The Vermont Health Plan

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

VERMONT MEDIGAP BLUE℠

2025 MEDICARE SUPPLEMENT ENROLLMENT GUIDE

A Medicare Supplement Plan Can Provide Added Protection and Peace of Mind for an Individual with Original Medicare

INSIDE:

@bluecrossvt

bluecrossvt.org

ORIGINAL MEDICARE

PEACE OF MIND WITH MEDICARE MEANS COMPLETE COVERAGE

Did you know that when you only have Original Medicare, known as Medicare Part A and Part B, you are not fully covered for your medical expenses? There is a 20% gap in coverage you are responsible to pay and prescription drug benefits are not included.

To help you navigate Original Medicare and your next steps, it is important to have a local partner helping to guide you through all the important information you should know, including the available options to you and steps to enroll in the best coverage that makes the most sense for you.

WHAT IS ORIGINAL MEDICARE?

Medicare is the federal health insurance program for people who are age 65 or older and others with certain health conditions or disabilities. There are two different parts for Original Medicare:

- **Medicare Part A** is known as hospital insurance.
- **Medicare Part B** is known as medical insurance.

MEDICARE PART A (hospital insurance):

If you are receiving Social Security retirement income, most Medicare beneficiaries will automatically be enrolled into Medicare Parts A & B when turning 65.

- Inpatient hospital care
- Care in a skilled nursing facility
- Hospice care
- Some home health care
- For most individuals, Medicare Part A 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 **Medicare.gov**.)
- If you are eligible for Medicare Part A, with or without a cost, you can also enroll in Medicare Part B.
- You can enroll into Medicare Part A and Part B by contacting Social Security toll-free at **(800) 772-1213 (TTY: 1-800-325-0778)** or visit **SSA.gov/Medicare**. You can also set up an in-person appointment at your local Social Security office.

MEDICARE PART B (medical insurance):

- Doctor and other health care provider's services
- Outpatient care (medical care or treatment that does not require an overnight stay in a hospital or medical facility)
- Durable medical equipment (DME)
- Home health care
- Some preventive services (such as flu shots and annual wellness visits)
- If you choose to enroll in Part B, you will be required to pay a monthly premium. Most people pay the standard premium amount. If your modified gross income is above a certain amount, you may pay more. The Part B premium can be deducted directly out of your Social Security check.
- Timing for Part B enrollment varies based on individual circumstance. However, in most cases, if you don't sign up for Part B when you're first eligible, you will pay a late enrollment penalty.

MEDICARE SUPPLEMENT BASICS

Medicare Supplement plans are designed to cover the gaps in Original Medicare costs. These plans have been a popular way to get more financial coverage since Medicare began. They can be a smart choice for Vermonters who are accustomed to choosing any provider that accepts Medicare, local & nationwide.

ADDING MEDICARE SUPPLEMENT COVERAGE WITH VERMONT MEDIGAP BLUE℠

We offer Medicare Supplement plans A, C*, D, F*, G, and N.

*If you became eligible for Medicare before January 1, 2020, you will no longer be able to enroll in Medicare Supplement Plan C or Plan F.

- Access to any provider or healthcare facility in the U.S. that accepts Medicare
- No referrals to see a specialist or any other provider
- Coverage that travels with you
- A health plan to supplement Original Medicare
- Coverage for out-of-pocket costs left unpaid by Medicare which you will otherwise need to pay
- Peace of mind knowing you have additional financial protection for your health care needs.
- Medicare Supplement coverage requires a monthly premium to the insurance company that you select for this coverage (in addition to your Medicare Part B premium).

PRESCRIPTION DRUG COVERAGE

A Medicare Supplement plan does not include prescription drug coverage, but this coverage can be purchased alone. A Prescription Drug Plan (PDP) is a perfect complement to a Medicare Supplement plan. This helps cover the cost of prescription drugs – generic and brand-name. See page 6 for more information.

