QUALIFIED HEALTH PLANS (QHP)

BlueCross BlueShield of Vermont

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

2026 SMALL GROUP EMPLOYEE ENROLLMENT GUIDE

Access the largest network of providers and hospitals in Vermont, plus a national and global care network.

@bluecrossvt

bluecrossvt.org

INSIDE:

ESSENTIAL HEALTH BENEFITS

Your employer chose Blue Cross and Blue Shield of Vermont for our high-quality health plans, personal service, and commitment to those we serve. Whether you live in Vermont, and have a Vermont-based employer, you can count on us to help you put your health first.

Our Qualified Health Plans (QHP) include these essential health plan 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 you 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 our 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 Rx℠. Learn how prescription drug coverage and pricing works under "FAQs" on page 5 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 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 needs support managing 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 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 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 the Member Resource Center at **bluecrossvt.org/MRC**.

HOW TO ENROLL

It's important to review the options available through your employer. In most cases, your employer will notify you of the health plan option(s) available. The steps below will help you renew, choose a new health plan or make changes.

MARK YOUR CALENDAR

- **November 1, 2025:** Open Enrollment for Qualified Health Plans officially starts. Check with your employer to learn when your organization's enrollment period begins and ends.
- **January 1, 2026:** Enrollment or plan changes made in November and December take effect.

WHAT TO CONSIDER

Choosing a health plan is an important decision based on your 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 with each health plan, including deductibles, copayments, coinsurance, and out-of-pocket maximums.
   - Prescription drug costs.
   - Other possible costs for one-time or unexpected medical needs.
3. Review your available 2026 health plan options provided by your employer. Be sure to consider your benefits and costs, like your premium contributions through your paycheck.
4. Choose the health plan that meets both your health care needs and budget.
5. If you aren't sure you can afford a health plan offered by your employer, financial help may be available from Vermont Health Connect (VHC). To learn more, visit **VermontHealthConnect.gov** or call **(855) 899-9600**.

TO ENROLL IN A PLAN

After you choose your health plan, contact your Group Benefits Administrator. Complete the necessary enrollment forms before your organization's deadline. Once you're done, they'll complete your enrollment with us.

TO KEEP OR MAKE CHANGES TO YOUR CURRENT COVERAGE

Ask your Group Benefits Administrator about the steps you need to take to keep your current coverage or make any changes, such as adding or removing a covered family member, before your organization's deadline.

HAVE QUESTIONS?

We're here for you Monday – Friday, 8 a.m. to 4:30 p.m.

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

consumersupport@bcbsvt.com

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 your out-of-pocket costs, 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 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 employee-only (single) plan, you are not impacted.**

- **Stacked** – Once you meet your deductible or out-of-pocket maximum, the plan pays accordingly, even for a two-person or family health plan.
- **Aggregate** – The full deductible or out-of-pocket maximum must be met collectively by everyone enrolled on the health plan before benefits are paid. Depending on the out-of-pocket maximum, there may be plans that set a specific individual out-of-pocket maximum which limits expenses paid in a calendar year.

Each health plan includes a deductible. Some plans combine the deductible with medical and medication costs while other 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 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 your 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?

If your employer offers a Consumer-Directed Health Plan (CDHP), they may also provide a Health Savings Account (HSA). An HSA is a tax-free savings account you can use to pay for IRS-approved medical expenses, including items covered by your health plan and those that are not. You must be enrolled in a CDHP to contribute money into an HSA.

If your employer offers an HSA:

- You can contribute to the account tax-free, spend the dollars in the account tax-free, and earn interest on the money in the HSA tax-free.
- Money goes into your HSA before your state or federal taxes are deducted. This brings down your taxable income and helps you save on medical expenses.
- The money in your HSA rolls over year after year and is yours to keep, even if you retire or change jobs. There's 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.

If you are enrolled in a CDHP and your employer does not provide an HSA, talk with a financial institution, like bank or credit union, about opening one.

If your employer offers a Health Reimbursement Arrangement (HRA) in addition to your Blue Cross VT health plan, you may not be eligible to fund an HSA.

Learn more about our HSAs, annual contribution limits, or view the list of qualified medical expenses at **bluecrossvt.org/HSA-HRA**.

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 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 are joining your employer's plan during the middle of the year, ID cards take about 10-14 business days to arrive.

We'll also mail you an 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 to register online for the 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! We're here for you, by phone or email, 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 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). S̄âh̄rạb brikār ch̀wyh̄elūx 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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284.433 (09.2025)

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