Frequently Asked Questions

2027 Health Plan & Open Enrollment Changes

We understand that these changes may affect employees and their families in different ways. These questions and answers provide more information about the health plan changes taking effect January 1, 2027, and can help you prepare for Open Enrollment.

Spousal Eligibility Changes

Why is Blessing changing the eligibility rules for spouses?

Like many employers, Blessing regularly reviews its benefits to help manage rising healthcare costs and keep coverage affordable. This change focuses on coverage on employees, eligible children, and spouses who do not have health insurance available through their own employer.

Who will be affected by this change?

Spouses who have access to medical coverage through their own employer will no longer be eligible to enroll in the Blessing medical plan effective January 1, 2027.

Will dependent children continue to be eligible for coverage?

Yes. Dependent child eligibility is not changing as part of the 2027 health plan changes.

Which spouses can remain covered under the Blessing medical plan?

Spouses may remain eligible if they are self-employed, work for an employer that does not offer medical coverage or are otherwise not eligible for employer-sponsored medical coverage through their employer.

Will I need to verify my spouse's eligibility?

Yes. During Open Enrollment, employees who cover a spouse will need to confirm whether their spouse has health insurance available through their employer. More information about the verification process will be provided before Open Enrollment.

My spouse is currently enrolled in the Blessing medical plan. What should I do?

If your spouse is currently covered under the Blessing medical plan, please review the new eligibility rules before Open Enrollment. During Open Enrollment, you will be asked whether your spouse has health insurance available through their employer. If your spouse is no longer eligible for the Blessing plan, you can make changes to your benefit elections during Open Enrollment. More information and instructions will be provided before enrollment begins.

What if my spouse's employer-sponsored coverage is significantly more expensive?

We understand that health insurance costs can vary from one employer to another and that this change may create challenges for some families. Under the new rules, spouses who have health insurance available through their employer will no longer be eligible for the Blessing medical plan. We encourage employees to review their family's coverage options during Open Enrollment and choose the option that best meets their family's needs and budget.

What if my spouse loses access to employer-sponsored coverage during the year?

If your spouse loses health insurance through their employer, they may be able to enroll in the Blessing health plan. Contact Human Resources within 31 days of the loss of coverage to make changes to your benefits.

My spouse is eligible for Medicare. Do they have to enroll in Medicare to stay covered under the Blessing medical plan?

No. Blessing cannot require your spouse to enroll in Medicare. If your spouse does not have health insurance available through an employer, they may still be eligible for coverage under the Blessing medical plan, even if they are eligible for Medicare.

GLP-1 Medication Coverage

Will GLP-1 medications still be covered?

Yes. GLP-1 medications will continue to be covered for eligible members under the Blessing health plan.

What is changing regarding GLP-1 medications?
Beginning January 1, 2027, GLP-1 medications will no longer be covered through the Be Well with Diabetes (BWWD) program. Instead, they will be covered through the regular pharmacy benefit for eligible members.

Why is this change being made?
This change creates one set of coverage rules for GLP-1 medications while continuing to provide access for eligible members.

Will everyone have the same coverage for GLP-1 medications?
Yes. Beginning January 1, 2027, GLP-1 medications will follow the same coverage rules for all eligible members. Coverage will no longer be different based on participation in the Be Well with Diabetes (BWWD) program.

Will my out-of-pocket costs change?
If you currently receive a GLP-1 medication through the BWWD program, the amount you pay may change beginning January 1, 2027. Your cost will depend on your health plan and medication.

How can employees estimate what they may pay for GLP-1 medications in 2027?
The amount you pay for a GLP-1 medication will depend on the medication prescribed, the medical plan you elect, and whether you qualify for manufacturer savings programs. GLP-1 medications must be filled at a Blessing-owned pharmacy.

Example: Mounjaro is listed on the 2026 Drug Formulary as a Tier 2 medication. Tier 2 medications are considered Preferred Brand drugs. If approved and covered according to the formulary, Preferred Brand medications are covered as follows:

Medical Plan	You Pay
Standard Plan	40%
Enhanced Plan	40%
High-Deductible Health Plan (HDHP)	20% after the deductible is met

The example above reflects the plan's cost-sharing provisions and may represent a worst-case scenario if manufacturer savings cards are not available or you are not eligible for them.

Some GLP-1 manufacturers offer savings cards that may help reduce out-of-pocket costs for eligible individuals.

