

Added Member Support For Better Health

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24/7 ACCESS TO TELEMEDICINE
For secure access to convenient physical, mental health, and urgent care anytime, anywhere.
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BE WELL VERMONTSM PORTAL
If age 21 or older, members can use our free wellness portal, Be Well Vermont, powered by Personify Health. Explore health tips and articles, wellness challenges, and more.
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AWARD-WINNING CUSTOMER SERVICE
Solutions-focused support delivered by our Vermont-based team.
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COST TRANSPARENCY TOOL
This helpful tool in our member portal shows your year-to-date for out-of-pocket costs and provides details on provider and facility quality.
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FREE ONE-ON-ONE HEALTH SUPPORT
Our team of registered nurses and licensed clinicians can help you prepare for doctor visits, feel more confident in your decisions, and get you connected with the best available resources.
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For additional information about our health plan benefits, coverage, and programs visit bluecrossvt.org/members.

How to Enroll

- 1. Review Your Plan Options**
Review your 2027 health plan options. Note that these may be limited through your employer, so please contact them to discuss what's available.
- 2. Contact Your Employer**
After you choose your health plan, contact your group benefits administrator. Complete the necessary enrollment forms and return them. Once returned, they'll complete your enrollment with us.
- 3. Access Financial Help**
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 available options in your area.

After You've Enrolled

- 1. Check Your Mailbox**
Your new Blue Cross VT ID card(s) will arrive in the mail. You'll need them to access care, fill prescriptions, and set up home delivery. You'll also receive an Outline of Coverage, providing an overview of your plan benefits.
- 2. Register Online at the Member Resource Center (MRC)**
Once your Blue Cross VT ID card(s) arrive, register for an online account to access your member portal at bluecrossvt.org/MRC, where you can view your plan details, coverage, claims, and more.
- 3. Get to Know Us**
Sign up for the monthly newsletter in the Member Resource Center at bluecrossvt.org/MRC. Find out about free community events throughout the year at bluecrossvt.org/community. Explore helpful blog content at bluecrossvt.org/blog.

Serving Vermonters since 1980

For more than 40 years, our mission has been to make healthcare work better for all Vermonters. Headquartered in central Vermont, we employ more than 400 of your friends, family, and neighbors. Our team is dedicated to improving the health and well-being of our communities.

You are the reason we're here. We work hard to make healthcare more affordable, understandable, and available for Vermonters. We take this responsibility seriously – our members are at the heart of everything we do.



(800) 255-4550 (TTY/TDD: 711)
consumersupport@bcbsvt.com | bluecrossvt.org



Blue Cross and Blue Shield of Vermont (Blue Cross VT) does not discriminate on the basis of race, color, national origin, age, disability, genetic information, gender identity, sex, ethnicity, sexual orientation, or HIV-Status..

 For free language-assistance services, call (800) 247-2583.

Pour obtenir des services d'assistance linguistique gratuits, appelez le (800) 247-2583.

Para servicios gratuitos de asistencia con el idioma, llame al (800) 247-2583.

EMPLOYEE QUALIFIED HEALTH PLANS (QHP) FOR VERMONT EMPLOYERS

Get the Most Out of Your Health Plan Coverage



Your employer chose Blue Cross VT 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.

We're here to answer any questions, and support you and your family as you review our health plans and services.

Health Plans With Strong Value Built In

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ACCESS THE LARGEST NETWORK
Get care from the largest network of trusted providers and hospitals throughout Vermont and nationwide.
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\$0 PREVENTIVE HEALTH SERVICES
Annual wellness visits, essential screenings, and standard immunizations are available in-network at \$0.* Download the preventive guide to check out the covered preventive services available at \$0. Visit bluecrossvt.org/preventive for more information.
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PRESCRIPTION DRUG COVERAGE
Get coverage and savings with our Vermont Blue RxSM pharmacy program, including pick-up and home delivery options. Plus, members can receive personalized one-on-one counseling to help get the most out of their medications.

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EMERGENCY AND URGENT CARE
No matter where an emergency happens, our members can access emergency and urgent services when needed in Vermont and across the country. No prior authorization required.†

* 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.



