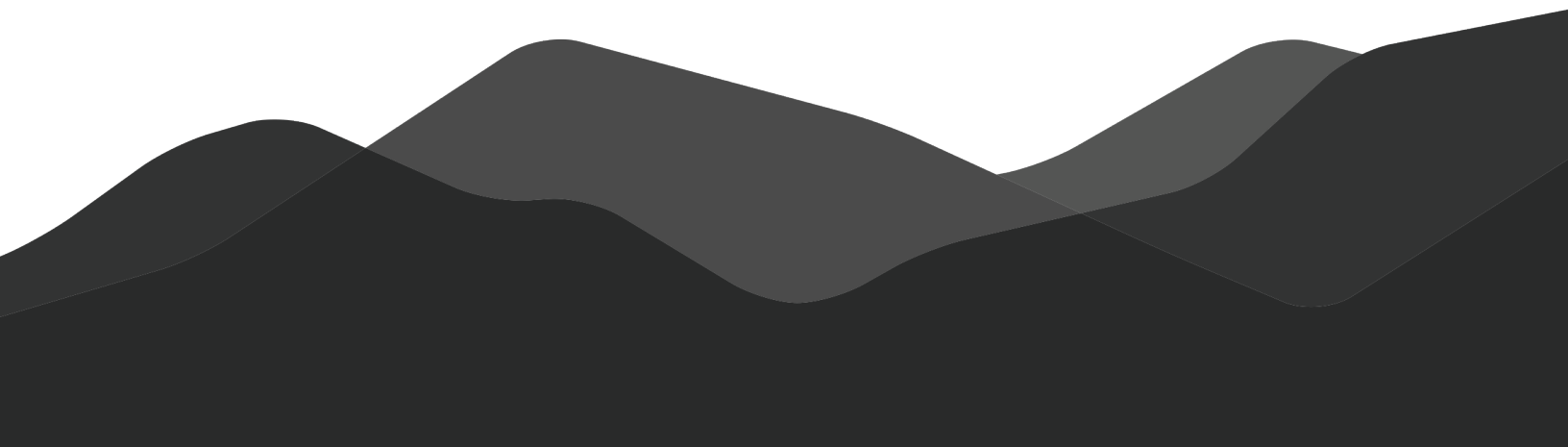




An Independent Licensee of the Blue Cross and Blue Shield Association.

Important Information About Your Coverage

(800) 247-2583 | bluecrossvt.org



Disclaimers

General Exclusions

While your health plan covers a broad array of necessary services and supplies, it doesn't cover every possible medical expense. If you would like to review the list of general exclusions before enrolling, visit bluecrossvt.org/contracts, click on the plan in which you are enrolling and read the chapter entitled "General Exclusions." Once you enroll, you will receive an Outline of Coverage and a link to your 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/privacy-policy.

NOTICE: Discrimination is Against the Law

Blue Cross® and Blue Shield® 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 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@bcsvt.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: Whitney Standefer-Smith, Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583, fax (802) 229-0511, or email civilrightscoordinator@bcsvt.com. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, Whitney Standefer-Smith, 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/smartscreen/main.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)

For free language-assistance services, call (800) 247-2583.

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

Financial Incentives

Blue Cross Vermont (Blue Cross VT) bases its utilization management (UM) decisions on the appropriateness of care and service, and whether the member has coverage.

Blue Cross VT and its affiliate, The Vermont Health Plan (TVHP), does not reward practitioners or other individuals for issuing denials or making decisions that result in underutilization.

We do not make decisions about hiring, promoting or terminating practitioners or other staff based on the likelihood, or perceived likelihood, that they will support denial of benefits.

Fraud, Waste and Abuse

Studies have determined that healthcare fraud is the single largest contributor to the increase in healthcare costs. It's a serious crime and accounts for an estimated 3-10% of all healthcare spending. We take it very seriously and are committed to fight against it.

