

Cabot School

# Benefits Description Wrap Document for Vermont Education Health Initiative

Effective date: July 1, 2022

This version replaces and amends all prior versions.



**BlueCross BlueShield  
of Vermont**

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

**VEHI's health benefit plans are administered by:**

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**YOUR MONTHLY PREMIUM CONTRIBUTION TO THE COST OF THIS PLAN** (based on 1.0 FTE):**PLATINUM:**

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TWO-PERSON: 653.10

PARENT AND CHILD(REN): 563.68

FAMILY: 840.78

**GOLD**

INDIVIDUAL: 258.90

TWO-PERSON: 606.94

PARENT AND CHILD(REN): 526.50

FAMILY: 777.24

**GOLD CDHP**

INDIVIDUAL: 182.78

TWO-PERSON: 343.28

PARENT AND CHILD(REN): 282.60

FAMILY: 506.32

**SILVER CDHP**

INDIVIDUAL: 114.94

TWO-PERSON: 319.04

PARENT AND CHILD(REN): 295.88

FAMILY: 382.38

**PLAN ORGANIZER:**

Vermont Education Health Initiative (VEHI)

**CONTRACT ADMINISTRATOR:**

Blue Cross and Blue Shield of Vermont (BCBSVT)

**ADDRESS AND CONTACT INFORMATION OF PLAN ORGANIZER:**52 Pike Drive  
Berlin, Vermont 05602  
(802) 223-5040**ADDRESS AND CONTACT INFORMATION OF CONTRACT ADMINISTRATOR:**445 Industrial Lane  
Berlin, Vermont 05602  
(800) 247-2583**AGENT AND ADDRESS FOR SERVICE OF LEGAL PROCESS:**VEHI  
52 Pike Drive  
Berlin, Vermont 05602

Special Enrollment Rights are available:

- if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons, or
- get married,
- acquire a new dependent by birth, adoption or marriage,
- have any court-ordered dependents, or
- Lose other coverage.

## Special Enrollment Provisions

### Loss of Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents.

You must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

### Loss of Eligibility under Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage, or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage.

You must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

### Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself

and your dependents in this plan. You must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## About Special Enrollment Rights

### Permitted Changes

When you are eligible to enroll as a result of a Special Enrollment opportunity, you may enroll in coverage and add new dependents. In addition, if you were already enrolled at the time of the Special Enrollment, you are eligible to change your plan election at that time.

Remember, when you add or remove Dependents, your coverage tier (individual, two-person, parent and child or family) may change your required contribution.

## Adding Dependents

### Marriage

You must contact your Group Benefits Manager to add a dependent.

- If BCBSVT receives this request within 31 days of the date of marriage, your new type of membership begins the first of the month following the date of marriage.
- If BCBSVT receives your request more than 32 days after the date of your marriage, your new membership begins the first day of the month following BCBSVT's receipt of your request.
- If you fail to add your new Dependents within 60 days, you must wait until an Open Enrollment date to do so.

### Birth or Adoption

The Plan automatically Covers your Child for 60 days after:

- birth;
- legal placement for adoption (if it occurs prior to adoption finalization); or
- legal adoption (when placement occurs when the adoption finalizes).

Your newborn will be subject to their own Cost-Sharing for Covered services beginning on their date of birth, whether or not you add your newborn to coverage permanently. You must contact your Group Benefits Manager to enroll a newborn or adopted Dependent in Plan coverage beyond the initial 60 days. (See section about "Special Enrollment Rights").

BCBSVT must receive your request for adding a dependent Child to continue benefits for the Child past 60 days. If BCBSVT receives your request within 60 days:

- the Child's effective date is retroactive to the date of birth, placement for adoption or adoption; and
- the new type of membership begins 60 days following birth, placement for adoption or adoption.

# Understanding Continuation of Coverage

Please note the sections below are summaries of the law. Please contact your Group Benefits Manager for full details about continuation of coverage.

