

QUALIFIED HEALTH PLANS (QHP)



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



2027 SMALL GROUP EMPLOYER ENROLLMENT GUIDE

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

Scan to explore our
plan options and more

INSIDE:

Essential Benefits
Employer Resources
Plan Options
FAQs
Enrollment Steps



@bluecrossvt

bluecrossvt.org



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, we've been the state's only local, nonprofit 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 your organization chooses us as your health plan partner, your organization and its employees get:

- Health plan coverage from a trusted, local nonprofit 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 VermontSM, 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) offer your employees and their 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. 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.* These include annual wellness visits, screenings, and standard immunizations. Download the preventive guide to share with your employees, so they can check out the covered preventive services available to them at \$0. Visit 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 RxSM. Learn more about Vermont Blue Rx and how prescription drug coverage and pricing work under "FAQs" on page 6 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 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

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 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 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 members to view their health plan details online, including benefits and claims, explore the cost of medical services and medications, 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.

Once enrolled, employees can visit the Member Resource Center at bluecrossvt.org/MRC to review their:

- **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.

EMPLOYER RESOURCES

Help your employees maximize plan benefits and make informed decisions about care options with the tools and resources at bluecrossvt.org/qhp-group-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, download reports and 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 in to 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.



HEALTH SPENDING ACCOUNTS

If you're interested in offering health spending accounts to your employees, we can help you navigate options. We partner with HealthEquity to provide integrated health spending accounts with your organization's health plan. Learn more at bluecrossvt.org/HSA-HRA.

If your group has HSA or HRA accounts with another vendor, please contact them to complete your HSA/HRA renewal. If we're sending claims to your vendor for HSA/HRA processing, please notify us when you make changes to ensure there's no disruption for 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

Your organization can offer employees any or all of our qualified health plans, including our 13 plan options in our 3 product types, as outlined below.

Vermont Preferred Plans

- Include four, eight, or twelve \$0 office visits for a combination of in-network primary care, mental health, or substance use disorder treatment services.
- The number of visits is based on the number of people enrolled in your plan.
- These plans also include 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

- Can be paired with a health spending account like a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA).
- Offer complete coverage after members meet their deductible and out-of-pocket maximums for the plan year.
- Waive the deductible for wellness medications.

Standard 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 the combination of in-network 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

- **QHP Small Group Plan Comparison Tool:** Allows you to filter by our health plans, premiums, and deductible types to compare all of our 2027 health plan offerings. Visit bluecrossvt.org/smallgroup-qhp-plan-tool.
- **2027 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 available 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.

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

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** – The full deductible or out-of-pocket maximum must be met collectively by everyone on the plan before benefits are paid. Depending on the out-of-pocket maximum, there may be health 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.
- 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 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 your employees pay their copayment/coinsurance or nothing at all, depending on their health plan. A comprehensive list of our wellness medications 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.



MARK YOUR CALENDAR

- **November 1, 2026:** Open Enrollment begins.
 - Enrollment or changes made between November 1 and December 31, 2026, during Open Enrollment take effect January 1, 2027.
 - If you are already enrolled and make no changes by December 31, 2026, your current coverage for your employees will automatically renew for January 1, 2027, ensuring no interruption in coverage.



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

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.
- Explore pairing health spending accounts with your group health plan: Visit bluecrossvt.org/HSA-HRA.
- We partner with HealthEquity to provide integrated health spending accounts with your organization's health plan. If you have health spending accounts with a different vendor, make sure to let us know when you make changes to ensure there's no disruption.



MAKING CHANGES TO YOUR CURRENT GROUP COVERAGE:

- Starting November 1, 2026, you can log in to 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 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 civilrightscordinator@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 civilrightscordinator@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

دري

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). 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). Sǎŋrǎb brikār ch̥wɨʔh̥elūx dân phās'a frī thor (800) 247-2583 (TTY/TDD: 711).

UKRAINIAN УКРАЇНСЬКА MOBA

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).



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BlueCross BlueShield[®]
of Vermont

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