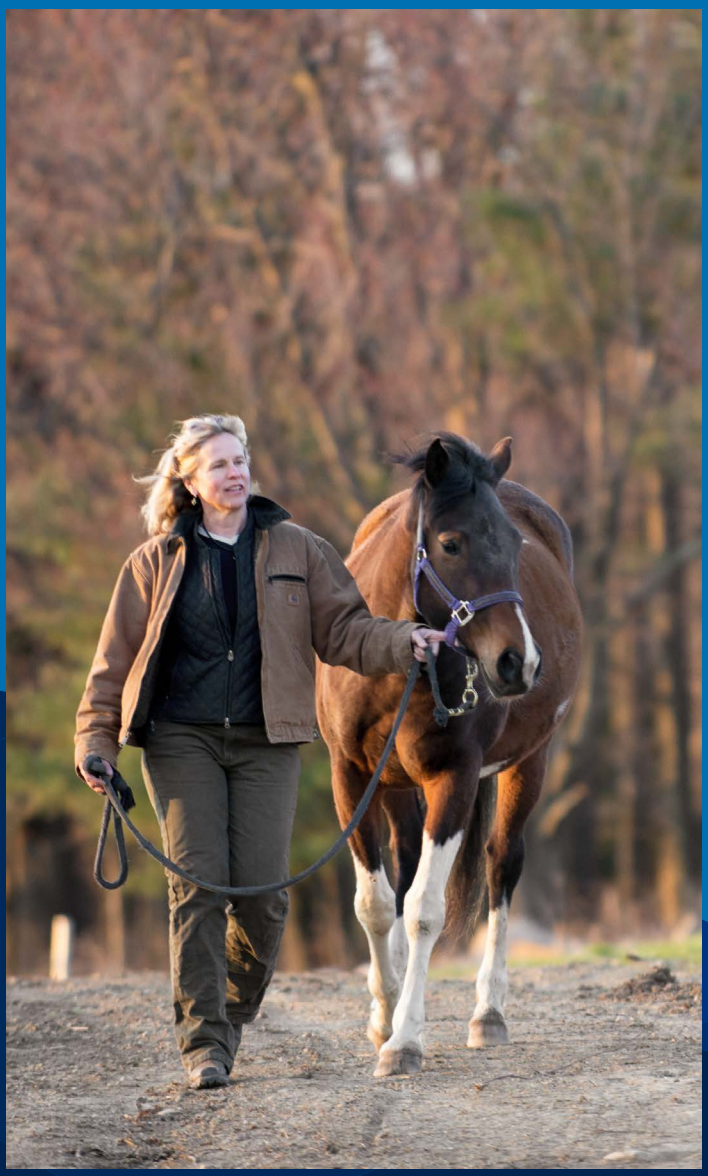
QUALIFIED HEALTH PLANS (QHP)

BlueCross BlueShield of Vermont

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



2027 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:

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Scan to explore plan options and more

OUR COMMITMENT TO YOU

When choosing us as your health partner, you get more than just coverage for medical bills when you're sick or injured. You get:

- Health plan coverage from a trusted Vermont 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 convenient physical and mental health care.
- The wellness platform and app, Be Well Vermont℠, 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, nonprofit 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) offer you or your covered family members quality care and support for life's many ups and downs.

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 the needs of you and your covered family members in Vermont and nationwide.

PREVENTIVE CARE

In-network preventive care services are available at $0.* These include annual wellness visits, screenings, and standard immunizations. Download the preventive guide to check out the covered preventive services available at $0. Visit **bluecrossvt.org/preventive** for more information about preventative care services.

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 benefit, Vermont Blue Rx℠. Learn more about Vermont BlueRx and how prescription drug coverage and pricing work under "FAQs" on page 8 or visit **bluecrossvt.org/vtbluerx**.