Common Examples of Fraud, Waste and Abuse

Fraud, waste and abuse occurs in a variety of ways. The most common include:

Provider Actions

- Billing for services or supplies not provided or needed
- Filing a claim for a more expensive procedure than was actually performed
- Billing for a covered service when the true service was non-covered
- Omitting or misrepresenting information about a condition, symptom or service performed

Member Actions

- Using an insurance ID card that belongs to someone else
- Adding someone to a policy who is not eligible for coverage
- Receiving narcotic prescriptions from several physicians, through deceit
- Forging or altering bills or receipts

How We Fight Against Fraud, Waste & Abuse

At Blue Cross VT we take a proactive approach to detecting and investigating potential fraud, waste and abuse.

- We have a special investigative unit dedicated to preventing, detecting and investigating fraud, waste and abuse,

staffed with trained professionals who have many years of health care and health insurance experience.

- We use sophisticated software to continually analyze our healthcare claim patterns and investigate red-flag situations where provider billing exceeds normal ranges.
- We partner with industry-leading firms who specialize in identifying "outlier" claims and auditing providers' records to ensure billings are correct.
- We maintain an active fraud hotline where our members and providers may report suspected fraud.
- We recover millions of dollars in erroneous and unsupported claims every year.

What you can do

Help us control rising healthcare costs. If you suspect fraud, waste, or abuse in the healthcare system, you should report it to Blue Cross VT, and we will investigate. Your actions may help to improve the healthcare system and reduce costs for our members, customers and business partners.

You may remain anonymous if you prefer. The Blue Cross VT FWA Special Investigations Unit (SIU) will treat all information received or discovered as confidential, and we will only discuss the results of investigations with persons having a legitimate reason to receive the information.

- Call our Fraud Hotline at (833) 225-3810
- Email: Fraud_issues@bcbsvt.com
- Write to us at:
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601-0186
Attn: Payment Integrity Department

Appeal Rights

If you have coverage through an individual policy (nongroup coverage), you have the right to a first level of appeal. After you have exhausted our first-level internal appeal process, you may request an external review by an independent review organization with the State of Vermont by calling (800) 964-1784.

If you receive insurance through an employer (group coverage), after you have exhausted our first-level internal appeal process, if you do not agree with one of our decisions regarding coverage, you may go to our voluntary second level of appeals. You also have the right to an independent external review (as long as it meets State criteria), regardless of your

decision to go to our second-level appeal process. You may request an external review by an independent review organization with the State of Vermont by calling (800) 964-1784.

Is case management right for you?

Whether you are having your first baby, worrying about how best to support your child through all ages and stages, facing a new diagnosis, or caring for a loved one – we're here for you!

Case management is a voluntary and free service that Blue Cross VT provides for members who want help to figure out where to focus and how to move forward, most often due to a recent health event or to address new or lingering concerns.

Our registered nurses and licensed clinicians provide one-to-one case management support, while drawing upon a diverse team with expertise in medical care, mental health, and substance use treatment. You connect with one person who gets to know the "whole" you and what's most important to you—things like returning to work, doing what you love, affording care, or simply feeling better.

We address all health conditions and health-related issues, tackling the challenges you bring to us, and exploring other areas to ensure you receive the best care possible. We know how the health system works and can help you get the right treatment at the right time. Some common areas where we can help include: addiction, cancer, chronic and rare condition management, end-of-life care, maternity care, mental health, and transgender support. Our services are free to you and completely confidential. You can enroll or opt out at any time.

We identify members who could benefit from case management based on medical and pharmacy claims data for services that may indicate a need for additional support (e.g. recent hospitalizations, multiple medications, potentially serious or life-changing diagnoses). Then, we proactively reach out to introduce ourselves, share information about what we do, and offer support.

If you would like more information, want to refer someone or enroll yourself, please call (800) 922-8778, option 3 or email healthsupport@bcbsvt.com.



Notice of Privacy Practices for Protected Health Information

This notice, effective April 1, 2026, is a Notice of Privacy Practices. It describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Organizations Covered by this Notice

This Notice applies to the privacy practices of the following organizations:

- Blue Cross and Blue Shield of Vermont
- The Vermont Health Plan

These organizations may share your protected health information as needed for treatment, payment and health care operations.