WE ARE HERE TO HELP.

If you have any questions, please reach out to us:

Phone: **(800) 255-4550 (TTY/TDD: 711)**, **option 2**. We are available Monday through Friday 8 a.m. to 4:30 p.m.

Email: **consumersupport@bcbsvt.com**

Visit us online: **bluecrossvt.org/Medicare-supplement-plans**.

PLAN COMPARISON CHART

ALL STANDARD MEDICARE SUPPLEMENT PLANS

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	$219.29		$272.71	$234.78
Disabled under 65	$508.98		$612.22	$550.07
	A	B	C	D
	Basic Benefits, including 100% Part A coinsurance Part B coinsurance	Basic Benefits, including 100% Part A coinsurance Part B coinsurance	Basic Benefits, including 100% Part A coinsurance Part B coinsurance	Basic Benefits, including 100% Part A coinsurance Part B coinsurance
			100% Skilled Nursing Facility coinsurance	100% Skilled Nursing Facility coinsurance
		100% Part A Deductible	100% Part A Deductible	100% Part A Deductible
			100% Part B Deductible	
			80% Foreign Travel Emergency	80% Foreign Travel Emergency

*Did you become eligible for Medicare 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 Plans 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 Plan F, but you have other plan options.

If you are already enrolled in Medicare Supplement Plans C or F, your plans will not be affected by these changes.

Questions? We're here to help!
Call us at **(800) 255-4550 (TTY/TDD: 711), option 2** or email us at **consumersupport@bcbsvt.com**.

Read your certificate very carefully

You must read the Certificate itself to understand all of the rights and duties of both you and your health plan.

NOTICE: This plan may not fully cover all of your medical costs.

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.

*1. Plans F and G also have a high-deductible option which require first paying a plan deductible of $2,870 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..

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 coinsurance plus coverage for 365 additional days after Medicare benefits end.

Blood - first three pints of blood each year.

Hospice - Part A coinsurance.

Medical Expenses - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require members to pay a portion of Part B coinsurance or copayments.

	$273.32		**$235.35**				**$218.40**
	$613.84		**$551.58**				**$506.62**
	F	F*[1]	G*[1]	K	L	M	N
	Basic Benefits, including 100% Part A coinsurance Part B coinsurance	Basic Benefits, including 100% Part A coinsurance Part B coinsurance	Basic Benefits, including 100% Part A coinsurance Part B coinsurance	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 coinsurance Part B coinsurance	$20 copayment[2] for office visits, $50 copayment[2] for ER; other basic benefits, including 100% Part A coinsurance Part B coinsurance
	100% Skilled Nursing Facility coinsurance	100% Skilled Nursing Facility coinsurance	100% Skilled Nursing Facility coinsurance	50% Skilled Nursing Facility coinsurance	75% Skilled Nursing Facility coinsurance	100% Skilled Nursing Facility coinsurance	100% Skilled Nursing Facility coinsurance
	100% Part A Deductible	100% Part A Deductible	100% Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	100% Part A Deductible
	100% Part B Deductible	100% Part B Deductible					
	Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)				
	80% Foreign Travel Emergency	80% Foreign Travel Emergency	80% Foreign Travel Emergency			80% Foreign Travel Emergency	80% Foreign Travel Emergency
				Out-of-pocket limit[2] $7,220; paid at 100% after limit reached	Out-of-pocket limit[2] $3,610; paid at 100% after limit reached		

2. These cost-share amounts are set by the federal government. For the most up-to-date rates, please visit **Medicare.gov** and from the "Basics" drop-down menu, select "Medicare costs."

PRESCRIPTION DRUG COVERAGE

ENROLLING INTO MEDICARE PART D

To enroll into a Prescription Drug Plan (PDP), known as Medicare Part D, you will need to select a plan through a private insurance company and pay a monthly premium. Each plan can vary in costs such as monthly premiums, deductibles, copayments, and drugs covered.