Please note: Drug formularies, coverage requirements, medication tiers, manufacturer savings cards, and coupon availability are subject to change. Coverage of a medication, formulary placement, eligibility requirements, and available discounts may vary in the future.

Be Well with Diabetes (BWWD)

Will I still be able to participate in the Be Well with Diabetes (BWWD) program?

Yes. The BWWD program will continue. However, GLP-1 medications will no longer be provided through the program and will instead be covered through the health plan pharmacy benefit. Employees who qualify for BWWD can still use the program's other resources and benefits.

If GLP-1 medications are no longer available at no cost through the BWWD program, what is the benefit of participating in the program?

GLP-1 medications will no longer be available at no cost through the BWWD program. However, the program continues to provide valuable diabetes-related services, supplies, and incentives through the Blessing Diabetes Center. Coverage varies by medical plan.

Participant Incentives	Standard Plan	High-Deductible Plan	Enhanced Plan
Diabetic Medications	100%	100%	100%
Diabetic Meters	100%	100%	100%
Continuous Glucose Monitoring	100%	Subject to Deductible	100%
Syringes & Testing Supplies	100%	Subject to Deductible	100%
Blood Hemoglobin A1C	100% quarterly	100% twice annually	100% quarterly
Microalbumin	100% once annually	Subject to Deductible	100% once annually
Diabetes Education Classes	100%, unlimited visits	Subject to Deductible, unlimited visits	100%, unlimited visits
Diabetes Coaching	100%, unlimited visits	Subject to Deductible, unlimited visits	100%, unlimited visits
Weight Checks	100%, unlimited visits	100%, unlimited visits	100%, unlimited visits

To qualify for these incentives, services must be provided through the Blessing Diabetes Center and Blessing Outpatient Lab. Prescriptions must be filled at a Blessing owned pharmacy. HDHP benefits are subject to IRS first-dollar coverage limitations.

What should I do if I no longer want to participate in the BWWD program?

Employees who are considering changes to their participation in the BWWD program should contact the Blessing Diabetes Center directly. The Diabetes Center can explain program requirements, timelines, and how changes may affect services and billing before a decision is made.

Manufacturer Prescription Drug Coupon Programs

What are manufacturer coupon programs?

Some drug manufacturers offer coupons or financial assistance that can lower the amount members pay for certain medications, including some GLP-1 medications.

Are manufacturer coupons being eliminated by Blessing?

No. Manufacturer coupon programs are offered and managed by the drug manufacturers, not by Blessing.

Why are you discussing coupon programs in this communication?

Some manufacturers have reduced or changed their coupon programs for GLP-1 medications, and additional changes may happen in the future. Employees who use these programs should be aware that the amount of assistance available may change over time.

What happens if my manufacturer coupon is reduced or eliminated?

If a manufacturer reduces or ends its coupon program, the amount you pay for the medication may increase. The impact will depend on your health plan, medication, and any assistance offered by the manufacturer.

Can Blessing continue these coupon programs if manufacturers end them?

No. Drug manufacturers decide whether to offer coupon programs and determine the program rules. Blessing does not control these programs.

Be Well at Work

Do spouses still have to complete CoreHealth?

CoreHealth is now called Be Well at Work. Spouses are not required to complete Be Well at Work program requirements.

Medical Plan Networks

What is the difference between Tier 2 and Tier 3 providers?

Tier 2 and Tier 3 refer to a provider's network status under the medical plan. The amount you pay for care may vary depending on whether your provider participates in the Tier 2 or Tier 3 network. Employees should use the provider

directory to verify their provider's network status and understand how services will be covered under the medical plan they choose.

Open Enrollment and Additional Resources

Why are we communicating these changes now?

We know employees and families may need time to understand these changes and prepare for Open Enrollment. Sharing this information now gives employees time to review their options, ask questions, and make benefit decisions for 2027.

When will I receive more information?

More information about the 2027 benefit changes, enrollment instructions, coverage details, and available resources will be shared before Open Enrollment begins.

I am concerned about how these changes will affect my family. What should I do?

Every family is different. Human Resources will provide information and resources before and during Open Enrollment to help employees understand these changes and choose the coverage that best meets their needs.

Who can I contact with questions?

Employees may contact Human Resources with questions regarding eligibility, coverage changes, or Open Enrollment.

We understand these changes may affect employees and families in different ways. Decisions about benefits are never made lightly. These changes were made to help manage healthcare costs and keep the health plan strong while continuing to offer valuable benefits to employees and their families.