



BlueCross BlueShield of Vermont

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

Vermont Health Services Group (VHSG) Group Coverage Enrollment Agreement January 1, 2010 – December 31, 2010

Group Name: _____

| Medical Plan Choice | | | | | |
|---|---|----------------------------------|------------|------------|-----------|
| Vermont Freedom Plans (PPO) | | Single | 2-Person | Family | Carve-out |
| | \$750/\$1,500 deductible - \$30 office visit - 80% coinsurance \$3,750/\$7,500 out-of-pocket limit | \$623.65 | \$1,247.39 | \$1,684.04 | \$459.14 |
| | \$1,500/\$3,000 deductible - \$30 office visit - 80% coinsurance \$7,500/\$15,000 out-of-pocket limit | \$572.85 | \$1,145.80 | \$1,546.88 | \$415.22 |
| | \$2,500/\$5,000 deductible - \$30 office visit - 80% coinsurance \$7,500/\$15,000 out-of-pocket limit | \$527.87 | \$1,055.84 | \$1,425.43 | \$376.91 |
| | \$5,000/\$10,000 deductible - \$30 office visit - 80% coinsurance \$7,500/\$15,000 out-of-pocket limit | \$472.66 | \$945.40 | \$1,276.34 | \$339.41 |
| | \$10,000/\$20,000 deductible - \$30 office visit - 100% coinsurance - out-of-pocket limit equals annual deductible | \$403.32 | \$809.60 | \$1,093.94 | \$322.09 |
| Prescription Drug Benefit: \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs | | Included in premium rates | | | |

Note: Carve-out is available for members who are eligible for Medicare.

| HSA Blue (Comprehensive) | | Single | 2-Person | Family | Carve-out |
|--------------------------|---|----------|----------|------------|-----------|
| | \$2,250/\$4,500 deductible (aggregate*) - preventive services 100% - 80% coinsurance - \$3,250/\$6,500 out-of-pocket limit | \$523.93 | \$897.09 | \$1,304.30 | \$322.65 |
| | \$4,000/\$8,000 deductible (aggregate*) - preventive services 100% - 80% coinsurance - \$5,000/\$10,000 out-of-pocket limit | \$387.83 | \$673.90 | \$981.20 | \$142.88 |

Note: Carve-out is available for members who are eligible for Medicare.

| BlueCare (HMO) | | Single | 2-Person | Family |
|---|---|----------------------------------|------------|------------|
| | \$500 inpatient co-pay - \$200 outpatient co-pay - \$20 office visit \$30 specialist visit - preventive services covered at 100% - DME 20% coinsurance - Emergency \$100, Ambulance \$0 | \$540.05 | \$1,080.10 | \$1,458.13 |
| | \$1,000 inpatient/outpatient combined deductible - \$20 office visit \$30 specialist visit -- preventive services covered 100% - DME 20% coinsurance - Emergency \$100, Ambulance \$50 | \$509.45 | \$1,018.91 | \$1,375.53 |
| | \$2,000/\$1,000 inpatient/outpatient deductible - \$20 office visit \$30 specialist visit -- preventive services covered 100% - DME 20% coinsurance - Emergency \$100, Ambulance \$50 | \$479.95 | \$959.91 | \$1,295.88 |
| Prescription Drug Benefit: \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs | | Included in premium rates | | |

Note: If you are selecting one of the BlueCare HMO Plans for the first time, each member must select a Primary Care Physician.

| BlueCare Options (POS) | | Single | 2-Person | Family |
|--|---|----------------------------------|----------|------------|
| | \$3,000/\$6,000 inpatient/outpatient deductible - \$30 office visit preventive services covered 100% - 80% coinsurance - \$5,000/\$10,000 out-of-pocket limit - Emergency \$100, Ambulance subject to deductible | \$391.81 | \$783.63 | \$1,057.90 |
| Prescription Drug Benefit: \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs. | | Included in premium rates | | |

Note: If you are selecting the BlueCare POS Plan for the first time, each member must select a Primary Care Physician.