## COBRA Eligibility

If you face losing health insurance coverage, COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) may apply.

- COBRA doesn't apply if you are fired for gross misconduct.
- COBRA requires your employer to allow you to elect to continue Plan coverage for you and/or your Dependents enrolled for Plan coverage for a certain period of time.
- You must pay for your Coverage.

If you lose coverage, your employer will send you and/or your Dependents a Notice of COBRA Election. If you do not receive this notice, you should contact your Group Benefits Manager right away to avoid any lapse in coverage. You could lose employer-provided coverage under your Plan because you:

- quit your job;
- are laid off;
- enter active military service;
- you are fired (other than for gross misconduct); or
- your job status changes.

In the cases above, your employer must:

- allow you (and your enrolled dependents, if any) to remain on the plan for up to 18 months; and
- must tell you of your COBRA rights when you become eligible.

To continue your Coverage, you must:

- tell your Group Benefits Manager you elect COBRA;
- do so within 60 days after one of the events above (or after your employer tells you of your COBRA rights); and
- then pay the cost of your coverage.
- You may also be charged up to 2 percent of the total cost as a service fee.

If you, or a dependent are disabled or become disabled within 60 days of the COBRA event (see event list above), you can keep coverage longer. You and your covered dependents may continue for up to 29 months. There may be a service fee. Please contact your Group Benefits Manager for details.

In other cases where your Dependents lose eligibility for plan coverage (such as divorce, a Dependent reaching the maximum age of 26 or your death), your

Dependents may elect to continue coverage for up to 36 months. Please check with your Group Benefits Manager or an attorney for more information.

Note: You may have other options available to you when you lose group health coverage. Continuation with your group coverage may not be your best option. You may be eligible to buy an individual plan through Vermont Health Connect. By enrolling in coverage through Vermont Health Connect, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees. If you choose to continue your group coverage, you may be ineligible to enroll in an individual plan through Vermont Health Connect until a new open enrollment or special enrollment period.

### Continuation rights do not apply if:

- you are covered by Medicare;
- the covered employee (participant) was not covered on the date of the qualifying event;
- you are newly eligible for coverage in a group in which you were not covered before the qualifying event,
- and no preexisting condition exclusion applies; or
- you have lost your job due to misconduct as defined by law.

### Continuation of insurance ends when:

- 18 months pass from the date you would have lost coverage;
- you fail to make a timely payment of the required contribution;
- you become eligible for Medicare or another group plan; or
- your employer stops offering any group plan (if your group replaces this coverage with a similar plan, you may continue coverage under that plan).

Remember you are required to maintain minimum essential coverage beginning January 1, 2014 to avoid paying a government fee or penalty for any months you are without that coverage.

## Conversion Rights

When your COBRA eligibility ends, you may be eligible for non-group coverage, Medicaid or Medicare coverage. If you are eligible, you will have the opportunity to enroll in a product offered through Vermont Health

## Other important plan information

### **Newborns' and Mothers' Health Protection Act**

Federal law requires that health plans must offer coverage for at least 48 hours of inpatient hospital care following normal vaginal deliveries, and for at least 96 hours of care following caesarean deliveries. The time periods begin from the time of delivery or the time of hospital admission, if the delivery occurs outside of the hospital.

BCBSVT does not have standard day-limit restrictions on the length of maternity stays. Instead, BCBSVT reviews each admission for medical necessity. In any event, BCBSVT does not limit hospital stays to less than the durations required by the law. As always, if you have questions about your maternity benefits please call BCBSVT's customer service team at the number on the back of your ID card.

### **Women's Health and Cancer Rights Act of 1998**

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

If you have questions about these benefits, please call BCBSVT's customer service team at the number on the back of your ID card.

