

QUALIFIED HEALTH PLANS (QHP)



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



2026 ENROLLMENT GUIDE FOR INDIVIDUALS AND FAMILIES

Get care from the largest network of providers and hospitals in Vermont, plus many across the U.S. and the world.



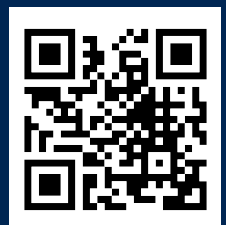
@bluecrossvt

bluecrossvt.org

INSIDE:

Our Commitment to You
Essential Health Benefits
How to Enroll
FAQs
Next Steps

Scan to explore plan options and more



OUR COMMITMENT TO YOU

When you choose a Blue Cross and Blue Shield of Vermont health plan for yourself or your family, you get more than just coverage for medical bills when you're sick or injured. You get a team of Vermonters helping you to put your health first. You also get:

- Health plan coverage from a trusted, local organization.
- Support from our award-winning Vermont-based customer service team.
- Access to the largest network of providers and hospitals in Vermont, plus a national and global care network.
- 24/7 telemedicine services for physical and mental health care, anytime and anywhere.
- The wellness platform and app, Be Well VermontSM, to help keep you and your covered family members ages 21 or older healthy.
- Free health and wellness tools, events, and member discounts to help you live your best life.

For more than 40 years, we've been Vermont's only local, non-profit health plan. We're your friends and neighbors — and we're dedicated to supporting you and our communities today, tomorrow, and for years to come.

Thank you for allowing us to be a part of your health journey.



ESSENTIAL HEALTH BENEFITS

Our Qualified Health Plans (QHP) include these essential health benefits, offering you and your covered family members quality care and support for life's many ups and downs.

As a member, you'll have access to two health plan documents:

- **Outline of Coverage:** Explains benefits and corresponding costs.
- **Certificate of Coverage:** Details covered benefits, limitations, and general exclusions.



PRIMARY CARE

Many primary care providers (PCP) across Vermont are in our network. Use our **Find-a-Doctor** tool at bluecrossvt.org/find-doctor to help find a provider who meets and your covered family needs in Vermont and nationwide.



PREVENTIVE CARE

In-network preventive care services are available at \$0 cost.* These include annual wellness visits, screenings, and standard immunizations. Download the preventive care guide at bluecrossvt.org/preventive.



OFFICE VISITS

Visits with a PCP or specialist are included in the health plans, as are services received while in the provider's office, like diagnosis and treatment of an illness or injury, nutritional counseling, X-rays, and lab tests.†



HOSPITAL SERVICES

Outpatient and inpatient services provided in a hospital or outpatient facility, such as surgery, advanced imaging, infusion therapy, and chemotherapy, are included benefits.† Some services may require prior approval.



URGENT CARE

For non-emergency health needs that can't wait for an appointment with a PCP, you or a covered family member can visit in-network urgent care facilities across Vermont and nationwide (or even virtual through our telemedicine options).†



EMERGENCY CARE

No matter where an emergency happens, you and covered family members can access emergency services when needed†. No prior approval is required.



PRESCRIPTION DRUG COVERAGE

When it comes to prescriptions, both pharmacy pick-up and home delivery options are available.† Many pharmacies throughout Vermont and nationwide accept our prescription drug plan, Vermont Blue RxSM. Learn more about Vermont BlueRx and how prescription drug coverage and pricing work under "FAQs" on page 8 or visit bluecrossvt.org/vermontbluerx.

*As defined by state and federal law.

† Services may be subject to cost-share, which is the amount members pay for medical, hospital, and pharmacy services.

These amounts include:

- **Deductibles:** The amount members pay for services and medications before their plan begins to pay its share.
- **Coinsurance:** A percentage of costs (for example 20%) members will pay for covered services and medications after meeting their deductible.
- **Copayments:** The amount members pay for services and medications at the time of care.

SUPPORT SERVICES: EXPLORE BEYOND THE BASICS

Additional resources offer extra help and useful information focused on health and wellness.



24/7 TELEMEDICINE

When you or a covered family member need care for a minor illness, injury, or mental health support, connect with a licensed, board-certified provider by video from a computer, tablet, or smartphone. Learn more at bluecrossvt.org/telemedicine.