Our Commitment to Protecting Your Privacy

We take your right to privacy very seriously. We have invested significant resources to protect your privacy and comply with federal and state laws. We safeguard your information physically, electronically and procedurally. We require all of our employees, business associates, providers and vendors to adhere to privacy policies and procedures.

Federal and state laws require us to maintain the privacy of your protected health information (PHI) and to provide this notice to you of our legal duties and privacy practices. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. We may use PHI we receive or maintain, including PHI that you may have entered on our website's Member Resource Center at [bluecrossvt.org/member-logins](https://www.bluecrossvt.org/member-logins).

This Notice of Privacy Practices describes our privacy practices, which include how we may use, disclose, collect, handle and protect your PHI. The federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires us to give you this notice of our privacy practices, our legal duties and your rights concerning PHI.

In some situations, Vermont law may provide you with greater privacy protections. In that

situation, we will use or disclose your PHI according to Vermont law.

If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact us at the address, email or phone number provided in the Questions and Complaints section at the end of this Notice.

This Notice of Privacy Practices became effective on April 1, 2026. We reserve the right to change the provisions of the notice and make the new provisions effective for all PHI that we maintain. If we make a material change to this notice, we will mail a revised notice to the address that we have on record for the subscriber of your contract.

Our Uses and Disclosures of Your Protected Health Information

Without your written authorization, we will not use or disclose your PHI for any purpose other than those described in this notice. We do not sell your PHI or disclose your PHI to anyone who may want to sell their products to you. We will not use or disclose your PHI for marketing communications without your authorization, except where permitted by law. We will not sell your PHI without your authorization, except where permitted by law. We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

Disclosures to You or Your Authorized Representative

We may disclose PHI to you. See the section on Right to Access (Inspect and Copy) for more details. We may also disclose your PHI to your authorized personal representative. How much PHI we can share with a personal representative will depend on his or her legal authority. If you would like to authorize someone to have access to some or all of your PHI, call customer service at the number listed on the back of your ID card.

Treatment

We may disclose your PHI without your permission, to a physician or other health care provider to treat you.

Payment

We may use or disclose your PHI to obtain subscription fees or make payments. We may also disclose your PHI to fulfill our responsibilities for coverage and providing benefits under your subscriber contract. For example, we may use your PHI to pay claims from physicians, hospitals and other health care providers for services delivered to you that are covered by

your subscriber contract, to determine your eligibility for benefits, to determine the medical necessity of care delivered to you, to obtain premiums for your health coverage, to issue summaries of health plan payments to the subscriber of the contract under which you are enrolled, and for similar payment related purposes. We may disclose or share your PHI with other health care programs or insurance carriers to coordinate benefits if you or your dependents have Medicare, Medicaid or any other form of health care coverage.

Health Care Operations

We may use or disclose your PHI for our health care operations. Health care operations include:

- quality assessment and improvement activities;
- reviewing Provider performance;
- reviewing and evaluating health plan performance;
- preventing, detecting and investigating fraud, waste and abuse;
- coordinating case and disease management activities;
- wellness activities;
- certification, licensing or credentialing;
- performing business management and other general administrative activities related to our business management, planning and development, including de-identifying PHI, and creating limited data sets for health care operations and public health activities.

We may disclose your PHI to another health plan or provider, consistent with applicable law, as long as the health plan or provider has or had a relationship with you and the PHI is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

We will not use or disclose your health information that is genetic information for underwriting purposes.

Appointment/Service Reminders

We may contact you to remind you to obtain preventive health services or to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

Business Associates and other Covered Entities

We contract with individuals, other covered entities and business associates to perform various functions on our behalf or to provide certain types of services for us. To perform these functions or to provide the services, business associates may receive, create, maintain, use or disclose your PHI. We require business associates and others to agree in writing to contract terms designed to safeguard your information. For example, we may disclose your PHI to business associates to conduct utilization review activities, to provide member service support or to administer pharmacy claims.