**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

Our Medication Therapy Management program utilizes pharmacy and medical claims data to proactively identify and invite members to receive personalized one-on-one counseling to help get the most out of their medications. Clinical pharmacists work with members and providers to review medication lists, diagnoses, and other relevant factors to develop a comprehensive, evidence-based plan for members to meet their individual health goals.

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 in their first 34 weeks of pregnancy can enroll in our free Better Beginnings program. Once enrolled, they'll be partnered with one of our experienced nurses, who can coordinate care 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. Explore the cost of medical services and prescription drugs with our cost comparison tool, compare the quality of different providers and facilities, review benefits and claims, and order new ID cards 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.

Once enrolled, visit the Member Resource Center at **bluecrossvt.org/MRC** to review your:

- **Certificate of Coverage**, which details all covered benefits, limitations, and general exclusions.
- **Outline of Coverage**, which explains their benefits and corresponding costs.

** Must be in continental U.S., Alaska, or Hawaii at time of service.*

FINANCIAL HELP

Many Vermonters can get help paying for health insurance through Vermont Health Connect, Vermont's health insurance marketplace.

WHO QUALIFIES

To qualify for financial assistance through Vermont Health Connect, you must:

- Be a U.S. citizen or have the following immigration status
  - Lawful permanent resident
  - Compacts of Free Association (COFA)
  - Cuban-Haitian Entrants
- Reside in Vermont
- Have a qualifying income
- File taxes jointly, if married

TYPES OF HELP AVAILABLE

If you qualify and enroll through Vermont Health Connect, you may receive one or more of these savings programs:

1. **Advance Premium Tax Credits (APTC)** –Helps lower your monthly health insurance based on your household income and federal tax information.*
2. **Vermont Premium Assistance (VPA)** – Additional state financial assistance that may further reduce your monthly premium. This amount is calculated based on the applicable percentage of your income.
   **If eligible, Vermont sends this payment directly to your insurance carrier.*
3. **Cost-Sharing Reductions (CSR)** – This program is available with certain silver plans, also known as Enhanced Silver plans. These savings reduce out-of-pocket costs such as deductibles, copayments, and maximum out-of-pocket limits.

To learn more about the different types of financial help available through Vermont Health Connect, visit their website at **https://info.healthconnect.vermont.gov/financial-help**.

**The applicable percentage is the portion of household's income that is subsidy eligible which can be spent on the marketplace's second lowest-cost Silver plan, also known as the benchmark plan.*

HOW MUCH CAN YOU SAVE EACH MONTH?

The amount of financial help you receive depends on:

- Household income
- Number of people enrolling
- Health plan selected

For 2027, many households with incomes below 400% of the Federal Poverty Level (FPL) may qualify for financial assistance. Vermont Health Connect determines your exact monthly savings.

See the chart below for 2027 income guidelines and eligibility examples. A complete annual household income limit table is available at **VermontHealthConnect.gov**.

HOUSEHOLD SIZE*	ANNUAL HOUSEHOLD INCOME LIMITS TO GET FINANCIAL HELP
1	$63,840
2	$86,560
3	$109,280
4	$132,000
5	$154,720

**For each additional person add $22,720*

Even if you're unsure whether you qualify, contact Vermont Health Connect. You may be eligible for savings.

HOW TO ACCESS YOUR SAVINGS?

- Enroll in a Blue Cross VT health plan through Vermont Health Connect.
- Financial help is only available for plans purchased through Vermont Health Connect.
- If you purchase a health plan directly from Blue Cross VT, **you will not be eligible** for Vermont Health Connect financial assistance.
- Compare plans and estimate your savings using the Vermont Health Connect plan comparison tool at **VermontHealthConnect.gov**.
- Shop and compare Blue Cross VT 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 to receive financial help, also called a subsidy, or with us directly, **pay close attention to Open Enrollment 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, the amount you will pay each month for coverage.
   - 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 **2027 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

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

- Open Enrollment runs November 1, 2026 through December 28, 2026.
- Enrolling in Vermont Health Connect for the first time? You must do so by December 28, 2026.
- Enrollment and plan changes made through Vermont Health Connect by December 15, 2026, take effect on January 1, 2027.
- Enrollment and plan changes made through Vermont Health Connect between December 16, 2026 through December 28, 2026, take effect February 1, 2027.
- Currently enrolled in a Blue Cross VT plan through Vermont Health Connect and wish to change plans for 2027? You must do so by December 28, 2026.
- Want to keep the same Blue Cross VT plan through Vermont Health Connect in 2027? There is nothing you need to do. Your coverage will automatically continue.