Generally, Vermont continuation of coverage lasts for 18 months. Continuation of coverage could end sooner, under the following circumstances:

- You don't pay your premiums on a timely basis
- Your employer ceases to maintain any group health insurance plan
- You obtain coverage with another employer's group health insurance plan that does not contain any exclusion or limitation for pre-existing conditions
- You become entitled to Medicare benefits.

## 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

नःशुल्क 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

สำหรับการให้บริการความ  
ช่วยเหลือด้านภาษาฟรี โทร  
(800) 247-2583

### VIETNAMESE

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

Caledonia Central Supervisory Union

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## Adding Dependents

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Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

If you have questions about these benefits, please call BCBSVT's customer service team at the number on the back of your ID card.

Generally, Vermont continuation of coverage lasts for 18 months. Continuation of coverage could end sooner, under the following circumstances:

- You don't pay your premiums on a timely basis
- Your employer ceases to maintain any group health insurance plan
- You obtain coverage with another employer's group health insurance plan that does not contain any exclusion or limitation for pre-existing conditions
- You become entitled to Medicare benefits.

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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

नःशुल्क 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 prevodenja,  
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

สำหรับการให้บริการความ  
ช่วยเหลือด้านภาษาฟรี โทร  
(800) 247-2583

### VIETNAMESE

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

Caledonia Cooperative School District

# Benefits Description Wrap Document for Vermont Education Health Initiative

Effective date: July 1, 2022

This version replaces and amends all prior versions.



VEHI's health benefit plans are administered by:



**BlueCross BlueShield  
of Vermont**

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

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PARENT AND CHILD(REN): 563.68

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Berlin, Vermont 05602  
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Special Enrollment Rights are available:

- if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons, or
- get married,
- acquire a new dependent by birth, adoption or marriage,
- have any court-ordered dependents, or
- Lose other coverage.

## Special Enrollment Provisions

### Loss of Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents.

You must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

### Loss of Eligibility under Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage, or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage.

You must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself

and your dependents in this plan. You must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## About Special Enrollment Rights

### Permitted Changes

When you are eligible to enroll as a result of a Special Enrollment opportunity, you may enroll in coverage and add new dependents. In addition, if you were already enrolled at the time of the Special Enrollment, you are eligible to change your plan election at that time.

Remember, when you add or remove Dependents, your coverage tier (individual, two-person, parent and child or family) may change your required contribution.

## Adding Dependents

### Marriage

You must contact your Group Benefits Manager to add a dependent.

- If BCBSVT receives this request within 31 days of the date of marriage, your new type of membership begins the first of the month following the date of marriage.
- If BCBSVT receives your request more than 32 days after the date of your marriage, your new membership begins the first day of the month following BCBSVT's receipt of your request.
- If you fail to add your new Dependents within 60 days, you must wait until an Open Enrollment date to do so.

### Birth or Adoption

The Plan automatically Covers your Child for 60 days after:

- birth;
- legal placement for adoption (if it occurs prior to adoption finalization); or
- legal adoption (when placement occurs when the adoption finalizes).

Your newborn will be subject to their own Cost-Sharing for Covered services beginning on their date of birth, whether or not you add your newborn to coverage permanently. You must contact your Group Benefits Manager to enroll a newborn or adopted Dependent in Plan coverage beyond the initial 60 days. (See section about "Special Enrollment Rights").

BCBSVT must receive your request for adding a dependent Child to continue benefits for the Child past 60 days. If BCBSVT receives your request within 60 days:

- the Child's effective date is retroactive to the date of birth, placement for adoption or adoption; and
- the new type of membership begins 60 days following birth, placement for adoption or adoption.

# Understanding Continuation of Coverage

Please note the sections below are summaries of the law. Please contact your Group Benefits Manager for full details about continuation of coverage.

## COBRA Eligibility

If you face losing health insurance coverage, COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) may apply.

- COBRA doesn't apply if you are fired for gross misconduct.
- COBRA requires your employer to allow you to elect to continue Plan coverage for you and/or your Dependents enrolled for Plan coverage for a certain period of time.
- You must pay for your Coverage.

