



2025 QUALIFIED HEALTH PLANS (QHP) ENROLLMENT GUIDE FOR INDIVIDUAL & FAMILY HEALTH PLANS

Access to the largest network of doctors and hospitals in Vermont, with additional access around the U.S. and globally.

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@bluecrossvt

bluecrossvt.org

ESSENTIAL HEALTH BENEFITS

Our health plans provide the care you want and the customer service experience you deserve. At Blue Cross® and Blue Shield® of Vermont, the difference is in our health plans, our network, and our personalized service. The essential health benefits for our Qualified Health Plans (QHP) include visits to providers' offices, preventive care, prescription drugs, laboratory tests, mental health and substance use disorder treatment services, hospital stays, emergency care, prenatal and postnatal maternity care, and vision and dental care for children.

OFFICE VISITS



PRIMARY CARE

A primary care provider (PCP) coordinates care for our members and refers patients to specialty providers as needed. We encourage our members to develop a relationship with a provider who listens to their opinions and understands their health concerns. To help members find a primary care provider that meets their needs, please visit bluecrossvt.org/find-doctor.



PREVENTIVE HEALTH SERVICES

Each of our plans cover in-network preventive health services* at no cost to members. Examples of preventive services include:

- **Check-ups** – annual wellness visits
- **Screenings** – blood pressure, cholesterol, diabetes, mammograms, colonoscopies, and more
- **Standard immunizations** – flu, tetanus, MMR, etc.

Read more about preventive care at bluecrossvt.org/preventive.

**As defined by state and federal law.*



OFFICE VISITS

Your health plans cover services in an office setting with a primary care provider or a specialty provider.*

This means, for example, you're covered when you need:

- An examination, diagnosis and treatment for an injury or illness
- Injections
- Diagnostic services, such as X-rays, and laboratory tests
- Nutritional counseling
- Surgery
- Therapy services

**Services may be subject to cost-share.*

HOSPITAL SERVICES



HOSPITAL CARE

Our plans provide hospital coverage for inpatient and outpatient services.* Outpatient care may be provided in a hospital or ambulatory surgical center. These services can include surgery, diagnostic services, advanced imaging (MRI, CT, or PET scan), infusion therapy, and chemotherapy. If a member is admitted into the hospital or another type of inpatient facility, and spends one night, the stay is eligible for coverage. Some services may require prior approval.

**Services are subject to cost-share.*



URGENT CARE

When a member has a condition that is not life threatening, but needs immediate attention, an urgent care facility may be the most appropriate option. Urgent care facilities are located throughout Vermont and offer many of the same services as a PCP. Most urgent care facilities have extended hours, including weekends. Our health plans cover* treatments at urgent care facilities.

**Services are subject to cost-share.*



EMERGENCY CARE

Emergency services are covered* regardless of where a member is located when an emergency occurs. Our plans do not require prior approval for emergency medical services, regardless of where a member seeks care.

**Services are subject to cost-share.*

Members will have access to two benefit documents:

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

ANCILLARY SERVICES



PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is through Vermont Blue RxSM and our network of pharmacies can be found throughout Vermont, and nationwide. Medications are also available through home delivery. To determine if your medication is covered by Vermont Blue Rx refer to the National Performance Formulary (NPF) via the link provided below. We also offer our members free medication guidance services with one of our on-staff pharmacists.

For more information about our prescription drug coverage, we provide these helpful links:

- **National Performance Formulary (NPF)** – Our drug lists include medications that are the most appropriate and cost-effective for treatment. Drug lists can change from time to time, but they outline the prescription drug and specialty medications covered by our QHP plans. For complete NPF drug lists, visit bluecrossvt.org/formulary-lists and choose NPF list.
- **Wellness Drug Benefit** - Some health plans include wellness drug benefits for certain medication types to treat common conditions including (but not limited to): diabetes, asthma, cholesterol, high blood pressure, SSRI/mood, and substance use disorder treatment. Our Vermont Preferred and all Consumer-Directed Health Plans (CDHP) waive the deductible for these medications, but cost-share may still apply based on the drug tier (generic, preferred, and non-preferred brand). For the complete NPF list of our wellness drugs, visit bluecrossvt.org/formulary-lists.
- **Home Delivery** – Members can take advantage of our home delivery pharmacy option as a convenient way to buy their prescription drugs. Learn more at bluecrossvt.org/vtbluerx.
- **Medication Guidance Program** – These free one-on-one consultations are conducted by our on-staff pharmacists. Members receive a complete prescription medication review, discussing dosages, any side effects and more. To learn more about the program, visit bluecrossvt.org/medmanage.



