

**Strength
And
Flexibility.**



“Blue Cross Blue Shield of Vermont formed CBA Blue, as a wholly owned subsidiary, offering Vermont companies full-service self-funded medical plan third-party administration.”

Our broad product portfolio features flexible plan options that fit just about any business model. We are experienced health care experts whose goal is not only to pay claims for our customers, but to partner with them to maximize their benefit dollars, while providing their employees with the best access to health care. Through the combination of the BlueCard[®] network (the premier Blue Cross and Blue Shield Preferred Provider Network that links together more than 600,000 network doctors and hospitals in 50 states) and the flexibility of a Third Party Administrator, CBA Blue plan members take their healthcare benefits with them – across the country and around the world.



CBA Blue

Our specialized skills, expert services, and lower overhead costs allow you time to focus on your business.

A Managed Plan = Lower Costs

Administration

Benefit Customization

Claim Management

A

B

C

Administration

CBA Blue provides full-service plan administration that includes:

- Plan Document Design
- Enrollment Processing
- Claims Production
- Insurance Identification Card
- Reinsurance Claim Reporting and Reconciliation
- Commission and Fee Processing
- State Health Care Reporting
- Customized Claim Reporting and Analysis
- Fraud and Abuse Detection
- Subrogation and Recovery
- Prescription Benefit Management Services
- ERISA Compliance Consulting
- Web-enabled Tools
- IT Client Services

Benefit Customization

Our robust claim adjudication platform allows customers freedom while designing their plan offerings.

Employers are able to select their own deductible levels, out-of-pocket maximums, limitations and lifetime maximums. They can even decide what they want to cover, whether it's certain vaccinations, chiropractic services, injectables, obesity or infertility. Customers also benefit from a menu approach to most administrative services, as well as network customization.

For business partners not used to self-funding, experienced professionals support the development of customized health benefit plans tailored to meet each client's corporate benefit strategy.

Claim Management

Comprised of both Disease Management and Lifestyle/Wellness components, Our Population Health Management program is designed to help individuals become more involved in managing their care.

Our Disease Management and Lifestyle/Wellness programs, when offered together, are designed to support healthy participants by providing tools to maintain healthy habits and engage at-risk participants to reduce the risk of future disease.

Our programs are designed to reduce the prevalence and severity of illness, lowering a plan's claims cost.