Required by Law

We must disclose your PHI when we are required to do so by law. For example, we may disclose your PHI to comply with court or administrative orders, subpoenas, national security laws or workers' compensation laws. We may disclose limited information to law enforcement officials with regard to:

- crime victims;
- crimes on our premises;
- crime reporting in emergencies; and
- identifying or locating suspects or other persons.

We will disclose your PHI to the Secretary of the U.S. Department of Health and Human Services and state regulatory authorities when required to do so by law. When we are mandated by law to disclose your PHI, additional legal protections may exist and we abide by those protections.

Victims of Abuse, Neglect or Domestic Violence

We may disclose your PHI to a government authority authorized by law to receive such information if we reasonably believe you to be a victim of abuse, neglect or domestic violence. In the event of such disclosure, you would be notified, unless such notification is reasonably believed to put you at risk of serious harm.

Public Health or Safety

We may use or disclose your PHI to a public health authority that is authorized by law to collect or receive such information. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury or disability. In addition, we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We may disclose your PHI to

the extent necessary to avert a serious and imminent threat to your health or safety or to that of the public. If directed by a public health authority to do so, we also may disclose PHI to a foreign government agency that is collaborating with that public health authority.

Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law, such as:

- audits;
- investigations;
- inspections;
- licensure or disciplinary actions; or
- civil, administrative or criminal investigations, proceedings or actions

Oversight agencies seeking this information include government agencies that oversee:

- the health care system;
- government benefit programs;
- other government regulatory programs;
- health insurance carriers; and
- compliance with civil rights laws.

Research, Death or Organ Donation

We may disclose your PHI for research when an institutional review board or privacy board has:

- reviewed the research proposal and established protocols to ensure the privacy of the information; and
- approved the research.

We may disclose the PHI of a deceased person to the medical examiner if authorized by law. We may disclose the PHI of a deceased person to an organ procurement organization for certain purposes.

Your Group Health Plan or Plan Sponsor (If Applicable)

Plan sponsors are employers or other organizations that sponsor group health plans. We may disclose PHI to the plan sponsor of your group health plan. We may disclose your PHI to your group's plan sponsor to allow the performance of plan administration functions. We may disclose summary health information to your employer to use to obtain premium bids for health insurance coverage or to modify, amend or cancel its group health plan. Summary health information is information that summarizes claims history, claims expenses or types of claims experience for individuals that participate in the health plan. In order to receive PHI, your employer must comply with the HIPAA Privacy Rule. Your employer is not permitted to use your PHI for any purpose

other than administration of your health benefit plan, including employment decisions. See your employer's health benefit plan documents for more information.

Others Involved in Your Health Care

Using our best judgment, we may make your PHI known to a family member, other relative, close personal friend or any other person identified by you if such PHI is directly relevant to that person's involvement with your care or payment for your care. We may also disclose your PHI to notify or assist in the notification of your location, general condition or death. If we disclose for these purposes, we will give you the opportunity to object to the disclosure, unless we determine, in the exercise of our professional judgment, you do not object or cannot object to the disclosure due to an emergency or incapacity. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Your Rights

Right to Access (Inspect or Copy)

Upon your request, in accordance with the HIPAA Privacy Regulations, you have the right to examine and to receive a copy of your PHI in our possession. You do not have the right to access your psychotherapy notes without proper authorization. If requested, this may include an electronic copy in certain circumstances. Your request must be in writing, on our designated form. We will provide the information no later than 30 days after receiving your request, unless we maintain the information off site, in which case it may take up to 60 days for us to comply with your request. If necessary, we may request an extension to provide you with your information. If we deny your request, you may request that the denial be reviewed. Under certain limited conditions, our denial may not be reviewable. In the event you are entitled to a review, a licensed health care professional not involved in the original denial decision will review our denial. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved before you incur any costs.

We will disclose your PHI to an individual who has been designated as your personal representative and who has qualified for such designation in accordance with relevant state law and the HIPAA Privacy Regulations. Before we will disclose PHI to such a person, you should sign and submit our Authorization to

Release Information form. We may be able to honor a power of attorney or other legally enforceable document granting your personal representative access to your PHI. We may not be able to honor such a document, however, if it is not compliant with the HIPAA Privacy Regulations or is otherwise legally unenforceable. If you grant such authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. For more information about how best to ensure access to your PHI consistent with your wishes, please call customer service at the number listed on the back of your ID card.