MEDICATION GUIDANCE

Free consultations with our staff pharmacists help you or a covered family member understand the medications you're taking and explore possible alternatives. Learn more at bluecrossvt.org/medmanage.



PERSONAL HEALTH SUPPORT

When you or a covered family member need help with your health, connect with our team of registered nurses and licensed clinicians – free of charge. We offer one-on-one support to help members address their health-related challenges. Learn more at bluecrossvt.org/healthsupport.



BETTER BEGINNINGS® MATERNAL HEALTH PROGRAM

Expecting mothers, up to 34 weeks of pregnancy, who enroll in our free Better Beginnings® maternal health program partner with one of our experienced nurses who coordinate care for moms and babies and provide guidance during and after pregnancy. Learn more at bluecrossvt.org/betterbeginnings.



HEALTH & WELLNESS RESOURCES

For members 21 or older, our free wellness platform and app, Be Well VermontSM, offers health support, wellness challenges, and the ability to track daily activity through a connected fitness device or watch. Learn more at bluecrossvt.org/bewellvt.



MEMBER RESOURCE CENTER (MRC)

Our Member Resource Center allows you and your covered family members to view your health plan details online, including benefits and claims, explore the cost of medical services and prescription drugs, compare the quality of different providers and facilities, order new ID cards, and more. Learn more at bluecrossvt.org/MRC.



MEMBER NEWSLETTER & BE WELL VT BLOG

Stay informed with trusted health and wellness advice, inspiring stories, essential health plan tips, and member discounts from our Vermont partners. Learn more at bluecrossvt.org/blog.



PRIOR APPROVAL

For the most recent prior approval list, you can visit bluecrossvt.org/priorapproval or call the customer service number on the back of your ID card.



SERVICES YOUR PLAN MAY NOT COVER

Once enrolled, review your plan's Certificate of Coverage which provides covered benefits, limitations, and general exclusions. You can also access your plan's Outline of Coverage in your Member Resource Center at bluecrossvt.org/MRC.

FINANCIAL HELP

Enhanced premium tax credits through the federal Inflation Reduction Act end on December 31, 2025.

The sample subsidies presented below are estimates as of October 1, 2025, and are subject to change if the enhanced premium tax credits are extended by Congress. Vermont Health Connect can guide you through this process to see if you qualify for financial help and determine the amount.

HOW MUCH CAN YOU SAVE EACH MONTH?

Subsidies are based on your household income, the number of people enrolling, and the type of health plan you choose. If your household income is more than 400% of the Federal Poverty Level (FPL), you won't be able to get financial help through Vermont Health Connect in 2026. Vermont Health Connect calculates your exact monthly subsidy.

TYPE OF PLAN	ANNUAL HOUSEHOLD INCOME LIMITS	INCOME EXAMPLE	ESTIMATED 2026 MONTHLY SUBSIDY
Individual-only (1 Adult)	Salary up to \$62,600	\$40,000	\$1,007.91
Married Couple (2 Adults)	Salary up to \$84,600	\$50,000	\$2,259.00
Parent & Child (2 People)	Salary up to \$106,600	\$70,000	\$1,918.18
Family Plan (3+ People)	Salary up to \$128,600	\$80,000	\$2,974.70

HOW MUCH WILL YOUR HEALTH PLAN COST WITH A SUBSIDY?

Plan Example: Vermont Preferred Gold

TYPE OF PLAN	ANNUAL HOUSEHOLD INCOME LIMITS	INCOME EXAMPLE	ESTIMATED MONTHLY PREMIUM PAYMENT BEFORE SUBSIDY	ESTIMATED 2026 MONTHLY SUBSIDY	ESTIMATED MONTHLY PREMIUM PAYMENT WITH SUBSIDY
Individual-only (1 Adult)	Salary up to \$62,600	\$40,000	\$1,334.51	\$1,007.91	\$326.60
Married Couple (2 Adults)	Salary up to \$84,600	\$50,000	\$2,669.02	\$2,259.00	\$410.02
Parent & Child (2 People)	Salary up to \$106,600	\$70,000	\$2,575.60	\$1,918.18	\$657.42
Family Plan (3+ People)	Salary up to \$128,600	\$80,000	\$3,749.97	\$2,974.70	\$775.27

HOW CAN YOU ACCESS THE SAVINGS?

