QUALIFIED HEALTH PLANS (QHP)

BlueCross BlueShield of Vermont

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

2026 SMALL GROUP EMPLOYER ENROLLMENT GUIDE

Discover health plans that care for your employees as much as you do.

INSIDE:

Scan to explore our plan options and more

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CHOOSING YOUR HEALTH PLAN PARTNER

To help your organization thrive, you need a trusted health plan partner that cares for your employees' health as much as you do.

For more than 40 years, Blue Cross and Blue Shield of Vermont has been the state's only local, non-profit health plan, committed to the health and wellness of Vermonters. We're your friends and neighbors – and we're dedicated to supporting our local employers, members, and communities today, tomorrow, and for years to come.

When you and your organization select Blue Cross VT as your health plan partner, your organization and your employees get:

- Health plan coverage from a trusted, local non-profit organization.
- Support from our award-winning Vermont-based customer service team.
- Access to quality care from 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 Vermont℠, to help keep your employees, and their covered family members ages 21 or older, healthy.
- Free health and wellness tools, events, and member discounts to help your employees live their best lives.

Thank you for considering us to support the health and wellness of your team. We hope you find these next few pages helpful as you choose your health plan partner.

If you have questions, we're here to help.

Call **(800) 255-4550** (**TTY/TDD: 711**)
Monday – Friday from 8 a.m. to 4:30 p.m.

Email **consumersupport@bcbsvt.com**

Visit **bluecrossvt.org/smallbusiness**

ESSENTIAL HEALTH BENEFITS FOR YOUR EMPLOYEES

Our qualified health plans (QHP) include these essential health benefits, offering your employees and their covered family members quality care and support for life's many ups and downs.

Members will have access to two health plan documents:

- **Outline of Coverage:** Explains their 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. Employees and their covered family members can use our Find-a-Doctor tool at **bluecrossvt.org/find-doctor** to find a provider who meets their 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 to share with your employees 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, members can visit in-network urgent care facilities across Vermont and nationwide or virtually through our telemedicine options.†

EMERGENCY CARE

No matter where they are, members can access emergency care 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 Rx℠. Learn more about Vermont Blue Rx and how prescription drug coverage and pricing work under "FAQs" on page 6 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 or medications costs 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 members need care for a minor illness, injury, or mental health support, they can easily 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 members understand the medications they're taking and explore possible alternatives. Learn more at **bluecrossvt.org/medmanage**.

PERSONAL HEALTH SUPPORT

When members need help managing their health, our team of registered nurses and licensed clinicians is here for them – free of charge. They 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 Vermont℠, 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 members to view their 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

Members can 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, employees can visit **bluecrossvt.org/priorapproval** or call the customer service number on the back of their ID card.

SERVICES YOUR PLAN MAY NOT COVER

Once enrolled, employees can review their plan's Certificate of Coverage for all covered benefits, limitations, and general exclusions. They can also access their plan's Outline of Coverage in the Member Resource Center at **bluecrossvt.org/MRC**.

EMPLOYER RESOURCES

EMPLOYER RESOURCE CENTER (ERC)

