

QUALIFIED HEALTH PLANS (QHP)



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



2027 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
How to Enroll
FAQs
Next Steps

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 or have a Vermont-based employer, you can count on us to help you put your health first.

Our Qualified Health Plans (QHP) offer you and your covered family members quality benefits 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 family 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 to learn more about preventive 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 plan, Vermont Blue RxSM. 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 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 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. 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

HOW TO ENROLL

Be sure 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, 2026:** 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, 2027:** Enrollment or plan changes made in November and early 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 2027 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. To learn more, visit VermontHealthConnect.gov or call **(855) 899-9600**.
For those residing outside of Vermont, visit Healthcare.gov to check your available options in your area.



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.

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 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.

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 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 medication 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 medications 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-advantaged 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:

- Contributions have tax advantages and potentially earn interest in the account.
- 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 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 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 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 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 وړيا ژبني مرستې خدماتو لپاره، له (800) 247-2583 (TTY/TDD: 711) شميرې سره اړيکه ونيسئ

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). Nihşulka 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). Sǎkr̥ab brikār c̥hwy̯hēl̥ūx dân phās̥'ā frī thor (800) 247-2583 (TTY/TDD: 711).

UKRAINIAN
УКРАЇНСЬКА
МОБА

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

284.433 (09/2026)



BlueCross BlueShield
of Vermont

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