- To qualify for a subsidy or financial help with your Blue Cross VT health plan, you must enroll through Vermont Health Connect (VHC), Vermont's health insurance marketplace. If you purchase a health plan directly from Blue Cross VT, **you will not be eligible** for a subsidy through VHC.
- Use the plan comparison tool at VermontHealthConnect.gov.
- Shop and compare our health plans at bluecrossvt.org/shop-plans.

ENROLL WITH VERMONT HEALTH CONNECT



(855) 899-9600



Log-in or create an account at VermontHealthConnect.gov.

HOW TO ENROLL

Whether you enroll through Vermont Health Connect (VHC) to receive financial help, also called a subsidy, or enroll without a subsidy with us directly, it's important to review the 2026 health plan details, including benefits, monthly premiums, and each health plan's cost-share (deductibles and out-of-pocket maximums). **Pay close attention to the Open Enrollment period's start and end dates, as well as the deadlines for any changes.**



WHAT TO CONSIDER

Choosing a health plan is an important decision based on your health care needs, expenses, and budget, both now and in the year to come.

1. Consider your current health needs, including any chronic or increasing health issues, planned medical procedures, and any anticipated health care that may impact your life over the next year.
2. Determine your budget by considering:
 - Monthly premiums.
 - Benefits and how much you'll be responsible to pay for services, also known as cost-share, with each health plan, including deductibles, copayments, coinsurance, and out-of-pocket maximum.
 - Prescription drug costs.
 - Other possible costs for one-time or unexpected medical needs.
3. Review your available **2026 health plan options**, including your benefits and costs.
4. Choose the health plan that meets both your health care needs and budget.



QUESTIONS? WE'RE HERE TO HELP.



(800) 255-4550 | (TTY/TDD: 711)

Monday – Friday, 8 a.m. – 4:30 p.m.



consumersupport@bcbsvt.com



WITH SUBSIDY: YOU MUST ENROLL THROUGH VERMONT HEALTH CONNECT (VHC)

Call VHC at **(855) 899-9600** or visit VermontHealthConnect.gov to log-in or create an account.

- Open Enrollment runs November 1, 2025, through January 15, 2026.
- Enrolling in Vermont Health Connect for the first time? You must do so by January 15, 2026.
- Enrollment and plan changes made through VHC by December 15, 2025, take effect on January 1, 2026.
- Enrollment and plan changes made through VHC between December 16, 2025, and January 15, 2026, take effect February 1, 2026.
- Currently enrolled in a Blue Cross VT plan through VHC and wish to change plans? You must do so by January 15, 2026.
- Want to keep the same Blue Cross VT plan through VHC in 2026? There is nothing you need to do. Your coverage will automatically continue.



WITHOUT A SUBSIDY: YOU CAN ENROLL THROUGH BLUE CROSS VT

- Open Enrollment runs November 1, 2025, through January 31, 2026.
- Plan enrollment and changes made by December 31, 2025, take effect on January 1, 2026.
- Plan enrollment and changes made in January 2026, take effect on February 1, 2026.
- Have a current plan through Blue Cross VT? If you don't take action or make any changes, your current plan will be renewed automatically for 2026.

To learn about subsidies and see if you qualify, visit VermontHealthConnect.gov or call **(855) 899-9600**.

FAQs

WHAT IS COST-SHARE?

Based on your selected health plan, we cover a portion of your health care costs. Cost-share is the amount you pay for medical, hospital, and pharmacy services, including deductibles, copayments, and coinsurance. Cost-share does not include monthly premiums or costs of non-covered services.

We begin paying 100% of the costs for covered services when you reach your health plan's out-of-pocket maximum. To understand what your out-of-pocket costs may be, please see our plans and premiums chart at bluecrossvt.org/QHP-individual-chart or the plan's Summary of Benefits and Coverage (SBC) at bluecrossvt.org/QHP.

WHAT ARE DEDUCTIBLES?

A deductible is the amount you pay out-of-pocket for covered services or medications before your health plan begins to pay its portion.

