Individual**:	\$184.03
Plan F Individual**:	\$184.40

** **Note:** Plan C and F are only available to applicants who were first eligible for Medicare before 2020.

Direct Enroll Monthly Rate for Vermonters with Disabilities

Plan A for Vermonters with Disabilities:	\$437.69
Plan D for Vermonters with Disabilities:	\$488.54
Plan G for Vermonters with Disabilities:	\$444.50
Plan N for Vermonters with Disabilities:	\$450.77
Plan C for Vermonters with Disabilities**:	\$505.55
Plan F for Vermonters with Disabilities**:	\$506.83

Monthly Rate for those enrolling with an agent/broker/producer*:

For individuals who enroll with an agent/broker/producer*:

Plan A enrolling with an agent/broker/producer*:	\$177.36
Plan D enrolling with an agent/broker/producer*:	\$194.48
Plan G enrolling with an agent/broker/producer*:	\$179.62
Plan N enrolling with an agent/broker/producer*:	\$181.76
Plan C enrolling with an agent/broker/producer* **:	\$214.29
Plan F enrolling with an agent/broker/producer* **:	\$214.71

For Vermonters with Disabilities who enroll with an agent/broker/producer*:

Plan A disabled enrolling with an agent/broker/producer*:	\$461.09
Plan D disabled enrolling with an agent/broker/producer*:	\$514.67
Plan G disabled enrolling with an agent/broker/producer*:	\$468.27
Plan N disabled enrolling with an agent/broker/producer*:	\$474.88
Plan C disabled enrolling with an agent/broker/producer*:	\$532.59
Plan F disabled enrolling with an agent/broker/producer*:	\$533.93

* Note: Using an agent/broker/producer services results in higher rates to compensate for commission paid by BCBSVT or its affiliate, The Vermont Health Plan (TVHP).

Disclosures

Premium Information

We, The Vermont Health Plan, can only raise your premium if we raise the premium for all policies like yours in this State.

Read Your Certificate Very Carefully

This is only an Outline, describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all the rights and duties of both you and The Vermont Health Plan.

Right to Return Certificate

If you find that you are not satisfied with your certificate, you may return it to The Vermont Health Plan, P.O. Box 186, Montpelier, VT 05601-0186 or call (800) 255-4550. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

Certificate Replacement

If you are replacing other health insurance policy, do **not** cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

- This certificate may not fully cover all of your medical costs.
- This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult Medicare and You for more details.
- The Vermont Health Plan is not connected with Medicare.

Complete Answers Are Very Important

When you fill out the application for the new coverage, be sure to answer truthfully and completely all questions about your medical and health history.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Outline of Coverage

Benefit Chart of Medicare Supplement Plans Sold

(for effective dates on or after January 1, 2021)

This chart shows the benefits included in each of the standard Medicare supplement plans. The Vermont Health Plan offers Plans A, D and G as well as Plans C and F for applicants first eligible for Medicare before 2020.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A co-insurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B co-insurance or co-payment	✓	✓	✓	✓	50%	75%	✓	✓ co-pays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care co-insurance or co-payment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility co-insurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2021 ²					\$6,220 ²	\$3,110 ²				

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³Plan N pays 100% of the Part B co-insurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

PLAN A

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
- First 60 days	All but \$1,484	\$0	\$1,484 (Part A deductible)
- 61st through 90th day	All but \$371 a day	\$371 a day	\$0
- 91st day and after, while using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
- Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
- First 20 days	All approved amounts	\$0	\$0
- 21st through 100th day	All but \$185.50 a day	\$0	Up to \$185.50 a day
- 101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT:			
- First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN D

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
- First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
- 61st through 90th day	All but \$371 a day	\$371 a day	\$0
- 91st day and after, while using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
- Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
- First 20 days	All approved amounts	\$0	\$0
- 21st through 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
- 101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT:			
- First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL (Not Covered By Medicare)			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN G

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
SEMIPRIVATE ROOM AND BOARD, GENERAL NURSING AND MISCELLANEOUS SERVICES AND SUPPLIES			
- First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
- 61st through 90th day	All but \$371 a day	\$371 a day	\$0
- 91st day and after, while using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
- Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
- First 20 days	All approved amounts	\$0	\$0
- 21st through 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
- 101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (above Medicare-approved amounts)**			
	\$0	100%	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: – First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Unless Part B deductible has been met)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL (Not Covered By Medicare)			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** Plan G covers Part B excess charges, or the difference when the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state.