VIRTUAL CARE

24/7 Telemedicine from Amwell[®]

Members can easily connect with a licensed, board certified doctor via live video on a computer, tablet, or smart phone.* It's a convenient option for common, non-emergency health concerns. Members can sign up or access an account at bluecrossvt.amwell.com. Virtual mental health is also available from Valera Health[®] and SonderMind[®]. To learn more, visit bluecrossvt.org/telemedicine.

*Services are subject to cost-share.



HEALTH AND WELLNESS RESOURCES

If age 21 or older, members can use our free wellness portal, Be Well VermontSM, powered by Personify Health. Explore health tips and articles, wellness challenges, and more. Members can connect fitness devices and apps, such as Fitbit, to monitor daily activity within the portal. Sign up at bluecrossvt.org/bewellvt.



INTEGRATED HEALTH - CASE MANAGEMENT

Our registered nurses, licensed social workers, and behavioral health counselors offer our members free case management resources. We'll create a personalized plan for improving health and well-being, and connect you to important resources so our members can get the support they need.

Members may access our case management team to address a wide range of health needs, including substance use disorder treatment, cancer, chronic conditions, end of life, maternity, and transgender support. To learn more visit bluecrossvt.org/casemanagement.



BETTER BEGINNINGS[®] MATERNAL HEALTH PROGRAM

When expecting mothers enroll in our maternal health program, they partner with one of our experienced Better Beginnings nurses, who coordinates care and provides guidance — both during pregnancy and after their baby is born. Our Better Beginnings nurses connect mothers to home health nurses, lactation consultants, or other resources to help ensure moms can achieve their health, wellness, and parenting goals.

Members should sign up before they are 34 weeks pregnant to take advantage of all the Better Beginnings benefits! To learn more about this program, visit bluecrossvt.org/betterbeginnings.



PRIOR APPROVAL

There are times when our health plans may require prior approval for certain services and drugs, even when our members use network providers. Network providers will be responsible to submit requests for prior approval on behalf of our members. If a member sees an out-of-network provider, the member must get prior approval before seeking care, except in an emergency. For out-of-state inpatient services with a network provider (BlueCard[®]), providers are responsible for securing prior authorization. For all other out-of-state services with a network provider (BlueCard[®]), members are financially liable for no authorization/prior approval denials, regardless of provider network status. Members or their provider may fill out the prior authorization form and provide the necessary information to submit the request. For the most recent prior approval list, visit bluecrossvt.org/priorapproval.



SERVICES YOUR PLAN MAY NOT COVER

Members can be confident that our health plans cover a broad array of necessary services and supplies. Here are some of the services that our health plans generally do not cover:

- Services that are investigational, experimental, cosmetic, or not medically necessary as defined in your Certificate of Coverage or Outline of Coverage.
- Services that should be covered by another source, such as another type of insurance or an employer.
- Providers who are not approved to provide a particular service or don't meet the definition of "provider" in your Certificate of Coverage.

FINANCIAL HELP IS AVAILABLE

SAVE ON YOUR MONTHLY PREMIUMS WITH SUBSIDIES FROM VERMONT HEALTH CONNECT

1 HOW MUCH CAN YOU SAVE EACH MONTH?

You may be eligible for financial help to reduce your monthly premium. Through the end of this year with the Inflation Reduction Act, most Vermonters qualify for financial help through Vermont Health Connect (VHC). The chart below shows you how financial help, also known as subsidies, can help save you (and your household) money off your monthly premium every month. Financial help is calculated based upon your household income and the type of plan you choose. Vermont Health Connect can estimate your monthly subsidy amount, which can help reduce your monthly premium that you pay to Blue Cross Vermont.

TYPE OF PLAN	HOUSEHOLD INCOME LIMITS	INCOME EXAMPLE	ESTIMATED 2025 MONTHLY SUBSIDY
Individual-only (1 Adult)	Annual Salary Range up to \$180,216	\$50,000	\$993
Married Couple (2 Adults)	Annual Salary Range up to \$360,432	\$80,000	\$2,000
Parent & Child(ren) (2+ People)	Annual Salary Range up to \$347,816	\$75,000	\$1,984
Family Plan (3+ People)	Annual Salary Range up to \$506,407	\$100,000	\$2,905

2 HOW MUCH WILL MY HEALTH PLAN COST WITH A SUBSIDY?

The chart below provides examples of each health plan's monthly premium before any financial help is applied by Vermont Health Connect. For example, if you choose the Vermont Preferred Gold Plan, your estimated monthly cost is shown below:

TYPE OF PLAN	HOUSEHOLD INCOME LIMITS	INCOME EXAMPLE	ESTIMATED 2025 MONTHLY SUBSIDY	VERMONT PREFERRED GOLD PLAN ESTIMATED MONTHLY AMOUNT
Individual-only (1 Adult)	Annual Salary Range up to \$180,216	\$50,000	\$993	\$216.63
Married Couple (2 Adults)	Annual Salary Range up to \$360,432	\$80,000	\$2,000	\$419.26
Parent & Child(ren) (2+ People)	Annual Salary Range up to \$347,816	\$75,000	\$1,984	\$350.59
Family Plan (3+ People)	Annual Salary Range up to \$506,407	\$100,000	\$2,905	\$494.06

3 HOW TO ACCESS THE SAVINGS?

To receive your potential financial help, **you must choose a health plan and enroll with Vermont Health Connect.** If you purchase a plan with Blue Cross VT directly, **you will not be able to use financial help** to lower your monthly premium.

