MEMBER EQUOTE GUIDE

BlueCross BlueShield of Vermont

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

MEMBER EQUOTE GUIDE

The Member eQuote Guide is a new tool to help you verify member benefits. It is the same tool used by our customer service team.

The eQuote Guide:

- Provides a simplified and more thorough benefit quote virtually.
- Links to important information such as a member contract documents, Medical Policies and Prior Approval lists.
- Allows you to determine whether state mandates apply to the member.
- Provides a reference number that can be used as proof you have verified a member's benefits.
- Saves you time by avoiding call center wait times.

Note:

➢ A real-time eligibility check needs to be done prior to using the eQuote Guide to confirm the member is active and the status of their out-of-pocket and benefit limits.

➢ eQuote Guides are not available for BlueCard Plans, Federal Employee Program, New England Health Plan, Access Blue New England, or Medicare Supplemental Plans.

BlueCross BlueShield
of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

SECTION 13: MEMBER EQUOTE GUIDE (CONT.)

1. Select "Search Patients" under "Patient Management."
2. Enter patient information by last name, first name format or by member ID number.
3. Select "Search."

MEMBER EQUOTE GUIDE

4. Click "Select" next to the member's name.

Select the correct patient record

Click the **'Select' button** next to the desired patient, whose **ID starts with 'V'**

Return to Previous Page

Pages: (1)   Results: 1

Patient Search Results								Help
	Name	Sex	Birth Date	Address	Phone	ID	Primary Care Provider	Sponsor
4 Select	FLOWER, WALL	F			(802) 555-5552	V8	PITCHER, MARK	BCBSVT

BlueCross BlueShield
of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

MEMBER EQUOTE GUIDE

5. Select "Click here to view the eQuote Guide."

MEMBER EQUOTE GUIDE

6. Your benefit verification reference number is located in the Record Locator field. Please save this reference number for your records as it will not be available once you have closed the guide.

7. Select "Open eQuote Guide" to review the member's quote guide.

eQuote Guides

Important: The eQuote Guide displays real-time benefit information. You must verify current eligibility through the real-time search. For benefit questions regarding former plans, please contact our Provider Services team.

Please copy the Request ID below for your records.

Access to the eQuote Guides for this request **expires at 09:32 AM.**

Member ID

V|

Record Locator

6 J1-345186

7 📄 Open eQuote Guide

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

MEMBER EQUOTE GUIDE

8. The quote guide will open with information specific to the member. To search a specific benefit, you can either click on the benefit under the table of contents or conduct a search by using shift "F" and then entering your search criteria (for example, "chiropractic services").

8 **QHO- Benefit Quote Guide**

Alpha Prefix: VEI	
Tier Level: Individual	
Network: Vermont: BCBSVT Network Out of State: BlueCard EPO/PPO Network	

Contract Documents for: 000C4
o VEHI Platinum and Gold Exclusive Provider Organization (EPO) PCP Benefits Description

Additional Information:
o This is not a Blue Edge Plan

o ---

Publish Date: 02/10/2021

Table of Contents

BlueCross BlueShield
of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

MEMBER EQUOTE GUIDE

9. This is an example of the information the eQuote Guide provides. (In this case, it is specific to chiropractic services.)

auuiiioiiai yuiueiiiieo.

9

Chiropractic Services:

Chiropractic care is eligible based on medical necessity. A Network Chiropractor must perform the services or there are no benefits. Treatment must be for a neuromusculoskeletal condition (that is a condition of the bones, joints, or muscles). Prior approval is not required for the first 12 visits per member per plan year. If additional visits are necessary, prior approval is required. The prior approval form must be submitted before the 13th treatment and should be accompanied by progress notes to support the need for additional visits. There is a $30 co-payment per visit up to the $6,600 individual out-of-pocket limit. Services are then eligible at 100% of the allowed amount for the rest of the plan year.

Some diagnostics, for example x-rays rendered by a Chiropractor, are eligible under the plan.Services are eligible at 100% of the allowed amount.

ADDITIONAL INFORMATION:

o Physical therapy services billed by a chiropractor will apply a visit to the combined PT/OT/ST limit and will also apply a chiropractic visit (regardless of whether an additional chiropractic service is rendered). The "Chiropractic Services" and "Physical Therapy/Medicine" medical policies outline the specific procedure codes that apply.

o The Plan may allow an out of network provider at the network level of benefits when there is not a network provider with appropriate training and experience to provide the medically necessary services needed to meet the particular health care needs of a member; or

MEMBER EQUOTE GUIDE

10. To print the document, click on the printer icon at the top right-hand corner of the page.

11. Once the review is complete, close the tab by clicking on the "x" at the top of the page.

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.