It's recommended to update your Vermont Health Connect application each year (household size and/or income), so you receive the correct financial help to avoid paying back when filing taxes.

WITHOUT A SUBSIDY: YOU CAN ENROLL THROUGH BLUE CROSS VT

- Open Enrollment runs November 1, 2026, through December 28, 2026.
- Plan enrollment and changes made by December 28, 2026, take effect on January 1, 2027.
- 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 2027.

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.

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

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.

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. Medication 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 a no-deductible wellness medication benefit 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 medications 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-advantaged 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/bcbsvt/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) because of a qualifying life event, 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 to receive monthly wellness articles and updates on community events.
- Compare costs and find providers using the Find-a-Doctor tool.

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 wellness 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 who speak or sign languages other than English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, contact the Civil Rights Coordinator at **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: 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, 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 العربية	للحصول على خدمة المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583 (TTY/TDD: 711). lilhusul ealaa khadmat almusaeadat allughawiat almajaaniat, atasal (800) 247-2583 (TTY/TDD: 711).
BOSNIAN BOSANSKI	Za besplatnu uslugu jezičke pomoći nazovite (800) 247-2583 (TTY/TDD: 711).
BURMESE မြန်မာဘာသာ	အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုအတွက် (800) 247-2583 (TTY/TDD: 711) သို့ ဖုန်းခေါ်ပါ။
DARI دری	د وړیا ژبنی مرستې خدماتو لپاره، له (800) 247-2583 (TTY/TDD: 711) شمیرې سره اړیکه ونیسئ
FRENCH FRANÇAIS	Pour des services d'assistance linguistique gratuits, appelez le (800) 247-2583 (TTY/ TDD: 711).
KIRUNDI IKIRUNDI	Niba ukeneye ubwunganizi mu ndimi ku buntu, hamagara kuri (800) 247-2583 (TTY/TDD: 711).
NEPALI नेपाली	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).
PASHTO پښتو	برای خدمات رایگان کمک زبانی، با شماره (800) 247-2583 (TTY/TDD: 711) تماس بگیرید
SIMPLIFIED CHINESE 简体中文	如需免费语言协助服务，请拨打 (800) 247-2583 (TTY/TDD: 711)。
SOMALI SOOMAALI	Si aad u hesho adeeg caawimo luuqadeed ah oo bilaash ah, wac (800) 247-2583 (TTY/TDD: 711).
SPANISH ESPAÑOL	Para servicios gratuitos de asistencia lingüística, llame al (800) 247-2583 (TTY/TDD: 711).
SWAHILI KISWAHILI	Kwa huduma ya usaidizi wa lugha bila malipo, piga simu kwa (800) 247-2583 (TTY/TDD: 711).
THAI ไทย	สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร, (800) 247-2583 (TTY/TDD: 711). S̄ảh̄rạb brikār ch̀wyh̄elp̄x d̂ān p̣hās'ā frī thor (800) 247-2583 (TTY/TDD: 711).
UKRAINIAN УКРАЇНСЬКА МОВА	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 TIẾNG VIỆT	Đối với các dịch vụ hỗ trợ ngôn ngữ miễn phí, hãy gọi (800) 247-2583 (TTY/TDD: 711).

@bluecrossvt

bluecrossvt.org/QHP

284.358 (09/2026)

BlueCross BlueShield of Vermont

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