BLUE MEDICARE RX – PRESCRIPTION DRUG PLAN (PDP) ALSO KNOWN AS MEDICARE PART D

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 MedicareRx℠. These plans provide drug coverage to supplement your Original Medicare as this coverage is not included. Generally, Part D does not cover over-the-counter medications. Learn more about prescription coverage and eligibility requirements at **RxMedicarePlans.com**. You may also call the Blue MedicareRx team at (888) 496-4178 (TTY: 711), 24 hours a day, 7 days a week.

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 MedicareRx℠ (PDP). Blue MedicareRx is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont. Coverage is available to residents of the service area.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and 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.

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GET HELP WITH COSTS – FIND PROGRAMS THAT CAN HELP MANAGE YOUR PRESCRIPTION DRUG COSTS

People with limited income and resources may qualify for financial help to pay for their Medicare Prescription premiums and out-of-pocket costs. If you qualify for financial your premium and your costs at the pharmacy will be less. 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 state's Senior HelpLine. Prescription assistance helps eligible Vermonters pay for Prescription medicines, to learn more visit **https://dvha.vermont.gov/members/prescription-assistance**. For Vermont's Senior HelpLine, call (800) 642-5119 through Vermont's Area Agencies on Aging.

AVOIDING PART D LATE ENROLLMENT PENALTY

By not enrolling into Medicare Part D when you are first eligible, you may have to pay a penalty every month for life. Medicare Part D late enrollment penalty is an amount that can be added to your Medicare drug coverage (Part D) premium. You may have to pay a late enrollment penalty if at any time later after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Medicare drug coverage or other creditable prescription drug coverage. You'll generally have to pay the penalty for as long as you have the Medicare drug coverage.

Unless you are eligible for extra help with paying for your Medicare costs or had other creditable prescription drug coverage, 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. This penalty is added to the cost of your monthly Part D premium.

COMPLETE COVERAGE

UNDERSTANDING YOUR MEDICARE OPTIONS AND HOW TO ENROLL

Having complete Medicare coverage means enrolling into a Medicare Supplement Plan, like Vermont Medigap Blue℠, and enrolling into Medicare Part D for prescription drugs. We understand this process can be complicated and are here to help you navigate your choices to determine what makes sense for you.

1 IMPORTANT ENROLLMENT DATES

- **Initial Enrollment Period** (IEP):
  - You are eligible to enroll three months before, during your birthday month, or three months after the month you turn 65.
  - Please note, if your birthday falls on the first of the month, you Medicare IEP begins a month earlier. For instance, if your birthday is July 1, your Medicare IEP begins June 1.
- **Annual Enrollment Period** (AEP)
  - This enrollment period allows you to make changes to your Part D prescription drug plan or change to or from a Medicare Advantage plan. This enrollment period occurs yearly from **October 15** through **December 7**.
- **Special Enrollment Period** (SEP)
  - If you have a life event such as losing health coverage, moving into Vermont, or a change in financial status that results in a loss of Medicaid or your Extra Help status (financial assistance for Part D prescription drugs), you may qualify to sign up for a Medicare Advantage plan outside of the time periods mentioned above.

2 WHEN YOU ARE READY TO ENROLL

We offer a few convenient ways for you to enroll in a Medicare Supplement plan through Blue Cross VT.