If you lose coverage, your employer will send you and/or your Dependents a Notice of COBRA Election. If you do not receive this notice, you should contact your Group Benefits Manager right away to avoid any lapse in coverage. You could lose employer-provided coverage under your Plan because you:

- quit your job;
- are laid off;
- enter active military service;
- you are fired (other than for gross misconduct); or
- your job status changes.

In the cases above, your employer must:

- allow you (and your enrolled dependents, if any) to remain on the plan for up to 18 months; and
- must tell you of your COBRA rights when you become eligible.

To continue your Coverage, you must:

- tell your Group Benefits Manager you elect COBRA;
- do so within 60 days after one of the events above (or after your employer tells you of your COBRA rights); and
- then pay the cost of your coverage.
- You may also be charged up to 2 percent of the total cost as a service fee.

If you, or a dependent are disabled or become disabled within 60 days of the COBRA event (see event list above), you can keep coverage longer. You and your covered dependents may continue for up to 29 months. There may be a service fee. Please contact your Group Benefits Manager for details.

In other cases where your Dependents lose eligibility for plan coverage (such as divorce, a Dependent reaching the maximum age of 26 or your death), your

Dependents may elect to continue coverage for up to 36 months. Please check with your Group Benefits Manager or an attorney for more information.

Note: You may have other options available to you when you lose group health coverage. Continuation with your group coverage may not be your best option. You may be eligible to buy an individual plan through Vermont Health Connect. By enrolling in coverage through Vermont Health Connect, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees. If you choose to continue your group coverage, you may be ineligible to enroll in an individual plan through Vermont Health Connect until a new open enrollment or special enrollment period.

### Continuation rights do not apply if:

- you are covered by Medicare;
- the covered employee (participant) was not covered on the date of the qualifying event;
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- and no preexisting condition exclusion applies; or
- you have lost your job due to misconduct as defined by law.

### Continuation of insurance ends when:

- 18 months pass from the date you would have lost coverage;
- you fail to make a timely payment of the required contribution;
- you become eligible for Medicare or another group plan; or
- your employer stops offering any group plan (if your group replaces this coverage with a similar plan, you may continue coverage under that plan).

Remember you are required to maintain minimum essential coverage beginning January 1, 2014 to avoid paying a government fee or penalty for any months you are without that coverage.

## Conversion Rights

When your COBRA eligibility ends, you may be eligible for non-group coverage, Medicaid or Medicare coverage. If you are eligible, you will have the opportunity to enroll in a product offered through Vermont Health



## Other important plan information

### **Newborns' and Mothers' Health Protection Act**

Federal law requires that health plans must offer coverage for at least 48 hours of inpatient hospital care following normal vaginal deliveries, and for at least 96 hours of care following caesarean deliveries. The time periods begin from the time of delivery or the time of hospital admission, if the delivery occurs outside of the hospital.

BCBSVT does not have standard day-limit restrictions on the length of maternity stays. Instead, BCBSVT reviews each admission for medical necessity. In any event, BCBSVT does not limit hospital stays to less than the durations required by the law. As always, if you have questions about your maternity benefits please call BCBSVT's customer service team at the number on the back of your ID card.

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As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema.

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Generally, Vermont continuation of coverage lasts for 18 months. Continuation of coverage could end sooner, under the following circumstances:

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- Your employer ceases to maintain any group health insurance plan
- You obtain coverage with another employer's group health insurance plan that does not contain any exclusion or limitation for pre-existing conditions
- You become entitled to Medicare benefits.

## NOTICE: Discrimination is against the law

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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  
civilrightscoordinator@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

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

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

Caledonia Central Supervisory Union

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<b>Your Special Enrollment Rights .....</b>	<b>4</b>	<b>Domestic Partners .....</b>	<b>10</b>

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Generally, Vermont continuation of coverage lasts for 18 months. Continuation of coverage could end sooner, under the following circumstances:

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civilrightscoordinator@bcbsvt.com

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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)

Tajaaajila 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 libreng 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.



