



**Fletcher Allen Preferred Medical Plan  
Amendment to Plan Document (SPD)  
Effective January 1, 2009**

Your Plan Document is hereby amended by the following changes:

**Co-Insurance:**

1. The Participant is responsible for a 10% Co-insurance for Inpatient and Skilled Nursing Admissions.
2. Co-Insurance for preventive lab and x-rays has been eliminated.

**Co-Payment:**

1. The \$250 co-payment per Inpatient and Skilled Nursing Admission has been eliminated.
2. Pharmacy Co-payments:
 

Tier 1 Generic	\$10
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Tier 2 Preferred Brand	\$25
Tier 3 Non-Preferred Brand	\$45
Tier 4 Infertility	50%
Mail Order Generic	\$20
Mail Order Preferred	\$50
Mail Order Non Preferred	\$90

**Annual Deductible:**

\$250 per person, maximum \$750 for a family; the deductible applies to all services that carry a co-insurance. The deductible does not apply to primary care and specialist office visits, mental health and substance abuse services, or pharmacy benefits.

**Annual Out-of-Pocket Maximum:**

\$1,500 per person, maximum \$4,500 for a family. Includes co-insurance and deductible amounts. Co-payments do not apply to the out-of-pocket maximum. Co-insurance for infertility services does not apply to the out-of-pocket maximum.

### **Full-time College Students on Medical Leave:**

A currently enrolled and verified full-time student under the age of 25 who must take a medically necessary leave of absence from a post-secondary educational institution, e.g. college or university, will be allowed continued eligibility in the Plan, provided the student intends to return to school within one year. Continued eligibility is subject to the approval of VMC. Requests for approval must be submitted to Vermont Managed Care (VMC) at phone number: 1-866-582-6836. Requests must include a statement from the treating physician attesting to the medical necessity of the leave of absence. Requests will be evaluated by the VMC Medical Director. Continued eligibility will be considered for up to one year, unless the student becomes ineligible for coverage for some other reason as outlined in the Plan Document (e.g. over age 25).

Please retain this amendment for your records. It is recommended that you insert this into your Plan Document booklet.

**03.27.09**