PLAN N

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
- First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
- 61st through 90th day	All but \$371 a day	\$371 a day	\$0
- 91st day and after, while using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
- Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
- First 20 days	All approved amounts	\$0	\$0
- 21st through 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
- 101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	**
PART B EXCESS CHARGES (above Medicare-approved amounts)			
	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT:			
- First \$203 of Medicare-approved amounts*	\$0	\$0	\$203 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL (Not Covered By Medicare)			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered by Medicare Part A.

PLAN C

for applicants first eligible for Medicare before 2020

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
- First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
- 61st through 90th day	All but \$371 a day	\$371 a day	\$0
- 91st day and after, while using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
- Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
- First 20 days	All approved amounts	\$0	\$0
- 21st through 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
- 101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C

for applicants first eligible for Medicare before 2020

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$203 of Medicare-approved amounts*	\$0	\$203 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (above Medicare-approved amounts)			
	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$203 of Medicare-approved amounts*	\$0	\$203 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$203 of Medicare-approved amounts*	\$0	\$203 (Part B deductible)	\$0
- Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL (Not Covered By Medicare)			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN F

for applicants first eligible for Medicare before 2020

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
- First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
- 61st through 90th day	All but \$371 a day	\$371 a day	\$0
- 91st day and after, while using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
- Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
- First 20 days	All approved amounts	\$0	\$0
- 21st through 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
- 101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

for applicants first eligible for Medicare before 2020

MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$203 of Medicare-approved amounts*	\$0	\$203 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(above Medicare-approved amounts)**			
	\$0	All costs	\$0
BLOOD			
First three pints	\$0	All costs	\$0
Next \$203 of Medicare-approved amounts*	\$0	\$203 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$203 of Medicare-approved amounts*	\$0	\$203 (Part B deductible)	\$0
- Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL (Not Covered By Medicare)			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** Plan F covers Part B excess charges, or the difference when the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state.

NOTICE: Discrimination is against the law

Blue Cross and Blue Shield of Vermont (BCBSVT) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex.

BCBSVT provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

BCBSVT provides free language services to people whose primary language is not English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, please call (800) 247-2583. If you would like to file a grievance because you believe that BCBSVT has failed to provide services or discriminated on the basis of race, color, national origin, age, disability, gender identity or sex, contact:

Civil Rights Coordinator
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601
(802) 371-3394
TDD/TTY: (800) 535-2227
civilrightscordinator@bcbsvt.com

You can file a grievance by mail, or email at the contacts above. If you need assistance, our civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of
Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019
(800) 537-7697 (TDD)

 For free language-assistance services, call (800) 247-2583.

ARABIC

للحصول على خدمات المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583

CHINESE

如需免費語言協助服務，請致電 (800) 247-2583。

CUSHITE (OROMO)

Tajaajila gargaarsa afaan hiikuu kaffaltii malee argachuuf (800) 247-2583 bilbilaa.

FRENCH

Pour obtenir des services d'assistance linguistique gratuits, appelez le (800) 247-2583.

GERMAN

Kostenlose fremdsprachliche Unterstützung erhalten Sie unter (800) 247-2583.

ITALIAN

Per i servizi gratuiti di assistenza linguistica, chiamare il numero (800) 247-2583.

JAPANESE

無料の通訳サービスのご利用は、(800) 247-2583までお電話ください。

NEPALI

निःशुल्क भाषा सहायता सेवाहरूका लागि, (800) 247-2583 मा कल गर्नुहोस्।

PORTUGUESE

Para serviços gratuitos de assistência linguística, ligue para o (800) 247-2583.

RUSSIAN

Чтобы получить бесплатные услуги переводчика, позвоните по телефону (800) 247-2583.

SERBO-CROATIAN (SERBIAN)

Za besplatnu uslugu prevodjenja, pozovite na broj (800) 247-2583.

SPANISH

Para servicios gratuitos de asistencia con el idioma, llame al (800) 247-2583.

TAGALOG

Para sa librenng mga serbisyo ng tulong pangwika, tumawag sa (800) 247-2583.

THAI

สำหรับการให้บริการความช่วยเหลือด้านภาษาฟรี โทร (800) 247-2583

VIETNAMESE

Để biết các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi số (800) 247-2583.



The Vermont Health Plan

An independent licensee of the Blue Cross and Blue Shield Association.

The Vermont Health Plan

P.O. Box 186
Montpelier, VT 05601-0186