Danville School

# Benefits Description Wrap Document for Vermont Education Health Initiative

Effective date: July 1, 2022

This version replaces and amends all prior versions.



**BlueCross BlueShield  
of Vermont**

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

**VEHI's health benefit plans are administered by:**

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**CONTRACT ADMINISTRATOR:**

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Special Enrollment Rights are available:

- if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons, or
- get married,
- acquire a new dependent by birth, adoption or marriage,
- have any court-ordered dependents, or
- Lose other coverage.

## Special Enrollment Provisions

### Loss of Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents.

You must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

### Loss of Eligibility under Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage, or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage.

You must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

### Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself

and your dependents in this plan. You must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## About Special Enrollment Rights

### Permitted Changes

When you are eligible to enroll as a result of a Special Enrollment opportunity, you may enroll in coverage and add new dependents. In addition, if you were already enrolled at the time of the Special Enrollment, you are eligible to change your plan election at that time.

Remember, when you add or remove Dependents, your coverage tier (individual, two-person, parent and child or family) may change your required contribution.

## Adding Dependents

### Marriage

You must contact your Group Benefits Manager to add a dependent.

- If BCBSVT receives this request within 31 days of the date of marriage, your new type of membership begins the first of the month following the date of marriage.
- If BCBSVT receives your request more than 32 days after the date of your marriage, your new membership begins the first day of the month following BCBSVT's receipt of your request.
- If you fail to add your new Dependents within 60 days, you must wait until an Open Enrollment date to do so.

### Birth or Adoption

The Plan automatically Covers your Child for 60 days after:

- birth;
- legal placement for adoption (if it occurs prior to adoption finalization); or
- legal adoption (when placement occurs when the adoption finalizes).

Your newborn will be subject to their own Cost-Sharing for Covered services beginning on their date of birth, whether or not you add your newborn to coverage permanently. You must contact your Group Benefits Manager to enroll a newborn or adopted Dependent in Plan coverage beyond the initial 60 days. (See section about "Special Enrollment Rights").

BCBSVT must receive your request for adding a dependent Child to continue benefits for the Child past 60 days. If BCBSVT receives your request within 60 days:

- the Child's effective date is retroactive to the date of birth, placement for adoption or adoption; and
- the new type of membership begins 60 days following birth, placement for adoption or adoption.

# Understanding Continuation of Coverage

Please note the sections below are summaries of the law. Please contact your Group Benefits Manager for full details about continuation of coverage.

## COBRA Eligibility

If you face losing health insurance coverage, COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) may apply.

- COBRA doesn't apply if you are fired for gross misconduct.
- COBRA requires your employer to allow you to elect to continue Plan coverage for you and/or your Dependents enrolled for Plan coverage for a certain period of time.
- You must pay for your Coverage.

If you lose coverage, your employer will send you and/or your Dependents a Notice of COBRA Election. If you do not receive this notice, you should contact your Group Benefits Manager right away to avoid any lapse in coverage. You could lose employer-provided coverage under your Plan because you:

- quit your job;
- are laid off;
- enter active military service;
- you are fired (other than for gross misconduct); or
- your job status changes.

In the cases above, your employer must:

- allow you (and your enrolled dependents, if any) to remain on the plan for up to 18 months; and
- must tell you of your COBRA rights when you become eligible.

To continue your Coverage, you must:

- tell your Group Benefits Manager you elect COBRA;
- do so within 60 days after one of the events above (or after your employer tells you of your COBRA rights); and
- then pay the cost of your coverage.
- You may also be charged up to 2 percent of the total cost as a service fee.

If you, or a dependent are disabled or become disabled within 60 days of the COBRA event (see event list above), you can keep coverage longer. You and your covered dependents may continue for up to 29 months. There may be a service fee. Please contact your Group Benefits Manager for details.