Right to Amend

You have the right to request that we amend your PHI in our possession. If you believe that your PHI created by us is incorrect or incomplete, you may request that we amend your information. You must submit your request in writing at the address provided in the Questions and Complaints section or following the instructions on our designated form. Your request should include the reason(s) the amendment is necessary and what specifically you want amended. Requests sent to persons, offices or addresses other than the one indicated in this section could delay processing your request.

It is important to note that we cannot usually amend PHI created by another entity, such as your physician. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We will link your statement of disagreement with the disputed information and all future disclosures of the disputed information will include your statement. If we approve your request for amendment, we will make reasonable efforts to inform others, including people you have authorized, of the amendment and to include the changes in future disclosures of that information.

Right to a Disclosure Accounting

You have the right to a list of instances in which we disclose your PHI in the last six years for purposes other than treatment, payment or health care operations, or as authorized by you or for certain other activities. Most disclosures of your PHI will be for purposes of payment or health care operations or made with your authorization.

You must submit to us in writing your request for an accounting at the address listed in the "Questions and Complaints" section or following the instructions on our designated form. You have the right to receive one

accounting every 12 months. For additional requests, we reserve the right to charge you a fee to cover the costs of providing the list. We will notify you of the cost involved before any costs are incurred. We will provide your accounting within 60 days, unless we notify you in writing that we need a 30-day extension.

Right to Request Confidential Communications

We communicate decisions related to payment and benefits, which may include PHI, to the subscriber's address. Individual members who believe that this practice might endanger them may request that we communicate with them using a reasonable alternative means or location. All requests must be in writing using our designated form. All requests must clearly state that failure to honor the request could endanger your physical safety. Your request must provide the alternative means of communication and/or location for communicating your PHI. To receive additional information about this right and to get the appropriate request form, please call customer service at the phone number listed on the back of your ID card.

Right to Request a Restriction

You have the right to request that we restrict our use or disclosure of your PHI. We are not required to agree to a restriction you request. If we do agree to the restriction, we will comply with our agreement, except in a medical emergency or as required or authorized by law. You must submit a request for a restriction to us in writing to the privacy officer at the address listed in the Questions and Complaints section.

Breach Notification

In the event of a breach of your unsecured PHI, we will provide you with notification of such breach as required by law or where we otherwise deem appropriate.

Non-public Personal Financial Information

We closely guard all of the personal information we collect about our members. State and federal laws require that we tell you how we protect private information. This particular notice deals with how we treat "financial information." We do not maintain a lot of financial information about our members, but the fact that you are a member of one of our health plans, is, in itself, considered "financial information."

Information we collect and maintain: We collect non-public personal financial information about

you from applications or other forms and transactions with us, our affiliates or other organizations.

How we protect information: Except as explained below, the only people who see your non-public personal financial information are our employees who need to use the information to provide you with coverage. We maintain physical, electronic and procedural safeguards that meet the applicable legal requirements to make sure no one else has access to your non-public personal financial information. We keep this information private even after your coverage ends.

Information we disclose: We may disclose non-public personal financial information about you to our "affiliates." Our affiliates include financial service providers, such as other carriers, and non-financial companies, such as third-party administrators. The law also allows us to disclose your non-public personal financial information in certain circumstances without providing notice to you and without your authorization. We reserve the right to make those legally permitted disclosures including, but not limited to, the disclosure of your non-public personal financial information to our affiliates and other parties in order to:

- process claims;
- coordinate benefits; and
- accomplish other tasks related to providing you with our services.

No other disclosures to non-affiliated third parties: We otherwise will not disclose non-public personal financial information about our customers or former customers to non-affiliated third parties except as permitted or required by law.

Please share this important information with other members of your household who have coverage under your contract.