Both Blue Cross VT and Vermont Health Connect provide online tools to help you check to see if you and your household may qualify for this financial help which may lower your monthly premiums.

VHC - Plan Comparison Tool at VermontHealthConnect.gov

Blue Cross VT - Shop & Compare Plans at bluecrossvt.org/shop-plans

ENROLL WITH VERMONT HEALTH CONNECT



(855) 899-9600



Log-in or create an account at VermontHealthConnect.gov

WHO IS VERMONT HEALTH CONNECT?

Since 2014, VHC has been the Vermont State health insurance exchange. Vermont chose to build it's own instead of joining the federal marketplace. That is why they say "For Vermonters, by Vermonters." VHC operates under the Department of Vermont Health Access (DVHA) which is part of Vermont Agency of Human Services (AHS). VHC handles eligibility for individuals and families. Those who enroll through VHC can get financial help paying for coverage if they qualify.

HOW TO ENROLL

UNDERSTAND YOUR HEALTH PLAN OPTIONS AND HOW TO ENROLL


Things to consider prior to enrolling in a health plan are your monthly premium costs, deductibles, and copayments. You may be surprised to learn the **Gold** plans in 2025 will cost less than Silver plans through Vermont Health Connect. Depending on your budget, individuals and families may find more value with a **Gold** plan compared to a Silver or Bronze plan.


Below are two different ways to purchase a Blue Cross VT health plan. Choose the enrollment path that is best for you and your family.

1 ENROLL WITH VERMONT HEALTH CONNECT TO RECEIVE A SUBSIDY:

- Open Enrollment runs November 1, 2024 through January 15, 2025
- Plan enrollment and changes made through Vermont Health Connect by December 15, 2024 will take effect on January 1, 2025
- Enrollment and plan changes made through Vermont Health Connect between December 16, 2024 and January 15, 2025 will take effect February 1, 2025
- Currently enrolled in a plan with us through VHC, and wish to change plans, you must do so by January 15, 2025
- If you wish to keep the same plan through Vermont Health Connect in 2025, there is nothing you need to do, your coverage will automatically continue
- To enroll through Vermont Health Connect for the first time, you must do so by January 15, 2025 to have a health plan in 2025

HOW TO ENROLL OR MAKE CHANGES WITH VERMONT HEALTH CONNECT


 (855) 899-9600

 Log-in or create an account at VermontHealthConnect.gov


2 IF YOU ARE ENROLLING WITHOUT A SUBSIDY, YOU CAN DIRECT ENROLL WITH BLUE CROSS VERMONT:

- Open Enrollment runs November 1, 2024 through January 31, 2025
- Plan enrollment and changes made by December 31, 2024 will take effect on January 1, 2025
- Plan enrollment and changes made in January 2025 will take effect on February 1, 2025
- If you don't take action or have any changes, you will be automatically renewed for the coming year

CONTACT US. WE'RE HERE TO HELP.

 (800) 255-4550 | (TTY/TTD: 711)

 consumersupport@bcbsvt.com

 Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-0186

HOW COST-SHARE WORKS

Based on your selected plan, we cover a share of health care costs. This typically includes office visits, hospital care, and medications. Cost-share does not include premiums or costs associated with non-covered services.

We begin paying 100% of the costs for covered services when you reach your plan's maximum out-of-pocket limit. To understand what your cost-share totals may be, please see our plans and premiums chart or the plan's Summary of Benefits and Coverage (SBC).

To help understand important, commonly used words about your health plan, we have a glossary available on page 7.

DEDUCTIBLE TYPES

We have two different deductible types, stacked and aggregate. Members enrolled in an individual-only plan are not impacted, but if a family member is added onto the plan at a later date, it will change how the plan pays benefits. Below is an explanation of the two deductible types.

Stacked - Once an individual meets their deductible or out-of-pocket limit, the plan pays accordingly even on a two-person or family plan.

Aggregate - The full deductible or out-of-pocket limit must be met collectively by members on the plan before benefits are paid. Depending on the out-of-pocket limit, there may be plans that set a specific individual out-of-pocket maximum which limits expenses paid by an individual in a calendar year.

The benefits for each are different based on enrollment in an individual-only, two-person, or family plan.