In other cases where your Dependents lose eligibility for plan coverage (such as divorce, a Dependent reaching the maximum age of 26 or your death), your

Dependents may elect to continue coverage for up to 36 months. Please check with your Group Benefits Manager or an attorney for more information.

Note: You may have other options available to you when you lose group health coverage. Continuation with your group coverage may not be your best option. You may be eligible to buy an individual plan through Vermont Health Connect. By enrolling in coverage through Vermont Health Connect, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees. If you choose to continue your group coverage, you may be ineligible to enroll in an individual plan through Vermont Health Connect until a new open enrollment or special enrollment period.

### Continuation rights do not apply if:

- you are covered by Medicare;
- the covered employee (participant) was not covered on the date of the qualifying event;
- you are newly eligible for coverage in a group in which you were not covered before the qualifying event,
- and no preexisting condition exclusion applies; or
- you have lost your job due to misconduct as defined by law.

### Continuation of insurance ends when:

- 18 months pass from the date you would have lost coverage;
- you fail to make a timely payment of the required contribution;
- you become eligible for Medicare or another group plan; or
- your employer stops offering any group plan (if your group replaces this coverage with a similar plan, you may continue coverage under that plan).

Remember you are required to maintain minimum essential coverage beginning January 1, 2014 to avoid paying a government fee or penalty for any months you are without that coverage.

## Conversion Rights

When your COBRA eligibility ends, you may be eligible for non-group coverage, Medicaid or Medicare coverage. If you are eligible, you will have the opportunity to enroll in a product offered through Vermont Health

# Other important plan information

## **Newborns' and Mothers' Health Protection Act**

Federal law requires that health plans must offer coverage for at least 48 hours of inpatient hospital care following normal vaginal deliveries, and for at least 96 hours of care following caesarean deliveries. The time periods begin from the time of delivery or the time of hospital admission, if the delivery occurs outside of the hospital.

BCBSVT does not have standard day-limit restrictions on the length of maternity stays. Instead, BCBSVT reviews each admission for medical necessity. In any event, BCBSVT does not limit hospital stays to less than the durations required by the law. As always, if you have questions about your maternity benefits please call BCBSVT's customer service team at the number on the back of your ID card.

## **Women's Health and Cancer Rights Act of 1998**

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

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Generally, Vermont continuation of coverage lasts for 18 months. Continuation of coverage could end sooner, under the following circumstances:

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- Your employer ceases to maintain any group health insurance plan
- You obtain coverage with another employer's group health insurance plan that does not contain any exclusion or limitation for pre-existing conditions
- You become entitled to Medicare benefits.

## 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)



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numero (800) 247-2583.

### JAPANESE

無料の通訳サービスの  
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मा कल गर्नुहोस्।

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### THAI

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ช่วยเหลือด้านภาษาฟรี โทร  
(800) 247-2583

### VIETNAMESE

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

Peacham School

# Benefits Description Wrap Document for Vermont Education Health Initiative

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Montpelier, VT 05601  
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civilrightscoordinator@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

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請致電(800) 247-2583。

### CUSHITE (OROMO)

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

### FRENCH

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मा कल गर्नुहोस्।

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### SERBO-CROATIAN (SERBIAN)

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### TAGALOG

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

### THAI

สำหรับการให้บริการความ  
ช่วยเหลือด้านภาษาฟรี โทร  
(800) 247-2583

### VIETNAMESE

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

Twinfield Union School

# Benefits Description Wrap Document for Vermont Education Health Initiative

Effective date: July 1, 2022

This version replaces and amends all prior versions.