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Additional Protections for Substance Use Disorder Information (42 CFR Part 2)

Additional Protections for Substance Use Disorder Information

Some of your health information may be protected by a federal law called 42 CFR Part 2

("Part 2"). This law applies to records that identify you as having or receiving substance use disorder (SUD) diagnosis, treatment, or referral services from a Part 2 program.

When your information is protected by Part 2, stricter privacy protections apply than those described elsewhere in this Notice.

How We May Use and Disclose Part 2 Information

In general, we may use and disclose your Part 2-protected information only as permitted by law, including:

- With your written consent, including a one-time consent that allows us to use and disclose your information for treatment, payment, and health care operations, as permitted by law
- For medical emergencies, when your consent cannot be obtained
- For public health activities, but in many cases only if the information does not identify you.
- For research, audit, and evaluation activities, subject to strict confidentiality requirements
- To report a crime on our premises or against our personnel, as permitted by law
- As otherwise required or specifically permitted by Part 2 and other applicable laws

Stronger Protections for Your Information

Part 2 provides additional protections, including:

- Use in legal proceedings: Your Part 2-protected information generally cannot be used in civil, criminal, administrative, or legislative proceedings against you without your written consent or a specific court order.
- Limits on redisclosure: Recipients of your Part 2-protected information are generally not permitted to redisclose it unless permitted by Part 2. This means your information remains protected even after it is shared.
- Minimum necessary and limited use: We will limit the use and disclosure of Part 2-protected information to what is permitted and necessary under the law.

Your Rights Regarding Part 2 Information

In addition to your rights under HIPAA, you have the following rights with respect to Part 2-protected information:

- Right to provide or withhold consent for most disclosures of your information

- Right to revoke your consent, to the extent permitted by law
- Right to request restrictions on certain uses and disclosures, as applicable
- Right to receive an accounting of certain disclosures, as required by law

Questions and Complaints

You may ask for a paper copy of this notice at any time. If you have questions about this notice or protecting your privacy, please call customer service at the phone number listed on the back of your ID card.

If you are concerned that we may have violated your privacy rights or otherwise not complied with this notice and the HIPAA Privacy Regulations, please contact us at:

Mail: Privacy Officer
Blue Cross and Blue Shield of Vermont
PO Box 186
Montpelier, VT 05601

Telephone: (802) 371-3394
Fax: (802) 229-0511

Email: privacyofficer@bcbsvt.com

You may also file a complaint with the Office for Civil Rights at the U. S. Department of Health and Human Services. You may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building, Room 1875, Boston, MA 02203. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Your rights under the Women's Health and Cancer Rights Act

Do you know your plan, as required by the Women's Health and Cancer Rights Act of 1998, 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 our customer service team at the number on the back of your ID card.

Newborns' and Mothers' Health Protection Act

Federal law requires us to tell you 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.

We do not have standard day-limit restrictions on the length of maternity stays. Instead, we review each admission for medical necessity. In any event, we do 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 our customer service team at the phone number on the back of your ID card.

Maternal Health - Better Beginnings®

Having a baby is an exciting time, but it can also be hectic as you prepare for the new addition to your family. We're here to help. Enrolling in our free Better Beginnings program is a great way to make sure you and your baby are getting all the care you need.

When you enroll in our maternal health program, you'll be partnered with one of our experienced Better Beginnings nurses. The nurse can coordinate your care and provide guidance --both during your pregnancy and after your child is born. We're available to answer your questions and give you information to help you make decisions about your pregnancy and growing family. You'll be able to use our mobile app to communicate directly with your Better Beginnings nurse, in addition to communicating by phone and email. The app also includes personalized health checklists and other content to help you manage your day-to-day activities.

After your baby has arrived, our Better Beginnings nurse can connect you to the support you need, such as a home health nurse,

a lactation consultant, or other resources to help you meet your maternal health, wellness, and parenting goals.

Sign up before you are 34 weeks pregnant to take advantage of all the Better Beginnings benefits. To learn more about the program and enroll, visit the program's website at <https://www.bluecrossvt.org/health-community/your-health-and-wellness/help-managing-your-health/maternity-better-beginnings>. You can also call us at (800) 247-2583.