- **Enroll by phone.** Call us at **(800) 255-4550 (TTY/TDD: 711), option 2**.
- **Enroll online.** Visit **bluecrossvt.org/Medicare-supplement-plans** to complete our online enrollment form.
- **Enroll by mail.** Simply follow these steps to the enroll by mail:
  - Enclose your signed application
  - Enclose a check made payable to Blue Cross Blue Shield of Vermont for the first month's payment of your desired plan choice
  - Enclose a photocopy of your Medicare card
  - Mail the items above in an envelope to us at:

    Blue Cross and Blue Shield of Vermont
    P. O. Box 186
    Montpelier, VT 05601-0186

IMPORTANT RESOURCES

- Blue Cross and Blue Shield of Vermont: **bluecrossvt.org/Medicare**
- Social Security Administration: **SSA.gov/Medicare**
- Medicare: **Medicare.gov**
- Centers for Medicare & Medicaid Services (CMS): **CMS.gov**
- Vermont's Senior HelpLine, through Vermont's Area Agencies on Aging: **(800) 642-5119**

CONTACT US

If you have questions, please reach out to us. We are available Monday through Friday 8 a.m. to 4:30 p.m.

Phone: **(800) 255-4550 (TTY/TDD: 711), option 2**.

Email: **consumersupport@bcbsvt.com**

Visit us online at **bluecrossvt.org/Medicare-supplement-plans**.

Disclaimers

General Exclusions

A Medicare Supplement plan provides coverage designed to coordinate with your federal Medicare coverage. To fully understand a Medicare Supplement plan, you should read it alongside the Medicare Handbook, Medicare and You. We will provide Benefits as if you are enrolled in both Part A and Part B of Original Medicare and as if Medicare has paid its portion. You can find the Medicare and You handbook by visiting **Medicare.gov/Medicare-and-you**. Once you enroll, you will receive a Certificate of Coverage. Please read both carefully as they govern your specific benefits.

How We Protect Your Privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You may find information about our privacy practices at **bluecrossvt.org/privacypolicies**.

NOTICE: Discrimination is Against the Law

BlueCross® and BlueShield® of Vermont (Blue Cross VT) 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, ethnicity, sexual orientation, or HIV-status.

Blue Cross VT 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).

Blue Cross VT 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, contact **civilrightscoordinator@bcbsvt.com**

If you believe that Blue Cross VT has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-Status, you can file a grievance with: Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583 (TTY/TDD: 711), fax (802) 229-0511, or email **civilrightscoordinator@bcbsvt.com**. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, the 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 or 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
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
https://www.hhs.gov/ocr/complaints/index.html

For free language-assistance services, call (800) 247-2583 (TTY/TDD: 711).

ARABIC	للحصول على خدمات المساعدة اللغوية المجانية ، اتصل (800) 247 2583 (TTY/TTD: 711). lilhusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583 (TTY/TDD: 711).
CHINESE	如需免费语言协助服务，请致电，(800) 247-2583 (TTY/TDD: 711). Rú xū miǎnfèi yǔyán xiézhù fúwù, qǐng zhìdiàn (800) 247-2583 TTY/TDD: 711).
CUSHITE (OROMO)	Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 (TTY/TDD: 711) bilbili.
FRENCH	Pour des services d'assistance linguistique gratuits, appelez le (800) 247-2583 (TTY/TDD: 711).
GERMAN	Für kostenlose Sprachunterstützungsdienste rufen Sie (800) 247-2583 (TTY/TDD: 711) an.
ITALIAN	Per i servizi di assistenza linguistica gratuiti, chiamare il numero (800) 247-2583 (TTY/TDD: 711).
JAPANESE	無料の言語支援サービスについては, (800) 247-2583 (TTY/TDD: 711). Muryō no gengo shien sābisu ni tsuite wa, (800) 247-2583 (TTY/TDD: 711) made o denwa kudasai.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस् , (800) 247-2583 (TTY/TDD: 711). Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (800) 247-2583 (TTY/TDD: 711).
PORTUGUESE	Para serviços gratuitos de assistência linguística, ligue para (800) 247-2583 TTY/TDD: 711).
RUSSIAN	Чтобы получить бесплатную языковую помощь, позвоните по телефону (800) 247-2583 (TTY/TDD: 711).
SERBO-CROATIAN (SERBIAN)	За бесплатне услуге језичке помоћи позовите (800) 247-2583 (TTY/TTD: 711). Za besplatne usluge jezičke pomoći pozovite (800) 247-2583 (TTY/TDD: 711).
SPANISH	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583 (TTY/TDD: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 247-2583 (TTY/TDD: 711).
THAI	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร (800) 247-2583 (TTY/TDD: 711). S̄ảh rạb brikār ch̄wy h̄elū x d̂ ān p hās 'ā frī thor (800) 247-2583 (TTY/TDD: 711).
UKRAINIAN	Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583 (TTY/TDD: 711). Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (800) 247-2583 (TTY/TDD: 711)
VIETNAMESE	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583 (TTY/TDD: 711).