**BlueCross BlueShield  
of Vermont**

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

**VEHI's health benefit plans are administered by:**

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**YOUR MONTHLY PREMIUM CONTRIBUTION TO THE COST OF THIS PLAN** (based on 1.0 FTE):**PLATINUM:**

INDIVIDUAL: 281.96

TWO-PERSON: 653.10

PARENT AND CHILD(REN): 563.68

FAMILY: 840.78

**GOLD**

INDIVIDUAL: 258.90

TWO-PERSON: 606.94

PARENT AND CHILD(REN): 526.50

FAMILY: 777.24

**GOLD CDHP**

INDIVIDUAL: 182.78

TWO-PERSON: 343.28

PARENT AND CHILD(REN): 282.60

FAMILY: 506.32

**SILVER CDHP**

INDIVIDUAL: 114.94

TWO-PERSON: 319.04

PARENT AND CHILD(REN): 295.88

FAMILY: 382.38

**PLAN ORGANIZER:**

Vermont Education Health Initiative (VEHI)

**CONTRACT ADMINISTRATOR:**

Blue Cross and Blue Shield of Vermont (BCBSVT)

**ADDRESS AND CONTACT INFORMATION OF PLAN ORGANIZER:**

52 Pike Drive  
Berlin, Vermont 05602  
(802) 223-5040

**ADDRESS AND CONTACT INFORMATION OF CONTRACT ADMINISTRATOR:**

445 Industrial Lane  
Berlin, Vermont 05602  
(800) 247-2583

**AGENT AND ADDRESS FOR SERVICE OF LEGAL PROCESS:**

VEHI  
52 Pike Drive  
Berlin, Vermont 05602

Special Enrollment Rights are available:

- if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons, or
- get married,
- acquire a new dependent by birth, adoption or marriage,
- have any court-ordered dependents, or
- Lose other coverage.

## Special Enrollment Provisions

### Loss of Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents.

You must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

### Loss of Eligibility under Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage, or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage.

You must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

### Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself

and your dependents in this plan. You must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## About Special Enrollment Rights

### Permitted Changes

When you are eligible to enroll as a result of a Special Enrollment opportunity, you may enroll in coverage and add new dependents. In addition, if you were already enrolled at the time of the Special Enrollment, you are eligible to change your plan election at that time.

Remember, when you add or remove Dependents, your coverage tier (individual, two-person, parent and child or family) may change your required contribution.

## Adding Dependents

### Marriage

You must contact your Group Benefits Manager to add a dependent.

- If BCBSVT receives this request within 31 days of the date of marriage, your new type of membership begins the first of the month following the date of marriage.
- If BCBSVT receives your request more than 32 days after the date of your marriage, your new membership begins the first day of the month following BCBSVT's receipt of your request.
- If you fail to add your new Dependents within 60 days, you must wait until an Open Enrollment date to do so.

### Birth or Adoption

The Plan automatically Covers your Child for 60 days after:

- birth;
- legal placement for adoption (if it occurs prior to adoption finalization); or
- legal adoption (when placement occurs when the adoption finalizes).

Your newborn will be subject to their own Cost-Sharing for Covered services beginning on their date of birth, whether or not you add your newborn to coverage permanently. You must contact your Group Benefits Manager to enroll a newborn or adopted Dependent in Plan coverage beyond the initial 60 days. (See section about "Special Enrollment Rights").

BCBSVT must receive your request for adding a dependent Child to continue benefits for the Child past 60 days. If BCBSVT receives your request within 60 days:

- the Child's effective date is retroactive to the date of birth, placement for adoption or adoption; and
- the new type of membership begins 60 days following birth, placement for adoption or adoption.

# Understanding Continuation of Coverage

Please note the sections below are summaries of the law. Please contact your Group Benefits Manager for full details about continuation of coverage.

## COBRA Eligibility

If you face losing health insurance coverage, COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) may apply.

- COBRA doesn't apply if you are fired for gross misconduct.
- COBRA requires your employer to allow you to elect to continue Plan coverage for you and/or your Dependents enrolled for Plan coverage for a certain period of time.
- You must pay for your Coverage.

