# BlueCare Expanded Provider Network Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all provisions. Please refer to all sections of your Contract, including your *Outline of Coverage*, for guidelines on coverage and Cost-Sharing details.

#### Summary

This Rider amends your Contract as follows:

- 1. The definition of "BlueCare Service Area" is added to explain which members are in the service area and which are not.
- 2. The definition of "Network Provider" is amended for members who live outside of the BlueCare Service Area.
- 3. The "Choosing a Provider" language in the Guidelines for Coverage chapter of your Certificate is amended for members who live outside of the BlueCare Service Area.
- 4. The "Primary Care Providers" language in the Guidelines for Coverage chapter of your Certificate is amended.
- 5. The "Out-of-Area Coverage for Students" language in the Guidelines for Coverage chapter of your Certificate is stricken.

### 1. Definitions

The following definitions are added or replace the corresponding definitions in your *Certificate of Coverage*:

**BlueCare Service Area:** the State of Vermont and the following bordering counties of New Hampshire: Coos, Grafton, Sullivan and Cheshire.

Provider: a Facility, Professional or Other Provider that is:

- approved by us;
- licensed and/or certified where required; and
- acting within the scope of that license and/or certification.

**Network Provider:** For members who legally reside in the BlueCare Service Area, this includes:

- Pharmacies who make an agreement with our Pharmacy Benefit Manager ("Network Pharmacy");
- Vision Providers who make an agreement with our vision service partner if you have a vision care rider; or
- any Provider that has a Network Provider agreement with us.

Providers located outside of Vermont are not generally Network Providers. We consider the following Providers to be Network Providers if they participate with their local Blue Cross and/or Blue Shield Plan:

• Skilled Nursing Facilities.

You may find a Network Provider by using our Find-a-Doctor tool on our website at **www.bcbsvt.com**. Select The Vermont Health Plan (TVHP) Network from the drop-down menu. You may also get a directory of Network Providers from your Group Benefits Manager or from our customer service team. Providers must be Network in order for their services to be Covered. We do not provide benefits if you do not use a Network Provider. See Choosing a Provider in Chapter One, Guidelines of Coverage, of your Certificate.

For members who reside outside of the BlueCare Service Area or students who attend school outside of the BlueCare Service Area, this includes:

- Pharmacies who make an agreement with our Pharmacy Benefit Manager ("Network Pharmacy");
- Vision Providers who make an agreement with our vision service partner if you have a vision care rider; or
- Preferred Providers for all other services.

We consider Providers outside of Vermont to be Network Providers if they are Preferred Providers with their local Blue Cross and/or Blue Shield Health Plans.

You may find a Network Provider on our website at www.bcbsvt.com. You may also get a directory of Network Providers from your Group Benefits Manager or from our customer service team. Providers must be Network Providers in order for their services to be Covered. We do not provide benefits if you do not use a Network Provider. See Choosing a Provider in Chapter One, General Guidelines, of your Certificate.

**Non-Network Provider:** a Provider that does not meet the definition of a Network Provider. We do not provide benefits if you use a Non-Network Provider. See Chapter One, General Guidelines, of your Certificate.

## 2. Guidelines for Coverage

The following sections *REPLACE* the corresponding sections in Chapter One of your *Certificate of Coverage*:

#### **Choosing a Network Provider**

You must use Network Providers or get Prior Approval to get care outside of the Network. If you legally reside in the BlueCare Service Area, you must use TVHP Network Providers. This network includes a wide array of Primary Care Providers, Specialists and Facilities in our state and in bordering communities in other states. If you reside outside of the BlueCare Service Area, you must use our BlueCard Network (PPO/EPO). It includes Providers that contract with other Blue Cross and/or Blue Shield Plans.

If you want a list of our Network Providers or want information about one, please visit **www.bcbsvt.com/find-a-doctor** to use the Find-a-Doctor tool. Use the Network drop-down menu and select The Vermont Health Plan to find a list of Providers. If you need assistance in locating a BlueCard Network provider, please visit:

- provider.bcbs.com; and
- use your three-letter prefix, located on your ID card, to find a network provider using the Blue Cross and Blue Shield Association's Find-a-Doctor tool.

You may also call our customer service team at the number on the back of your ID card. We will send you a paper Provider directory if you wish. Both electronic and paper directories give you information on Provider qualifications, such as training and board certification.

You may change Providers whenever you wish. Follow the guidelines in this section when changing Providers.

#### **Primary Care Providers**

When you join this Health Plan, you must select a Primary Care Provider (PCP) from our Network of Primary Care Providers. You must receive services from your PCP or another Network Provider to receive benefits. You have the right to designate any PCP who is available to accept you or your family members. Each family member may select a different PCP. For instance, you may select a pediatrician for your child.

If you legally reside in the BlueCare Service Area, you must select from the list of our Network Primary Care providers.

If you reside outside of the BlueCare Service Area, you must select from the BlueCard Network (PPO/ EPO). If you need assistance in locating a network provider within or outside of the BlueCare Service area, please refer to the Choosing a Provider section. Your coverage does not require you to get referrals from your PCP. However, you must get Prior Approval for certain services. (See Chapter One, Prior Approval). You must get Prior Approval for any services you receive from Providers outside our Network.

The following section is *STRICKEN* in Chapter One of your *Certificate of Coverage*:

#### **Out-of-Area Coverage for Students**

Jan C. Grage

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