Do you have a chronic condition?

If you have a chronic condition our personal health support team can help you manage your condition and your overall health and well-being. Our services are free to you and completely confidential. You can enroll or opt out at any time.

What's in it for me ?

- Personal, one-on-one support to help you achieve your goals
- Access to tools and resources help you learn about your condition(s) and how best to take care of yourself, manage your medications, work effectively with your provider(s), and more
- Guidance tailored to your specific needs, and a care plan designed with you to build on your strengths
- The option to work with your case manager via phone, email, mobile app or some combination – whatever works best for you.

How do I get started?

Call us today, toll-free at (800) 922-8778, option 3, or email healthsupport@bcbsvt.com. Members can refer themselves, and we accept referrals from health care providers, family members, loved ones, and caregivers. In addition, we identify members who may benefit from having more support based on medical and pharmacy claims data for services specific to each condition. If we don't hear from you, a member of our team may reach out to give you an opportunity to learn more and get started. We look forward to working with you!

Let your PCP know about all of your care

It is important to select a primary care provider annually. Please contact our customer service

department to learn more about this and how to select a provider for your care. You can seek care from any emergency room or urgent care provider in the case of a true emergency, but remember to contact your primary doctor or primary care provider (PCP) after you are in stable condition and your emergency care is over. Your PCP will want to know about the care you received. You should also share the name of your PCP with the emergency room staff so that they can forward these important reports to your doctor as soon as possible.

Remember, you are the center of your health care. Share medical and health information with other health care providers such as specialists, emergency room staff and community health teams to ensure that the care you receive is safe and effective. It is especially important to share information about your mental health and/or substance use disorder care with your PCP. You must give your consent to your mental health/substance use disorder providers to allow them to share this information. If you are no longer under the care of a mental health or substance use disorder provider, we encourage you to let your PCP or other health care providers know. In order to help you keep track of what is important to share with your health team, use the guidelines below and keep them where you can access them anytime you are meeting with a health care provider.

- Name and contact information for your PCP
- Information about any mental health/substance use disorder providers you're seeing
- Reason for referral from PCP, if applicable
- Symptoms or concerns you have
- List of medications you are taking
- List of any allergies you have
- Any lab or diagnostic tests you had in the last year and results (or provide the contact information to get the results)

Before you leave, confirm your understanding of what you and your provider discussed and any follow-up visits needed, if applicable.

Member rights and responsibilities

Most people could easily answer the question "What do you expect from your health plan?" But have you ever wondered what your responsibilities are as a member?

You will find the answers in Blue Cross and Blue Shield of Vermont's Member Rights and

Responsibilities statement, which encourages mutually respectful relationships between the Plan and its members. The statement outlines our commitment to you, our members, and covers the guidelines for you to follow in order to get the most from your benefit plan.

A complete copy of our Member Rights and Responsibilities statement appears in the Member section of our website, [bluecrossvt.org/members/member-rights-responsibilities](https://www.bluecrossvt.org/members/member-rights-responsibilities). To request a paper copy, please contact our customer service team at the phone number listed on the back of your member ID card.

Valuable information about your coverage is online

The Blue Cross and Blue Shield of Vermont website has volumes of useful information to help you get the most out of your coverage. At [bluecrossvt.org/knowyourcoverage](https://www.bluecrossvt.org/knowyourcoverage), you can find:

- Lists of covered medications
- How to obtain language services
- Information about emergency care
- How to obtain more information about our contracted (in-network) providers, using our Find-a-Doctor tool
- How to obtain care and coverage when you travel outside of our service area

Our Member Resource Center provides members with benefit information, claims status and more. Register and log on to the Member Resource Center at [bluecrossvt.org/mrc](https://www.bluecrossvt.org/mrc) and you can access your subscriber documents that give you helpful information, such as:

- Benefits and services included in, and excluded from, your coverage
- Pharmaceutical management procedures, if they exist
- Co-payments and other charges for which members are responsible
- Benefit restrictions that apply to services obtained outside of our service area
- How to obtain language assistance
- How to submit a claim for covered service
- How to obtain information about practitioners who participate in the organization

