



BlueCross BlueShield of Vermont

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

Indemnity J Plan

\$25 PCP Co-payment, \$25 Specialist Co-payment, \$100 Ancillary Deductible, 20% Member Coinsurance

Prescription Drugs - \$50 Deductible then \$10 Generic, \$30 Preferred Brand-Name, or \$50 Non-Preferred Brand-Name Co-payments

PPACA Grandfathered

Vision Exam \$20

Created For: Vermont Law School

BENEFIT HIGHLIGHTS	ALL PROVIDERS
Calendar Year Benefit Deductible <i>Combined benefit deductible for services such as infusion therapy, private duty nursing, ambulance, and medical equipment and supplies.</i>	\$100 per member
Coinsurance <i>Applies to services such as infusion therapy, private duty nursing, ambulance, and medical equipment and supplies after deductible.</i>	20% member coinsurance
Calendar Year Out-Of-Pocket Benefit Limit <i>Combined out-of-pocket benefit limit for services such as infusion therapy, private duty nursing, ambulance, and medical equipment and supplies.</i>	\$500 per member
Lifetime Maximum	Unlimited
Transplant Services Benefit Maximum	Unlimited

	ALL PROVIDERS	
OUTPATIENT CARE	YOU PAY	PLAN PAYS
Preventive Office Visits <i>Includes Well Baby, Adult Preventive, Gynecological Preventive Office Visits. Excludes diagnostic services. Includes preventive services such as x-ray and laboratory.</i>	\$20 co-payment	100% of our allowed price after co-payment
Screening Mammogram <i>Excludes diagnostic services.</i>	No member cost	100% of our allowed price
Screening Colonoscopy <i>Excludes diagnostic services</i>	No member cost	100% of our allowed price
Office Visits with Primary Care Physician	\$25 co-payment	100% of our allowed price after co-payment
Office Visits with Specialist	\$25 co-payment	100% of our allowed price after co-payment
Outpatient Mental Health and Substance Abuse Office Visits <i>Requires Prior Approval</i>	\$25 co-payment	100% of our allowed price after co-payment
Maternity Care	No member cost	100% of our allowed price
Nutritional Counseling <i>Up to three visits; visits for treatment of diabetes do not count toward the three-visit limit</i>	\$25 co-payment	100% of our allowed price after co-payment
Chiropractic Visits <i>Prior approval is required after 12 visits</i>	\$25 co-payment	100% of our allowed price after co-payment

Effective Date:

07/01/2011

Custom Summary Name:

VT Law School BCBS-J-20-20-100-20% GF 1007671



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OUTPATIENT CARE	YOU PAY	PLAN PAYS
Emergency Care <i>Covered when your condition meets criteria for necessary emergency care. Includes emergency mental health and substance abuse physician and facility services.</i>	No member cost	100% of our allowed price
Diagnostic Services <i>Includes diagnostic laboratory and x-ray</i>	No member cost	100% of our allowed price
Outpatient Surgery <i>Prior approval may be required</i>	No member cost	100% of our allowed price
Outpatient Physical, Occupational, and Speech Therapy <i>Up to 30 visits combined per calendar year</i>	No member cost	100% of our allowed price
INPATIENT CARE	YOU PAY	PLAN PAYS
Inpatient Care, General Hospital Admission <i>Requires pre-certification</i>	No member cost	100% of our allowed price
Inpatient Care, Mental Health or Substance Abuse Admission <i>Requires prior approval</i>	No member cost	100% of our allowed price
HOME CARE AND REHABILITATION SERVICES	YOU PAY	PLAN PAYS
Inpatient Skilled Nursing <i>Requires pre-certification.</i>	No member cost	100% of our allowed price
Inpatient Rehabilitation <i>Requires prior approval.</i>	No member cost	100% of our allowed price
Home Health Services <i>Requires pre-certification after initial evaluation.</i>	No member cost	100% of our allowed price
Hospice Care Services <i>Requires prior approval.</i>	No member cost	100% of our allowed price
Cardiac Rehabilitation <i>Up to 36 sessions per acute cardiac event; requires prior approval</i>	No member cost	100% of our allowed price
Private Duty Nursing <i>Up to \$2,000 per member per calendar year; requires prior approval</i>	\$100 deductible, then 20% our our allowed price, up to \$500 out-of-pocket limit	80% of our allowed price after deductible and coinsurance. 100% after out-of-pocket limit
OTHER SERVICES	YOU PAY	PLAN PAYS
Ambulance <i>Includes emergency and routine transport. Prior approval required for non-emergency transport.</i>	\$100 deductible, then 20% our our allowed price, up to \$500 out-of-pocket limit	80% of our allowed price after deductible and coinsurance. 100% after out-of-pocket limit
Medical Equipment and Supplies <i>Prior approval may be required.</i>	\$100 deductible, then 20% our our allowed price, up to \$500 out-of-pocket limit	80% of our allowed price after deductible and coinsurance. 100% after out-of-pocket limit
Vision Exam <i>One exam per year</i>	\$20 co-payment	100% of our allowed price after co-payment

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PRESCRIPTION DRUGS	YOU PAY	PLAN PAYS
Retail Pharmacy Program <i>Up to a 30-day supply. Prior approval may be required</i>	\$50 deductible then	After \$50 deductible,
	\$10 Generic co-payment	100% after co-payment
	\$30 Preferred Brand-Name co-payment	100% after co-payment
	\$50 Non-Preferred Brand-Name co-payment	100% after co-payment
Home Delivery Pharmacy Program <i>Up to a 90-day supply. Prior approval may be required</i>	\$50 deductible then	After \$50 deductible,
	\$20 Generic co-payment	100% after co-payment
	\$60 Preferred Brand-Name co-payment	100% after co-payment
	\$100 Non-Preferred Brand-Name co-payment	100% after co-payment

Federal Mental Health Parity applies; Mental Health and Substance Abuse benefits are subject to change pending final interpretation and requirements of the Federal Mental Health Parity mandate.

Benefit Enhancement Rider

BlueCross BlueShield of Vermont believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-800-247-2583. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarization which protections do and do not apply to grandfathered health plans.

This document summarizes the benefits of your health care plan per calendar year. Your subscriber contract defines the complete terms and conditions of your benefits in detail. Should any questions arise concerning your benefits, your subscriber contract governs.