**BlueCross
BlueShield**
of Vermont

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

Questions? Contact us at:
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consumersupport@bcbsvt.com
bluecrossvt.org

284,531 (09/2026)

2027 SMALL GROUP QUALIFIED HEALTH PLANS & PREMIUMS CHART

Orange numbers indicate a change for 2027 plans

BlueCross BlueShield of Vermont An Independent Licensee of the Blue Cross and Blue Shield Association. Questions? Contact us at: (800) 255-4550 (TTY/TDD: 711) consumersupport@bcbvst.com bluecrossvt.org 284.531 (09/2026)		BENEFITS		MEDICAL										PHARMACY				2027 MONTHLY PREMIUMS				
		Health spending accounts		Deductible		Out-of- pocket maximum	Medical cost-share(s)								Deductible	Out-of- pocket maximum	Prescription drugs cost-share(s)		Cost of monthly premiums before any employer contribution.			
Health Reimbursement Arrangement (HRA)	Health Savings Account (HSA)	Medical deductible is doubled for two- person and family plans	Deductible type ¹	Medical out-of-pocket maximum is doubled for two-person and family plans	Preventive care ²	Primary care, mental health, or provider visits for substance use disorder treatment	Specialist visits with diagnosis of heart ³ disease or diabetes ³	Specialist visits ⁴	Urgent care	Emergency room care	Outpatient & inpatient hospital services	Prescription drug deductible is doubled for two-person and family plans	Prescription drug out-of-pocket maximum is doubled for two-person and family plans	Wellness ⁵ medications (generic/preferred/ non-preferred brands)	Prescription drugs (generic/preferred/ non-preferred brands)	Employee-only	Two-person	Employee + Child(ren)	Family			
Vermont Preferred Plans	GOLD	●		\$1,550	Aggregate ¹	\$5,650	\$0	Combined 4, 8, or 12 \$0 office visits, then deductible, then \$20	Four \$0 office visits per member, then deductible, then \$40	Deductible, then \$40	\$60	Deductible, then \$250	Deductible, then \$750	Combined with medical	\$1,750	\$5/\$50/ 50% ⁵	Deductible, then \$5/40%/ 50%	\$1,186.83	\$2,373.66	\$2,290.58	\$3,334.99	
	SILVER	●		\$3,750	Aggregate ¹	\$9,850 ⁶	\$0	Combined 4, 8, or 12 \$0 office visits, then deductible, then \$30	Four \$0 office visits per member, then deductible, then \$50	Deductible, then \$50	\$70	Deductible, then \$450	Deductible, then \$1,750	Combined with medical	\$1,750	\$5/\$50/ 50% ⁵	Deductible, then \$5/40%/ 50%	\$983.33	\$1,966.66	\$1,897.83	\$2,763.16	
	BRONZE	●		\$10,900	Aggregate ¹	\$10,900 ⁶	\$0	Combined 4, 8, or 12 \$0 office visits, then deductible, then \$0	Four \$0 office visits per member, then deductible, then \$0	Deductible, then \$0			Combined with medical	Combined ⁸	\$15/\$50/ 50% ⁵	Deductible, then \$0	\$838.02	\$1,676.04	\$1,617.38	\$2,354.84		
Vermont Select Plans	GOLD CDHP	●	●	\$3,400	Aggregate ¹	\$3,400	\$0	Deductible, then \$0					Combined with medical	\$1,750	\$5/\$50/ 50% ⁵	Deductible, then \$0	\$1,190.12	\$2,380.24	\$2,296.93	\$3,344.24		
	SILVER CDHP	●	●	\$6,300	Aggregate ¹	\$6,300 ⁶	\$0	Deductible, then \$0					Combined with medical	\$1,750	\$15/\$50/ 50% ⁵	Deductible, then \$0	\$976.07	\$1,952.14	\$1,883.82	\$2,742.76		
	BRONZE CDHP	●	●	\$8,700	Aggregate ¹	\$8,700 ⁶	\$0	Deductible, then \$0					Combined with medical	Combined ⁸	\$25/ 40% / 50% ⁵	Deductible, then \$0	\$843.09	\$1,686.18	\$1,627.16	\$2,369.08		
Standard Plans	PLATINUM	●		\$700	Stacked ¹	\$2,650 ⁷	\$0	Three \$0 office visits per member, then \$15	\$30		\$40	Deductible, then \$100	Deductible, then 10%	\$0	\$1,750 ⁷	\$10/\$50/50%		\$1,445.91	\$2,891.82	\$2,790.61	\$4,063.01	
	GOLD	●		\$1,700	Stacked ¹	\$6,000 ⁷	\$0	Three \$0 office visits per member, then \$20	\$55		\$65	Deductible, then \$150	Deductible, then 35%	\$400 individual/ \$800 family	\$1,750 ⁷	\$15/deductible, then \$60/50%		\$1,201.61	\$2,403.22	\$2,319.11	\$3,376.52	
	SILVER	●		\$3,500	Stacked ¹	\$11,300	\$0	Three \$0 office visits per member, then \$40	\$90		\$100	Deductible, then \$250	Deductible, then 50%	\$550 individual/ \$1,100 family	\$1,750	\$15/deductible, then \$70/50%		\$995.23	\$1,990.46	\$1,920.79	\$2,796.60	
	BRONZE	●		\$6,450	Stacked ¹	\$11,100	\$0	Deductible, then \$35	Deductible, then \$90		Deductible, then \$100	Deductible, then 50%		\$1,100 individual/ \$2,200 family	\$1,750	\$15/deductible, then \$85/60%		\$835.33	\$1,670.66	\$1,612.19	\$2,347.28	
	BRONZE INTEGRATED	●		\$12,000	Stacked ¹	\$12,000	\$0	Three \$0 office visits per member, then \$40	\$100		Deductible, then \$0		Combined with medical	Combined ⁸	\$25/deductible, then \$0		\$857.63	\$1,715.26	\$1,655.23	\$2,409.94		
	SILVER CDHP	●	●	\$2,500	Aggregate ¹	\$7,500 ⁶	\$0	Deductible, then 10%	Deductible, then 35%					Combined with medical	\$1,750	\$10/\$40/50% ⁵	Deductible, then \$10/\$40/50%	\$1,030.22	\$2,060.44	\$1,988.32	\$2,894.92	
	BRONZE CDHP	●	●	\$6,300	Aggregate ¹	\$7,800 ⁶	\$0	Deductible, then 50%					Combined with medical	\$1,750	\$12/40%/60% ⁵	Deductible, then \$12/40%/60%	\$891.93	\$1,783.86	\$1,721.42	\$2,506.32		