- How to obtain primary care services, including points of access
- How to obtain specialty care, behavioral health services and hospital services
- How to obtain care after normal office hours
- How to obtain emergency care, including our policy on when to directly access emergency care or use 911 services
- How to voice a complaint
- How to appeal a decision that adversely affects coverage, benefits or your relationship with us
- Availability of independent, external review of internal Utilization Management final determinations
- How we evaluate new technology for inclusion as a covered benefit

To find your subscriber documents once you are logged into the Member Resource Center, click on Benefits/Coverage Details and then follow the links to view your Outline of Coverage.

To receive a printed copy of any of the information listed above, please call customer service at the number listed on the back of your member ID card.

We want your feedback

As always, we welcome your input and feedback. For more information about any of the content in this notice, or to voice a concern or complaint, contact our Customer Service team at the number listed on the back of your ID Card.

You may also submit a complaint through the Member Resource Center's secure messaging feature. Once logged in, click on Message Center and then New Message to send a secure message to our Customer Service team.

Pediatric transitions

We know that transitioning from a pediatrician to a provider for adult care can be an emotional and sensitive issue. We offer the following advice and tools to assist you:

- Talk with your pediatrician about whether or not it is time to select a primary care provider (PCP) for adult care. Your pediatrician may recommend several providers or provide some insight as to who may be a good fit for you.

- Our Find-a-Doctor tool can help you identify appropriate providers who are accepting new patients. To access the Find-a-Doctor tool, go to bluecrossvt.org/find-doctor. You can search by name, location, specialty and network. You can search for providers accepting new patients and set provider gender and language preferences.
- Call Blue Cross VT directly at the customer service number listed on the back of your ID card for help with finding a provider or adding a new PCP to your member profile. You can also login to our secure member portal online at bluecrossvt.org/mrc to update your profile and PCP.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment"

opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your state for more information on eligibility:

ALABAMA – Medicaid

Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<http://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service:
1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website:

medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: in.gov/medicaid/in.gov/fssa/dfr/

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

Iowa Medicaid | Health & Human Services

Medicaid Phone: 1-800-338-8366

Hawki - Healthy and Well Kids in Iowa | Health & Human Services

Hawki Phone: 1-800-257-8563

HIPP Website: **Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)**

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: kancare.ks.gov/

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: 1-855-459-6328

Email: KIHPP.PROGRAM@ky.gov

KCHIP Website: kynect.ky.gov

Phone: 1-877-524-4718

Kentucky Medicaid Website:
chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Louisiana Medicaid Website:

ldh.la.gov/healthy-louisiana

Medicaid Customer Service Line:
1-888-342-6207

Louisiana Medicaid email: healthy@la.gov

Louisiana Health Insurance Premium Program (LaHIPP) Website: idh.la.gov/lahipp

LaHIPP Phone: 1-877-697-6703

LaHIPP email: La.HIPP@la.gov

LaHIPP fax: : 1-888-716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage:
maine.gov/dhhs/ofi/applications-forms

Phone: 1-800-977-6740 |

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: mass.gov/masshealth/pa

Phone: 1-800-862-4840 | TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: mn.gov/dhs/health-care-coverage/

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: 1-402-473-7000

Omaha: 1-402-595-1178

NEVADA – Medicaid

Medicaid Website: dhcfp.nv.gov

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid

Phone: 1-800-356-1561

CHIP Premium Assistance Phone:
1-609-631-2392

CHIP Website: njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: health.ny.gov/health_care/medicaid

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: medicaid.ncdhhs.gov/

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: hhs.nd.gov/healthcare

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Websites: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](https://childrenshealthinsuranceprogram.pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: dss.sd.gov
Phone: 1-888-828-0059 TEXAS – Medicaid
Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](https://healthinsurancetexas.gov)
Phone: 1-800-440-0493

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](https://healthinsurancetexas.gov)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program/
CHIP Website: chip.utah.gov/

VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](https://healthinsurancetexas.gov)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: dhhr.wv.gov/bms/mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 3/31/2026)