If you enroll in a two-person or family health plan or add a family member to your health plan later, there are two different types of deductibles – stacked and aggregate – that affect how your health plan pays benefits. **If you enroll in an individual-only (single) plan, you are not impacted.**

- **Stacked** – Once a member meets their deductible or out-of-pocket maximum, the health plan pays accordingly, even for a two-person or family plan.
- **Aggregate** – Once all members on the health plan meet their collective deductible or out-of-pocket maximum, the health plan pays accordingly. Some health plans have a specific individual out-of-pocket maximum, which limits out-of-pocket expenses for a member each calendar year.

Each health plan includes a deductible. Some plans combine the deductible with medical and medication costs while others have separate deductibles for each.

HOW DOES PRESCRIPTION DRUG COVERAGE AND PRICING WORK?

The National Performance Formulary (NPF) is a list of medications covered by our plans. With the NPF, medications are assigned to three different tiers: generic, preferred brand, and non-preferred brand. Costs may vary for each tier level on each plan.

- Review our plans and premiums chart to understand each health plan's pharmacy benefits and costs.
- To check to see if your medication is covered by our health plans, choose "NPF Lookup" at bluecrossvt.org/formulary-lists.

Some of our health plans include no-deductible wellness drug benefits for certain medications used to treat common conditions like diabetes, asthma, cholesterol, high blood pressure, SSRI/mood, and substance use disorder. This means you'll pay a copayment, coinsurance or nothing at all, depending on your health plan. A comprehensive list of our wellness drugs can be found at bluecrossvt.org/formulary-lists.

WHAT'S A HEALTH SAVINGS ACCOUNT (HSA) AND HOW CAN I GET ONE?

With some types of health plans, like the Consumer-Directed Health Plans (CDHP), you are eligible to open a Health Savings Account (HSA). An HSA is a tax-free savings account you can use to pay IRS-approved medical expenses, including items covered by your health plan and those that are not.

HSAs can give you more control of your health care spending and also provide an option to save.

- Use your HSA account dollars to purchase qualified medical expenses tax-free.
- Earn tax-free interest on the money in your HSA account.
- Your HSA contributions are tax-deductible, lowering your taxable income when you file your annual income tax return.
- The money in your HSA rolls over year after year and is yours to keep, with no "use it or lose it" rule.
- You don't pay any taxes on the money you put in or take out of your HSA, as long as you use it for medical expenses as defined by the IRS.

Blue Cross VT contracts directly with HealthEquity[†] to offer HSAs to members. Learn more about HealthEquity HSAs, annual contribution limits, or view the list of qualified medical expenses at learn.healthequity.com/bcbstv/hsa.

[†] HealthEquity is an independent organization not affiliated with the Blue Cross and Blue Shield Association and is solely responsible for services, site content, as well as the conditions, terms of use and privacy policies that govern its site and services. HealthEquity is an Internal Revenue Service ("IRS") authorized, non-bank trustee ("NBT") operating as the custodian of health savings accounts ("HSAs").

NEXT STEPS: AFTER YOU'VE ENROLLED

Once you enroll in your health plan, follow these three simple steps:

1 KEEP AN EYE ON YOUR MAIL

Whether you're new to Blue Cross VT or a returning member, we will send you and your covered family members new ID cards in the mail. You'll need your new Blue Cross VT ID card(s) for health care visits, medical services, and to fill a prescription at the pharmacy or through mail-order.

During Open Enrollment, ID cards will be mailed in December for January 1 coverage. If you join one of our health plans in the middle of the year during a Special Enrollment Period (SEP), ID cards take about 10-14 business days to arrive.

We'll also mail your Outline of Coverage, which explains your benefits and corresponding costs.





2 REGISTER ONLINE FOR OUR MEMBER RESOURCE CENTER (MRC)

Use your new Blue Cross VT ID card for our Member Resource Center at bluecrossvt.org/MRC. With the MRC you can:

- Review plan benefits and any out-of-pocket expenses.
- Check your claims for payment status and any amount you may owe.
- View health plan materials including your proof of coverage and outline of coverage. You can also request hard copies of these documents by contacting our customer service team at the number shown on the back of your ID card.
- Order replacement ID card(s).
- Sign up for our member newsletter.