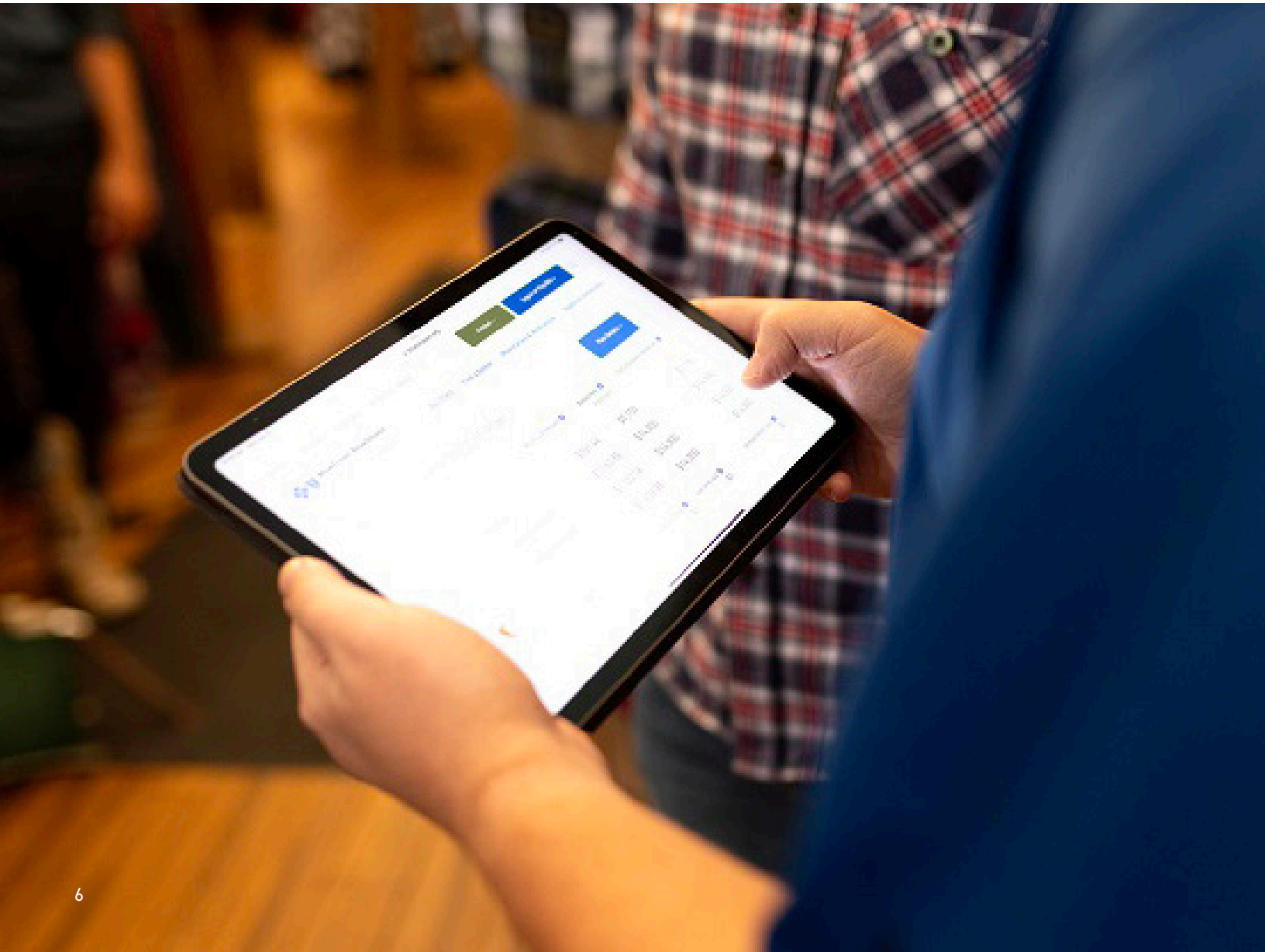
Our secure employer portal is self-service, allowing you to conveniently manage your organization's group health plan online. Add and change employees' enrollment, generate download reports, download monthly invoices, order employee materials, and more. Visit **bluecrossvt.org/ERC**.

BROKER RESOURCE CENTER (BRC)

If you use a broker for your health plan, they can log into our Broker Resource Center to access your group's details and complete transactions on your behalf. Brokers can register or access the account at **bluecrossvt.org/BRC**.

OUR VERMONT-BASED STAFF

When you have a question or need assistance, we're here for you, by phone or email. Like you, we're Vermonters. We pride ourselves on excellent service and direct, honest communication with you and your employees.