Cost-share for each health plan above is based on the employee-only membership type. Plan benefits may change for two-person, employee + child(ren), or family membership types.

Pediatric vision and dental benefits are available on all plans for members 21 and younger. Hearing aid services are eligible for coverage. Additional plan details can be found in each plan's Summary of Benefits and Coverage (SBC).

¹For **Stacked** deductibles, once a member meets their deductible, the health plan pays accordingly, even for a two-person or family plan. For **Aggregate** deductibles, once all members on the health plan meet their collective deductible, the health plan pays accordingly. ²Visit bluecrossvt.org/preventive for the full list of preventive services covered at \$0 cost to you. ³Specialist visits include cardiologist, endocrinologist, nephrologist, ophthalmologist, or podiatrist only. ⁴Cost-share may vary for chiropractic and outpatient physical therapy. See the Summary of Benefits and Coverage at bluecrossvt.org/members. ⁵Deductible is waived for wellness medications on our Vermont Preferred and Consumer-Directed Health Plans (CDHP). Visit bluecrossvt.org/formulary-lists and click on "NPF Wellness List" to view our available wellness drugs. ⁶Regardless of all other cost-share, if one person's out-of-pocket cost reaches \$12,000 in a year, we begin paying 100% of the allowed amount for that person's covered services and supplies. ⁷Medical and prescription drug out-of-pocket maximums are separate. ⁸This plan does not include a separate prescription drug out-of-pocket maximum. All covered medical and pharmacy expenses accumulate to the overall combined out-of-pocket maximum.