

Getting Started

Read these important facts about **Vermont Health Partnership®**



- You must choose a **Primary Care Physician (PCP)** for each member of your family. Your PCP will coordinate specialty care for you, but you don't need referrals to specialists.
- You must get **Prior Approval** for certain services, including **out-of-network services**, if you want Preferred Benefits. We list the services and drugs that require Prior Approval on the back of this card. If you receive services out of network without getting Prior Approval, you will pay more, if not all, of the cost of your care.
 - You must get **prior approval** for all **mental health and substance abuse** treatment services and you must use our behavioral health network. Call 1-800-395-1356 for approval.
- **Emergencies** are covered wherever you are. Call us as soon as possible after the emergency for approval of out-of-network services.
- Your BCBSVT ID card is your **prescription drug card**. Take it to a network pharmacy to receive benefits for drugs. Or use our convenient mail order program.
- To prevent duplicate payments on the same claim, let us know about any **other health insurance coverage** you have. We may send you a form asking for the information. Return the form promptly or call us with the information to prevent delays in claim handling.
- If you need services while traveling **out-of-state**, make sure you show your provider your ID card. The three-letter prefix in front of your ID number identifies you as a Blue Cross and Blue Shield of Vermont member. Find a provider that participates with another Blue Plan at **bluecares.com** and you may save money.
- Your **Outline of Coverage** lists the amounts you owe for covered services. Your **Certificate of Coverage** explains the requirements you must meet to qualify for benefits.
- If you are **pregnant**, join our Better Beginnings® prenatal program. Benefits include options like prenatal classes, books and videos, skilled nursing visits after delivery and breastfeeding support.
- Once enrolled, you can verify benefits, check claim status, order forms or a new ID card, change your address and more all on our web site, **www.bcbsvt.com**.



VERMONT
HEALTH PARTNERSHIP®



**BlueCross BlueShield
of Vermont**

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

www.bcbsvt.com

Procedures that Require Prior Approval

- Non-emergency services you receive from providers not in our network
- Mental health or substance abuse treatment (call 800-395-1356)
- Chiropractic care after initial 12 visits in a calendar year
- Plastic or cosmetic procedures (for example, abdominoplasty, lipectomy, blepharoplasty, breast reconstruction, otoplasty, panniculectomy, rhinoplasty or septorhinoplasty)
- Dental services (oral surgery, trauma, orthognathic surgery)
- UPPP/Somnoplasty
- Durable medical equipment (DME) with a charged amount over \$1,000, including
 - CPAP/BIPAP, vacuum-assisted closure of chronic wounds and electric breast pumps (for members not enrolled in *Better Beginnings*®)
 - Rehabilitation (cardiac/pulmonary/inpatient rehabilitation facility)
 - Polysomnography & MSLT (sleep studies)
 - Transplants (except kidney and cornea)
 - Continuous passive motion (CPM) equipment
 - Osteochondral Autograft Transfer System
 - Continuous glucose monitoring
 - TENS units/neuromuscular stimulators
 - Private duty nursing
 - Home infusion therapy
- Cardiac MRI or MRI of the pelvis/uterus, of upper or lower extremity other than joint, of the abdomen or of the breast
- MRA of upper or lower extremity
- All MRS and PET scans
- Orthotics/prosthetics
- Capsule endoscopy
- Chondrocyte transplants
- Medical nutrition for inherited metabolic disease
- Non-emergency ambulance transport, including water or air ambulance transport
- Certain prescription drugs (see below)
- New procedures still considered investigational or experimental

Certain Drugs Require Prior Approval

You need prior approval for benefits for certain drugs. Visit the Rx Center at www.bcbsvt.com for more information, including instructions for requesting prior approval. The following medications require prior approval:

Chemotherapeutics

- Erbitux
- Gleevec
- Iressa
- Sprycel
- Tarceva
- Temodar
- Vidaza

Hepatitis C Medications

- Copegus
- Peg-Intron
- Pegasys
- Rebetol

Primary Pulmonary Hypertension Therapy

- Flolan
- Revatio
- Tracleer
- Ventavis

Growth Hormone Replacement Therapy

- Genotropin
- Humatrope
- Norditropin
- Nutropin
- Saizen
- Serostim

Low Molecular Weight Heparin

Anticoagulants (for use in excess of 30 days per calendar year)

- Arixtra
- Fragmin
- Innohep
- Lovenox
- Orgaran

Multiple Sclerosis

- Tysabri

Biologics and Other Medications

- Botox
- Byetta
- Enbrel
- Exubera
- Humira
- Macugen
- Orencia
- Rituxan
- Spiriva
- Xyrem

Medications without a National Drug Code number

Drugs that have been on the market less than 12 months

The procedures and drugs for which we require prior approval change periodically. We inform members of changes through newsletters and other publications.