SMALL GROUP PLAN OPTIONS

If your primary business is in Vermont, qualified health plans (QHP) are available to your organization if you have:

- 1–100 full-time equivalent (FTE) employees and offer full coverage to all of them.
- At least one FTE who is not the owner, a business partner, or spouse of the owner or business partner.

OUR PLANS: 3 TYPES, 13 PLAN OPTIONS

You can offer employees any or all of our 3 qualified health plans, as outlined below, with 13 plan options available.

- **Vermont Preferred Plans** — These health plans include 4, 8, or 12 $0 office visits for a combination of in-network primary care, mental health, or substance use disorder treatment services. The number of visits per member is based on the number of people enrolled onto your plan. Also included are four $0 office visits with chronic care specialists for each member diagnosed with diabetes or heart disease. With no out-of-pocket expenses, employees are more likely to seek early treatment in lower-cost health care settings.
- **Vermont Select Plans** — Our Vermont Select health plans can be paired with a health spending account like a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). These plans offer complete coverage after members meet their deductible and out-of-pocket maximums for the plan year and waive the deductible for wellness prescription drugs.
- **Standard Plans** — These health plans provide a range of options to give your employees the coverage they need and the great service you expect from us. Certain plans feature three $0 office visits per member for primary care, mental health, or substance use disorder treatment services.

For more details about our QHP small group plans, access our plan comparison tool and the plans and premiums chart under "Quick Links." You can also contact us to discuss the plans and options that are right for you.

QUICK LINKS

- **Comparison Tool for QHP Small Group Plans:** Allows you to filter by our health plans, premiums, and deductible types to compare all of our 2026 health plan offerings. Visit **bluecrossvt.org/smallgroup-qhp-plan-tool**.
- **2026 Plans & Premiums Chart for QHP Small Groups:** Outlines our available health plans, including cost-share and monthly premiums. Visit **bluecrossvt.org/QHP-group-chart**.
- **Summary of Benefits and Coverage (SBC) and Certificates of Coverage:** Plan documents are availabe for each QHP small group plan at **bluecrossvt.org/smallbusiness**.

WE'RE HERE TO HELP

If you have questions, we're here to help.

Call **(800) 255-4550** (**TTY/TDD: 711**)
Monday – Friday from 8 a.m. to 4:30 p.m.

Email **consumersupport@bcbsvt.com**

Visit **bluecrossvt.org/smallbusiness**

FAQs

WHAT IS COST-SHARE?

Based on the selected health plan, we cover a portion of an employee's health care costs. Cost-share is the amount the employee will 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 and medications when your employee reaches their plan's out-of-pocket maximum. To understand what the out-of-pocket costs may be, please see our plans and premiums chart at **bluecrossvt.org/QHP-group-chart** or the plan's Summary of Benefits and Coverage (SBC) at **bluecrossvt.org/smallbusiness**.

WHAT ARE DEDUCTIBLES?

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

If your employee enrolls in a two-person or family health plan or adds a family member to their health plan later, there are two different types of deductibles – stacked and aggregate – that affect how their health plan pays benefits. **If they're enrolled in an employee-only (single plan), they 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.
- Employees can check to see if their medications are covered by our health plans by choosing "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 your employees pay their copayment/coinsurance or nothing at all, depending on their health plan. A comprehensive list of our wellness drugs can be found on our website.

WHAT HEALTH SPENDING ACCOUNTS ARE AVAILABLE?

You can give your employees more control of their finances or help them offset their health expenses with different health spending accounts.

We offer health spending accounts to pair with our health plans, such as a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). Our plans comparison chart outlines which health plans are eligible for which type of account. We also provide Flexible Spending Accounts (FSA) and Dependent Care Flexible Spending Accounts (DCFSA) at an additional cost per month.

All our spending and savings accounts include the following benefits:

- An online learning center with savings calculators.
- Access to forms and educational materials so your employees can better understand their account options.
- Dedicated customer service.
- 24/7 access to an online portal.