NEXT STEPS: AFTER YOU'VE ENROLLED

Now that you have enrolled into a health plan, follow these three simple steps:

1 KEEP AN EYE ON THE MAIL:

Whether you are a new member or returning to Blue Cross Vermont, we will send you and your covered family members a new Blue Cross VT ID card in the mail. You will need your new ID card(s) to access medical services, and to fill a prescription at the pharmacy or set up mail-order services. Many people accidentally throw away the mail containing ID card(s), so you will want keep an eye out in the mail.

During Open Enrollment, ID cards will be mailed in December for January 1, 2025 coverage. If you are newly joining one of our health plans during the middle of the year with a Special Enrollment Period (SEP), ID cards take about 10-14 business days to arrive in the mail.

We will also mail you an Outline of Coverage highlighting your health plan and provide a detailed summary of your health plan benefits.

2 REGISTER ONLINE AT THE MEMBER RESOURCE CENTER:

Once you receive your new ID card(s), register online to access the Member Resource Center (MRC) at bluecrossvt.org/MRC. Only your Blue Cross VT ID card is needed to register! By registering, you have more visibility of your health plan, coverage, claims activity, and more.

- View plan benefits and incurred expenses.
- View claims to check on the payment status and any amount you may owe.
- View plan materials including proof of coverage, outline of coverage, and order replacement ID card(s). All members can request hard copies, if they wish, by contacting our customer service team at the number listed on the back of your ID card.

3 GET TO KNOW US:

Throughout the year, we have community events that you can participate in, from Apple Days to Snow Days and Mountain Days, all completely free for you to enjoy. Our website is a great resource for these upcoming events. We also have a great library of educational and informative blog articles. If you want to hear from us regularly, be sure to sign up for our member newsletter too.

Community Events: bluecrossvt.org/community

Blog: bluecrossvt.org/blog

Newsletter sign-up instructions: bluecrossvt.org/MRC

Follow us on social media: [!\[\]\(5abce1a84a655b073239ab33e1199487_img.jpg\)](#) [!\[\]\(639c696bd25d6fc2a5b70c1771576fc9_img.jpg\)](#) [!\[\]\(885a9ddf74170734bbd0fcd5aca58aba_img.jpg\)](#) [!\[\]\(7902cdc6d1975459f571d5e299c98d50_img.jpg\)](#) @bluecrossvt

ABOUT BLUE CROSS VERMONT & OUR HEALTH PLANS

For more than 40 years, we have been the state's only local non-profit health plan, supporting the health and wellness of Vermonters. We are not just a health care company; we are your friends and neighbors. We are dedicated to supporting you, our partners, and communities, not just today, but tomorrow and for years to come.

When you have a Blue Cross VT health plan you have:

- Coverage from a trusted, local, Vermont non-profit organization
- Support from staff located in Vermont
- Award winning Vermont-based customer service
- Access to the largest network of doctors and hospitals in Vermont, around the U.S. and globally.

QUICK LINKS

- Our 2025 Individual and Family Qualified Health Plans & Premiums Chart outlines our available plans, deductibles, and monthly premiums. Visit bluecrossvt.org/QHP-individual-chart.
- Our online Shop & Compare Plans tool allows you to view and compare our 2025 health plans at bluecrossvt.org/shop-plans. The tool allows you to filter by plans, premiums, and deductible types, as well as see your potential financial help and monthly premiums if you qualify to enroll through Vermont Health Connect.
- View each plan's Summary of Benefits and Coverage (SBC) and Certificates of Coverage at bluecrossvt.org/QHP.



CONTACT US

We're here to help.



(800) 255-4550 | (TTY/TTD: 711)



consumersupport@bcbsvt.com



Blue Cross and Blue Shield of Vermont
P.O. Box 186
Montpelier, VT 05601-0186

GLOSSARY

Allowed Amount:

The agreed-upon cost for the services, drugs, or supplies delivered by a member's pharmacist or doctor.

Coinsurance:

The share of medical cost a member is responsible to pay after their deductible has been met. For example, if a member has a 20% coinsurance, their health plan pays 80% of the cost, and the member pays 20%.

Copayment:

The amount a member pays for specific health care services at the time of care. A member will either pay coinsurance or copayment and is determined by their health plan.

Cost-share:

The amount a member pays when receiving medical services, hospital services, and pharmacy services. These amounts include any combination of the following type of payments: deductible, copayments, and coinsurance.

Deductible:

The dollar amount a member pays for services and/or medications before their plan begins to pay a larger portion of their costs.

Formulary/Drug Lists:

A list of prescription medications, both generic and brand name, covered by a member's plan.

Out-of-Pocket Limit:

The maximum amount a member will pay for covered services during a plan year.

Premium:

A member's monthly payment for their health plan coverage.



@bluecrossvt

bluecrossvt.org/QHP

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BlueCross BlueShield
of Vermont

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