

CONSUMER TIPS

PUBLISHED BY THE VERMONT DIVISION OF HEALTH CARE ADMINISTRATION

Shopping for Vermont's Catamount Health Insurance

JANUARY 2010



DEPARTMENT OF BANKING, INSURANCE,
SECURITIES & HEALTH CARE ADMINISTRATION
89 MAIN STREET, MONTPELIER, VERMONT 05620-3101
TOLL FREE: (800) 631-7788
TEL: (802) 828-2900 FAX: (802) 828-2949
CONSUMER WEBSITE: www.bishca.state.vt.us



ALTERNATE FORMATS FOR THIS PUBLICATION

This publication is also available on the Department's website at www.bishca.state.vt.us, using the Division of Health Care Administration's "Consumer Publications" link. To speak with a health insurance consumer specialist call 1-800-631-7788.

Persons with hearing impairments may contact the Vermont Relay Service at 1-800-253-0191 (TTY), or 1-800-253-0195 (voice).

Persons with reading or visual impairments may contact the Vermont Association for the Blind and Visually Impaired (VABVI) at 1-800-639-5861.

Table of Contents

		Page
Section One	Introduction	4
Section Two	Who May Purchase Catamount Health Insurance	5
Section Three	Premium Assistance Eligibility	6
Section Four	Before You Choose a Catamount Insurance Plan	7
Section Five	Common Characteristics of Catamount Health Insurance Plans	8
Section Six	Catamount Health Insurance Company Contact Information	10
Section Seven	Monthly Premium Rates for Catamount Health Insurance for Catamount Health Insurance Plans	11
Section Eight	Important Health Insurance Terms	12



Section One: Introduction

CATAMOUNT HEALTH

Catamount Health is a health insurance plan within Green Mountain Care family of plans. It is an individual health insurance product created for uninsured Vermonters who do not have access to employer (group) insurance or other Green Mountain Care plans such as the Vermont Health Access Program (VHAP) or Dr. Dynasaur.¹

Catamount Health is offered, in cooperation with the State of Vermont, by Blue Cross Blue Shield of Vermont and MVP Health Care (private health insurance companies). Catamount Health Insurance is what is known as a “Preferred Provider Organization (PPO)” product; this is defined on page 14. It provides a comprehensive benefits package that covers primary care, chronic care, acute care and hospital services. Prescription drugs are also covered.

For more information about Catamount Health Insurance products available to Vermonters, contact the insurance companies listed on page 10.

CATAMOUNT HEALTH PREMIUM ASSISTANCE

The cost of health insurance is usually paid monthly. The monthly charge is called a “premium.” If your family’s income is at or below 300% of the federal poverty level, you may qualify for “Premium Assistance” that would reduce your monthly premium cost for Catamount Health Insurance.² For questions about eligibility for premium assistance, call Green Mountain Care at 1(800) 250-8427, TDD: 1(888) 834-7898. The member services representatives can help you understand Catamount Health Insurance eligibility and the Premium Assistance Program.

¹ You may be able to purchase Catamount Health Insurance even if you have access to Employer Sponsored Insurance (ESI) under some circumstances. For further information on the guidelines and exceptions, visit (www.GreenMountainCare.org) or contact Health Access Member Services for **Green Mountain Care** at 1 (800) 250-8427, TDD: 1 (888) 834-7898 on business days between 7:45 a.m. and 4:30 p.m.

² For further information on the guidelines and exceptions, visit (www.GreenMountainCare.org) or contact Health Access Member Services for **Green Mountain Care** at 1 (800) 250-8427, TDD: 1 (888) 834-7898 on business days between 7:45 a.m. and 4:30 p.m.

Section Two: Who May Purchase Catamount Health Insurance

To be eligible to purchase Catamount Health Insurance, you must:

- Have been uninsured for 12 months prior to the month of application (with some exceptions – see below),
- Be a Vermont resident, and
- Not be eligible for an Employer-Sponsored Insurance (ESI) plan (insurance through an employer).³

You do not need to have been without health insurance for 12 months to be eligible for Catamount if you:

- Have insurance that only covers hospital care or doctors' visits (but not both); or your insurance is not considered "creditable coverage" (ask your insurer if you do not know).
- Had Medicaid, Vermont Health Access Plan (VHAP) or Dr. Dynasaur but became ineligible for those programs.
- If, for at least the last 6 months, you had a health insurance plan with an annual deductible in excess of \$10,000 for single coverage and \$20,000 for two-person or family coverage that is not sponsored by your employer or an association. Please note that if you are eligible for Catamount Health Insurance only for this reason, you are not eligible for premium assistance for 12 months. You will have to buy Catamount Health Insurance at full cost for 12 months (after 12 months, you may be eligible for premium assistance).
- If within the last 12 months, you had insurance but lost it because you:
 - Lost or quit your job (including retirement),
 - Had a reduction in your work hours resulting in being ineligible for your employer-sponsored coverage,
 - Got divorced or had your civil union dissolved,
 - Had insurance through someone who died,
 - Are no longer continuing your health insurance through the Consolidated Omnibus Budget Reconciliation Act (COBRA) or Vermont continuation of coverage (VIPER),
 - Are no longer a dependent on your parent or caretaker health insurance,
 - Had your college enrollment reduced below a threshold for continuation of group coverage (either parental or school sponsored insurance), or
 - Were getting your insurance through college and can no longer do so because you graduated, took a leave of absence, reduced your credits, or stopped going to college.

You are not eligible to purchase Catamount Health Insurance if you:

- Are 18 or older and are claimed on a tax return as a dependent of a resident of another state.
- Are eligible for Medicare.

³ You may be able to purchase Catamount Health Insurance even if you have access to Employer Sponsored Insurance plan (ESI) under some circumstances. For further information on the guidelines and exceptions, visit (www.GreenMountainCare.org) or contact Health Access Member Services for **Green Mountain Care** at 1 (800) 250-8427, TDD: 1 (888) 834-7898 on business days between 7:45 a.m. and 4:30 p.m.

Section Three: Premium Assistance Eligibility

You may be eligible to get help with paying for Catamount Health Insurance premiums if you qualify for Catamount Health Insurance and you have an income of 300% of the Federal Poverty Level (FPL) or below (you may still qualify if your monthly income is higher, if you have earned income and/or child care expenses). This is called “premium assistance.” It lowers your premiums for the least expensive Catamount Health Insurance plan. The amount of premium assistance available is based on your income. Each month you will pay your monthly premium for Catamount Health Insurance to the State of Vermont. The State of Vermont will pay the total premium to the insurance company. These premium rates in the chart below are effective from January 1, 2010 to March 31, 2010. This chart is updated each January.

Number of People in Household*:	1	2	3	4	Your likely Individual Monthly Premium is:
If your total monthly/yearly household income is <u>less</u> than:	\$1,812/ \$21,744	\$2,439/ \$29,268	\$3,065/ \$36,780	\$3,692/ \$44,304	\$60/mo
	\$2,039/ \$24,462	\$2,744/ \$32,928	\$3,449/ \$41,391	\$4,154/ \$49,842	\$122/mo
	\$2,265/ \$27,180	\$3,048/ \$36,576	\$3,832/ \$45,984	\$4,615/ \$55,380	\$149/mo
	\$2,492/ \$29,898	\$3,353/ \$40,236	\$4,215/ \$50,580	\$5,077/ \$60,918	\$177/mo
	\$2,718/ \$32,616	\$3,658/ \$43,896	\$4,598/ \$55,176	\$5,538/ \$66,456	\$205/mo
If your total monthly/yearly household income is <u>more</u> than:	\$2,718/ \$32,616	\$3,658/ \$43,896	\$4,598/ \$55,176	\$5,538/ \$66,456	\$435.03/mo

* A Household is defined as the number of related people living in the same house.

You may still qualify if your monthly income is higher than the amounts in the chart if you have earned income and/or child care expenses.

Section Four: Before You Choose a Catamount Health Insurance Plan

Choosing the right health insurance can be difficult. The following is a list of things you may want to consider:

- Know your rights.** In Vermont, whether you are a first time buyer of health insurance or searching for a different plan, you cannot be turned down on the basis of your age, health, gender, or medical history. Health insurance companies selling Catamount Health insurance in Vermont may not selectively screen out high-risk individuals. The only reason you can be turned down is if you do not meet the eligibility requirements to purchase Catamount Health Insurance. If you are denied Catamount Health Insurance and you believe you are eligible, contact Health Access Member Services at **Green Mountain Care** at 1 (800) 250-8427, TDD: 1 (888) 834-7898 on business days between 7:45 a.m. and 4:30 p.m.
- Comparison shop.** You may choose between two Catamount Health Insurance plans. Both Blue Cross Blue Shield of Vermont (BCBSVT) and MVP Health Care offer a plan. Contact the two companies, ask questions and compare the different products so that you can decide which will best meet your needs. Although all Catamount Health Insurance must cover certain mandated benefits, there are some differences between the MVP and BCBSVT products. Make sure you know what the different products cover and what services are excluded. For example, some services may be covered only if you use certain providers. It might cost more for you to go to certain providers who are not in the insurer's network. Check with the insurance company to see if the health care providers you prefer are in the network. Remember that the product you select may also affect your Catamount Health insurance premium costs.
- Understand your policy.** Before you apply, make sure you understand whether coverage may be limited for preexisting conditions in your case. Once you purchase health insurance, read the policy carefully to make certain that you understand its terms. Refer to it before you seek care to make sure you do what is required to get coverage.
- Keep good files.** Keep your insurance policy and all your insurance records in a safe place where you can easily refer to them.

Section Five: Common Characteristics of Catamount Health Insurance Plans

The services covered by Catamount Health Insurance will depend on which plan you choose. Some services may not be covered. It might cost more for you to go to certain providers who are not in your insurer's network. The table below shows what is the same about the two Catamount Health Insurance plans. Always check with the insurance company to get details about coverage.

	Preferred	Out-of-network
Annual Deductibles	\$250/individual \$500/family	\$500/individual \$1,000/family
Co-Insurance	20%	20%
Co-Payment	\$10/office visit per individual	\$10/office visit per individual
Prescription Drugs Co-payments	No deductible \$10 for generic drugs \$30 for drugs on preferred drug list \$50 for non-preferred drugs	Not covered
Preventive Care	\$0 Not subject to deductible, co-insurance, co-payments	Not covered
Out-of-Pocket Maximum*	\$800/individual \$1,600/family	\$1,500/individual \$3,000/family

*Includes deductibles, co-insurance, and co-payments. Premium payments and prescription drug payments are not included in the out-of-pocket maximums.

Costs may be much higher if you use health care providers that are not in the insurance company's network.

For definitions of terms used in the table, see pages 12 and 13.

The following items are present in some form in both Catamount Health Insurance Plans, but the details will vary by plan. Read your policy carefully to make sure you understand the details of your plan.

Special Protections for Participating in Chronic Care Management Programs:

Catamount Health Insurance emphasizes improved care for people with chronic conditions. If you have a chronic condition, you will want to see if Catamount Health Insurance plans offer a chronic care management program for that condition. In addition to providing valuable health benefits, Catamount Health Insurance provides financial incentives for you if you participate in a chronic care management program. For example, you may not be subject to preexisting condition limitations for chronic care and may not have to pay certain deductibles, co-insurance, or co-payments, if you are actively participating in a chronic care management program. Please note that chronic care management programs are not currently available for every chronic condition.

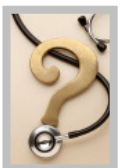
“Preferred Network” versus Out-of-Network Coverage:

Health insurance plans like Catamount Health Insurance are known as Preferred Provider Organizations (PPOs). In a PPO, the insurer contracts with certain health care providers referred to as “preferred providers” or “in-network providers.” Any provider not in the network is considered “out-of-network.” Both plans have specific requirements for coverage amounts and limitations regarding the use of preferred providers and out-of-network providers. Out-of-network providers can usually bill you for the amount of their charges over and above what the PPO normally allows (referred to as “balance billing”). Sometimes, out-of-network services may not be covered at all.

Preexisting Condition Limitations and Exclusions:

A “preexisting condition” is a physical or mental health condition for which medical advice, diagnosis, care or treatment was recommended by or received from a provider. Generally, coverage under Catamount Health is subject to a preexisting condition waiting period of up to one year; however, this may be waived if you have not had a break in coverage longer than 63 days. There are other important exceptions to preexisting waiting periods under Catamount Health:

- Pregnancy is not considered a preexisting condition.
- Waiting periods for certain conditions will be waived if you participate in a chronic care management program. Co-pays will also be waived if you participate in management programs for certain conditions.