If you lose coverage, your employer will send you and/or your Dependents a Notice of COBRA Election. If you do not receive this notice, you should contact your Group Benefits Manager right away to avoid any lapse in coverage. You could lose employer-provided coverage under your Plan because you:

- quit your job;
- are laid off;
- enter active military service;
- you are fired (other than for gross misconduct); or
- your job status changes.

In the cases above, your employer must:

- allow you (and your enrolled dependents, if any) to remain on the plan for up to 18 months; and
- must tell you of your COBRA rights when you become eligible.

To continue your Coverage, you must:

- tell your Group Benefits Manager you elect COBRA;
- do so within 60 days after one of the events above (or after your employer tells you of your COBRA rights); and
- then pay the cost of your coverage.
- You may also be charged up to 2 percent of the total cost as a service fee.

If you, or a dependent are disabled or become disabled within 60 days of the COBRA event (see event list above), you can keep coverage longer. You and your covered dependents may continue for up to 29 months. There may be a service fee. Please contact your Group Benefits Manager for details.

In other cases where your Dependents lose eligibility for plan coverage (such as divorce, a Dependent reaching the maximum age of 26 or your death), your

Dependents may elect to continue coverage for up to 36 months. Please check with your Group Benefits Manager or an attorney for more information.

Note: You may have other options available to you when you lose group health coverage. Continuation with your group coverage may not be your best option. You may be eligible to buy an individual plan through Vermont Health Connect. By enrolling in coverage through Vermont Health Connect, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees. If you choose to continue your group coverage, you may be ineligible to enroll in an individual plan through Vermont Health Connect until a new open enrollment or special enrollment period.

### Continuation rights do not apply if:

- you are covered by Medicare;
- the covered employee (participant) was not covered on the date of the qualifying event;
- you are newly eligible for coverage in a group in which you were not covered before the qualifying event,
- and no preexisting condition exclusion applies; or
- you have lost your job due to misconduct as defined by law.

### Continuation of insurance ends when:

- 18 months pass from the date you would have lost coverage;
- you fail to make a timely payment of the required contribution;
- you become eligible for Medicare or another group plan; or
- your employer stops offering any group plan (if your group replaces this coverage with a similar plan, you may continue coverage under that plan).

Remember you are required to maintain minimum essential coverage beginning January 1, 2014 to avoid paying a government fee or penalty for any months you are without that coverage.

## Conversion Rights

When your COBRA eligibility ends, you may be eligible for non-group coverage, Medicaid or Medicare coverage. If you are eligible, you will have the opportunity to enroll in a product offered through Vermont Health



# Other important plan information

## **Newborns' and Mothers' Health Protection Act**

Federal law requires that health plans must offer coverage for at least 48 hours of inpatient hospital care following normal vaginal deliveries, and for at least 96 hours of care following caesarean deliveries. The time periods begin from the time of delivery or the time of hospital admission, if the delivery occurs outside of the hospital.

BCBSVT does not have standard day-limit restrictions on the length of maternity stays. Instead, BCBSVT reviews each admission for medical necessity. In any event, BCBSVT does not limit hospital stays to less than the durations required by the law. As always, if you have questions about your maternity benefits please call BCBSVT's customer service team at the number on the back of your ID card.

## **Women's Health and Cancer Rights Act of 1998**

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

If you have questions about these benefits, please call BCBSVT's customer service team at the number on the back of your ID card.

Generally, Vermont continuation of coverage lasts for 18 months. Continuation of coverage could end sooner, under the following circumstances:

- You don't pay your premiums on a timely basis
- Your employer ceases to maintain any group health insurance plan
- You obtain coverage with another employer's group health insurance plan that does not contain any exclusion or limitation for pre-existing conditions
- You become entitled to Medicare benefits.

## 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:

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Office for Civil Rights  
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ช่วยเหลือด้านภาษาฟรี โทร  
(800) 247-2583

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miễn phí, hãy gọi số (800) 247-2583.