If you'd like to learn more about health spending accounts, please contact us or your agent. You can also learn more about these accounts and annual contribution limits or view the list of qualified medical expenses at **bluecrossvt.org/HSA-HRA**.

ENROLLMENT STEPS

When you're ready, here's the information you need to enroll, renew, or change the health plans for your organization, including important enrollment dates and deadlines. Remember, if you employ up to 100 full-time equivalent (FTE) employees, you may choose to offer any, or all, of our qualified health plans (QHP) to your employees.

HAVE QUESTIONS? WANT US TO COMPLETE YOUR RENEWAL FOR YOU? CONTACT US!

Call **(800) 255-4550** (**TTY/TDD: 711**), option 1
Monday – Friday from 8 a.m. to 4:30 p.m.

Email **consumersupport@bcbsvt.com**

MARK YOUR CALENDAR

- **November 1, 2025**: Open Enrollment begins.
  - Enrollment or changes made in November and December during Open Enrollment take effect January 1, 2026.
  - If you are already enrolled and make no changes by December 31, your current coverage for your employees will automatically renew for January 1, 2026, ensuring no interruption in coverage.
- **January 31, 2026**: Enrollment deadline. Any plan changes made in January 2026 will take effect February 1, 2026.

NEW TO BLUE CROSS VT

ENROLLING YOUR ORGANIZATION FOR THE FIRST TIME:

1. Choose your small group enrollment option online at **bluecrossvt.org/smallbusiness-enroll**.
2. Submit your enrollment with our online application form or download and complete the new small group enrollment packet.
3. If you download the packet, you can return it one of three ways:

   Email: **consumersupport@bcbsvt.com**

   Mail: Blue Cross and Blue Shield of Vermont
   P.O. Box 186
   Montpelier, VT 05601-0186

   Fax: (802) 371-3329

Once your enrollment is complete, you will receive a welcome letter in the mail outlining the next steps for your organization. You can also register online for our Employer Resource Center at **bluecrossvt.org/ERC**.

Your employees will receive their Blue Cross VT ID cards in the mail after your organization's enrollment is complete. Employees will also receive an Outline of Coverage in the mail detailing their health plan and its benefits. A Certificate of Coverage will be available on our website, with details of the plan's covered benefits, limitations, and general exclusions.

RENEWING WITH BLUE CROSS VT

KEEPING YOUR CURRENT COVERAGE:

- There's nothing you need to do.
- Your group coverage and employees' plan choices will automatically be renewed for the coming year. It's a seamless continuation of coverage.
- Renewals with paired health spending accounts: we're moving to HealthEquity® in 2026. HSA/HRA account balances will transition to them month end December 2025. New HealthEquity Visa® Debit Cards mail out around the time we send our ID Cards.
- Explore pairing health spending accounts, visit **bluecrossvt.org/HSA-HRA**.
- Health spending account with a different vendor? If we're sending claims to your vendor for HSA/HRA processing, when you make health plan changes or change to a different vendor, we need to know to ensure there's no disruption for your employees with your vendor for the upcoming year.

MAKING CHANGES TO YOUR CURRENT GROUP COVERAGE:

Starting November 1, 2025, you can log into the Employer Resource Center to make updates or changes to your plan selections, add new employees, or change enrolled employees.

- Not registered for the ERC? Create your account now at **bluecrossvt.org/ERC**.
- Need enrollment forms? Visit **bluecrossvt.org/employerforms**.

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 Standefer-Smith, **civilrightscoordinator@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 Standefer-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 **civilrightscoordinator@bcbsvt.com**. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, Whitney Standefer-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	(800) للحصول على خدمات المساعدة اللغوية المجانية ، اتصل 2583 247 (TTY/TDD: 711). lilhusul ealaa khadmat almusaeadat 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). S̄ảh̄rạb brikār ch̀wyh̄elp̄x d̂ān p̣hās'ā 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).

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BlueCross® BlueShield® of Vermont

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