VERMONT MEDIGAP BLUE℠

OUTLINE OF COVERAGE

for Plans A, D, G, and N
and Plans C and F for applicants first eligible
for Medicare before January 1, 2020

If you have questions about our Medicare Supplement plans, call our team at (800) 255-4550 (TTY/TDD: 711).

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, 2025.

Direct Enroll Monthly Rate

Plan A Individual:	$219.29
Plan D Individual:	$234.78
Plan G Individual:	$235.35
Plan N Individual:	$218.40
Plan C Individual**:	$272.71
Plan F Individual**:	$273.32

** **Note:** Plan C and Plan F are only available to applicants who were first eligible for Medicare before January 1, 2020.

Direct Enroll Monthly Rate for Vermonters with Disabilities

Plan A for Vermonters with Disabilities:	$508.98
Plan D for Vermonters with Disabilities:	$550.07
Plan G for Vermonters with Disabilities:	$551.58
Plan N for Vermonters with Disabilities:	$506.62
Plan C for Vermonters with Disabilities**:	$612.22
Plan F for Vermonters with Disabilities**:	$613.84

The premiums included in this outline of coverage are the same whether or not you use the services of a broker or agent.

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 (TTY/TDD: 711). 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, 2025)

This chart shows the benefits included in each of the standard Medicare supplement plans. The Vermont Health Plan offers Plans A, D, G and N as well as Plans C and F for applicants first eligible for Medicare before January 1, 2020.

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

	Plans Available to All Applicants								Medicare first eligible before 2020 only	
Benefits	**A**	**B**	**D**	**G**[1]	**K**	**L**	**M**	**N**	**C**	**F**[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	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)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in 2025[2]					$7,220[2]	$3,610[2]				

1. Plans F and G also have a high deductible option which require first paying a plan deductible of $2,870 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.

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

3. Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment 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 $1,676	$0	$1,676 (Part A deductible)
– 61st through 90th day	All but $419 a day	$419 a day	$0
– 91st day and after, while using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	$0	Up to $209.50 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 You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$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 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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	$0

* Once you have been billed $257 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 $1,676	$1,676 (Part A deductible)	$0
– 61st through 90th day	All but $419 a day	$419 a day	$0
– 91st day and after, while using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$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 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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 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 $1,676	$1,676 (Part A deductible)	$0
– 61st through 90th day	All but $419 a day	$419 a day	$0
– 91st day and after, while using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 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 $1,676	$1,676 (Part A deductible)	$0
– 61st through 90th day	All but $419 a day	$419 a day	$0
– 91st day and after, while using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$0	$257 (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 $257 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 copayment 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 January 1, 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 $1,676	$1,676 (Part A deductible)	$0
– 61st through 90th day	All but $419 a day	$419 a day	$0
– 91st day and after, while using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$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 January 1, 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 $257 of Medicare-approved amounts*	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$257 (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 $257 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 January 1, 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 $1,676	$1,676 (Part A deductible)	$0
– 61st through 90th day	All but $419 a day	$419 a day	$0
– 91st day and after, while using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$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 January 1, 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 $257 of Medicare-approved amounts*	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$257 (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 $257 of Medicare-approved amounts*	$0	$257 (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 $257 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.

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284.300 (11/2024)

The Vermont Health Plan