

QUALIFIED HEALTH PLANS (QHP) FOR VERMONT SMALL GROUPS

Flexible Health Coverage for Your Organization



As Vermont's only local, nonprofit health plan, we're dedicated to helping our local employers get more for their healthcare dollar.

When you choose us, you have more flexibility, more options, and more value. You'll have access to the largest network of providers and hospitals in Vermont, plus a national and global care network.

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

Health Plans Built With Strong Value For Your Employees

 **ACCESS TO A LOCAL AND NATIONAL NETWORK**
Employees can get care from the largest network of trusted providers and hospitals throughout Vermont and nationwide.

 **\$0 PREVENTIVE HEALTH SERVICES**
Annual wellness visits, essential screenings, and standard immunizations are available in-network at \$0.* Download the preventive guide to share with your employees so they can check out the covered preventive services available at \$0. Visit bluecrossvt.org/preventive for more information.

 **PRESCRIPTION DRUG COVERAGE**
Employees can get coverage and savings with our Vermont Blue RxSM pharmacy program, including pick-up and home delivery options. Plus, they can receive personalized one-on-one counseling to help get the most out of their medications.

 **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.

Added Value for Your Employees

-  **24/7 ACCESS TO TELEMEDICINE**
Employees have access to convenient physical, mental health, and urgent care anytime, anywhere.
-  **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.
-  **AWARD-WINNING CUSTOMER SERVICE**
You and your employees can count on support from our team of helpful experts.

-  **COST TRANSPARENCY TOOL**
Employees can track year-to-date out-of-pocket costs and find providers and facilities that fit their needs and budget.
-  **FREE ONE-ON-ONE HEALTH SUPPORT**
Our team of registered nurses and licensed clinicians can help your employees prepare for doctor visits, feel more confident in their decisions, and get them connected with the best available resources.

 For additional information about our health plan benefits, coverage, and programs visit bluecrossvt.org/qhp-group-resources.

How to Enroll Your Organization

- Choose your small group enrollment option online at bluecrossvt.org/smallbusiness-enroll.
- Submit your enrollment with our online application form or download to complete the new small group enrollment packet.
- 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

After Your Organization is Enrolled

You will receive a welcome letter in the mail outlining the next steps for your organization. You can also register for our Employer Resource Center where you can conveniently manage your organization's group health plan online 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 is available on our website, with details of the plan's covered benefits, limitations, and general exclusions.

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.



**BlueCross
BlueShield**
of Vermont

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

Questions? Contact us at:
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bluecrossvt.org/smallbusiness

284,516 (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@bcbsvt.com bluecrossvt.org/smallbusiness 284.516 (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)					
				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 medications ⁵ (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.

*Explore pairing health spending accounts with your organization’s group health plan, visit bluecrossvt.org/HSA-HRA.

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/smallbusiness. 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.