The rules about preexisting conditions can be complicated. If you have any questions about preexisting conditions, waiting periods or chronic care programs, you can contact **Catamount Blue at 1-888-445-5805, or MVP Catamount Choice at 1-888-687-6277.**

Section Six: Catamount Health Insurance Company Contact Information

Health Insurance Companies Selling Catamount Health Insurance:

Blue Cross Blue Shield of Vermont (BCBSVT) Catamount Blue

Individual Products/Catamount
P.O. Box 186
Montpelier, VT 05601-0186
<http://www.bcbsvt.com/catamount>
(888) 445-5805
TDD: (800) 535-2227

MVP Health Insurance Company MVP Catamount Choice

EAS-Catamount
625 State Street
P.O. Box 2207
Schenectady, New York 12301-2207
<http://www.mvpvermont.com>
(888) 687-6277
TTD: (800) 421-1220

Section Seven: Monthly Premium Rates for Catamount Health Insurance Plans (Full-Pay)

The premiums and rates listed within this publication are effective from January 1, 2010 to March 31, 2010, unless otherwise noted. Before choosing an insurer, please contact the company to make sure the rates are still current. Note that Catamount Health Insurance premium rates may increase during the year, but your premium rate is guaranteed for 12 months after coverage becomes effective.

Plan	Single Person Premium Per Month	Two Person Premium Per Month	One Parent & Child(ren)	Family Premium Per Month
Blue Cross Blue Shield of VT	\$435.03	\$870.05	NA	\$1,218.07
MVP Health Insurance Company	\$435.03	\$870.06	\$826.55	\$1,218.08

Note:

There are differences in coverage between the two plans, including dependent coverage. Please check with the company and review the plan's policy to determine which policy best meets your needs and the needs of any family members.

Section Eight: Important Health Insurance Terms

In dealing with health insurance, you may come across a number of unfamiliar terms. This section can help you understand the general terms. You must also read your policy definitions to understand what these and the other terms mean in your particular Catamount Health Insurance policy.

Chronic Care Management Program (CCMP)

The Chronic Care Management Program (CCMP) is a specialized program available for members enrolled in Catamount Health and enrolled in the CCMP. Active participation in a CCMP can help members with chronic health conditions improve their health outcomes and save money. Members must comply with program requirements such as specified office visits with their physicians and other providers. To be eligible, members must have at least one chronic condition including, but not limited to: arthritis, cancer, asthma, diabetes, low back pain, mental health, and heart and lung disease. To determine if you may be eligible for a Chronic Care Management program, please contact one of the health insurance companies selling Catamount Health Insurance listed on page 10.

Eligible participants will receive a program tailored to their unique needs and must actively participate in their tailored program. The program may include, for example, self-management educational tools, coaching, specialty case management, home visits, appointment reminders, and follow-up work.

Co-insurance

Co-insurance is a term used to explain one type of out-of-pocket cost you must pay for a health service. The insurance company pays a portion (typically a percentage) of the health care costs and you pay the remainder. For example, the insurance company may pay 80% of the services for preferred network providers, leaving you to pay a remaining co-insurance of 20%.

Co-payment

A co-payment is a set amount you must pay for certain covered health care services; it is another type of out-of-pocket cost. For example, you pay a \$10 co-payment for each office visit when you have Catamount Health Insurance. The insurance company pays the remainder of the amount for the covered health care service.

Deductible

Typically, the deductible is the amount you must pay out-of-pocket before the insurance company will start paying for health care services. Catamount Health policies contain deductibles; however, the deductible (and other cost sharing) is waived for certain types of services such as preventive care and chronic care, if you are enrolled in a chronic care management program.

Individual Insurance (also known as non-group insurance)

Individual insurance is health insurance coverage bought directly by a person who does not have group coverage through an employer or association. For that reason, it is also known as non-group insurance. If your employer offers insurance, you are not eligible to purchase non-group insurance, even if you do not choose to purchase your employer's plan. In certain circumstances, you may be eligible for Catamount Health Insurance even if your employer offers insurance.

Out-of-Pocket Maximums

Both Catamount Health Insurance plans set dollar limits (known as out-of-pocket maximums) on the amount of out-of-pocket costs you must pay for covered services. For example, after you have met the deductible, the insurance company will pay 80% of your covered health care expenses and you pay 20% of the expenses. This payment arrangement continues until the total paid by you for covered services, other than prescription drugs, reaches the maximum amount. At that point, the insurer will pay 100% of the reasonable and customary cost for covered health care services, other than prescription drugs.

Preferred Provider Organization (PPO)

A PPO is a form of managed care. The insurer contracts with a network of health care providers ("preferred providers" or "in-network providers") who agree to provide care to the health plan's members at a certain cost. Health plan members usually have more generous coverage if they use the preferred providers. Members may be permitted to use providers who are not members of the PPO network, but they will usually have higher out-of-pocket costs if they do. There may be no coverage at all for certain services if you do not use a preferred provider.