3 EXPLORE FREE EVENTS, EDUCATION & DISCOUNTS

With a Blue Cross VT health plan, you have a toolkit of useful resources and wellness programs to help make prioritizing your health and well-being a little easier and fun!

- Join us for Apple Days, Snow Days, and Mountain Days, our free annual community events. Learn more at bluecrossvt.org/community.
- Check out our Be Well VT blog for helpful articles on current health and wellness topics: bluecrossvt.org/blog.
- Explore member discounts from businesses across Vermont and New Hampshire at bluecrossvt.org/memberdiscounts.
- Follow @bluecrossvt on social media:    

WHAT IF I HAVE MORE QUESTIONS OR NEED HELP?

Contact us! Like you, we're Vermonters. We pride ourselves on excellent service and direct, honest conversation about the things that matter to you.

If you have questions or need help, we're here for you, Monday – Friday, 8 a.m. to 4:30 p.m.



(800) 255-4550 | (TTY/TDD: 711)



consumersupport@bcbsvt.com

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/privacypolicies.

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, for example, 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 Whitney Standerfer-Smith, civilrightscordinator@bcbsvt.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 Standerfer-Smith, Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583 (TTY/TDD: 711), fax (802) 229-0511, or email civilrightscordinator@bcbsvt.com. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, Whitney Standerfer-Smith, the 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/portal/lobby.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)

Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>

**For free language-assistance service,
call (800) 247-2583 (TTY/TDD: 711).**

ARABIC	للحصول على خدمات المساعدة اللغوية المجانية ، اتصل (800) 247 (TTY/TDD: 711). lilhusul ealaa khadmat almusaadat allughawiat almajaaniat, atasal (800) 247-2583 (TTY/TDD: 711).
CHINESE	如需免费语言协助服务，请致电，(800) 247-2583 (TTY/TDD: 711). Rú xū miǎnfèi yǔyán xiézhù fúwù, qǐng zhìdiàn (800) 247-2583 TTY/TDD: 711).
CUSHITE (OROMO)	Tajaajila gargaarsa afaanii bilisaa argachuuf, (800) 247-2583 (TTY/TDD: 711) bilbili.
FRENCH	Pour des services d'assistance linguistique gratuits, appelez le (800) 247-2583 (TTY/TDD: 711).
GERMAN	Für kostenlose Sprachunterstützungsdienste rufen Sie (800) 247-2583 (TTY/TDD: 711) an.
ITALIAN	Per i servizi di assistenza linguistica gratuiti, chiamare il numero (800) 247-2583 (TTY/TDD: 711).
JAPANESE	無料の言語支援サービスについては、(800) 247-2583 (TTY/TDD: 711). Muryō no gengo shien sābisu ni tsuite wa, (800) 247-2583 (TTY/TDD: 711) made o denwa kudasai.
NEPALI	निःशुल्क भाषा-सहायता सेवाहरूको लागि, कल गर्नुहोस्, (800) 247-2583 (TTY/TDD: 711). Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi, kala garnuhōs (800) 247-2583 (TTY/TDD: 711).
PORTUGUESE	Para serviços gratuitos de assistência linguística, ligue para (800) 247-2583 (TTY/TDD: 711).
RUSSIAN	Чтобы получить бесплатную языковую помощь, позвоните по телефону (800) 247-2583 (TTY/TDD: 711).
SERBO-CROATIAN (SERBIAN)	За бесплатне услуге језичке помоћи позовите (800) 247-2583 (TTY/TDD: 711). Za besplatne usluge jezičke pomoći pozovite (800) 247-2583 (TTY/TDD: 711).
SPANISH	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583 (TTY/TDD: 711).
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 (TTY/TDD: 711).
THAI	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร.(800) 247-2583 (TTY/TDD: 711). Sāhrab brikār chwyhelūx dān phās'a frī thor (800) 247-2583 (TTY/TDD: 711).
UKRAINIAN	Щоб отримати безкоштовні мовні послуги, телефонуйте (800) 247-2583 (TTY/TDD: 711). Shchob otrymaty bezkoshtovni movni posluhy, telefonuyte (800) 247-2583 (TTY/TDD: 711)
VIETNAMESE	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583 (TTY/TDD: 711).



bluecrossvt.org/QHP

| @bluecrossvt



BlueCross BlueShield[®]
of Vermont

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