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| Medical Plan Choice | | | | |
|---------------------|--|----------|----------|------------|
| HSA BlueCare (HMO) | | Single | 2-Person | Family |
| | \$2,000/\$4,000 deductible (aggregate*) - preventive services 100% - 100% coinsurance – out-of-pocket limit equals annual deductible | \$406.50 | \$691.43 | \$1,000.29 |
| | \$2,500/\$5,000 deductible (aggregate*) - preventive services 100% - 100% coinsurance – out-of-pocket limit equals annual deductible | \$377.73 | \$627.45 | \$906.92 |
| | \$2,500/\$5,000 deductible (stacked^)- preventive services 100% - 80% coinsurance – \$3,500/\$7,000 out-of-pocket limit | \$346.46 | \$692.92 | \$935.43 |
| | \$3,000/\$6,000 deductible (stacked^)- preventive services 100% - 100% coinsurance – out-of-pocket limit equals annual deductible | \$357.65 | \$715.29 | \$965.64 |
| | \$5,000/\$10,000 deductible (stacked^)- preventive services 100% - 100% coinsurance – out-of-pocket limit equals annual deductible | \$266.65 | \$533.29 | \$719.93 |

Note: If you are selecting one of the BlueCare HMO Plans for the first time, each member must select a Primary Care Physician.

| BlueCare Access (HMO) | | Single | 2-Person | Family |
|--|---|----------------------------------|------------|------------|
| | \$1,500/\$750 inpatient/outpatient deductible - \$20 office visit \$30 specialist visit – preventive services covered at 100% - DME 20% coinsurance - Emergency \$150, Ambulance \$50 | \$503.42 | \$1,006.84 | \$1,359.23 |
| Prescription Drug Benefit: \$100 annual deductible, then \$5 co-pay for generic drugs, 40% coinsurance for Preferred Brand-name drugs and 60% coinsurance for Non-preferred Brand-name drugs. | | Included in premium rates | | |

Note: If you are selecting one of the BlueCare HMO Plans for the first time, each member must select a Primary Care Physician.

| BlueCare Access HSA (HMO) | | Single | 2-Person | Family |
|---------------------------|---|----------|----------|----------|
| | \$2,000/\$4,000 deductible (aggregate*)- preventive services 100% - 80% coinsurance – \$3,000/\$6,000 out-of-pocket limit | \$384.14 | \$653.03 | \$944.98 |
| | \$3,000/\$6,000 deductible (stacked^)- preventive services 100% - 80% coinsurance – \$4,000/\$8,000 out-of-pocket limit | \$339.65 | \$679.30 | \$917.06 |

Note: If you are selecting one of the BlueCare HMO Plans for the first time, each member must select a Primary Care Physician.

| Vision Care | | Single | 2-Person | Family |
|-------------|--|--------|----------|---------|
| | Vision option is available only with BlueCare HMO and POS plans – not including BlueCare HSA plans-- \$20 Exam, \$20 Materials | \$8.33 | \$16.66 | \$22.49 |

*Aggregate Deductible: Full single or entire family deductible must be satisfied before benefits are paid.

^Stacked Deductible: Each member must satisfy individual deductible until family deductible is met.

I. Broker Name _____ Agency Name: _____
(REQUIRED) (REQUIRED)

By designating the above named Broker/Agency, I hereby acknowledge the Broker/Agency will be compensated based upon the BCBSVT commission schedule. If your group does not have an insurance broker or agency, please write "Not Applicable" in the space above.

II. VHSG health insurance plans are offered only to members of the associations that govern it, and you are required to be a member of one of the following associations. Please select one:

- Vermont Businesses for Social Responsibility (VBSR) Vermont Grocers' Association (VGA)
 Vermont Medical Society (VMS) Vermont Retail Association (VRA)

III. Checks are payable to "Blue Cross Blue Shield of Vermont". If a check is enclosed, the amount is \$ _____

IV. Name _____ Title _____
(PRINT)
Authorized Signatory _____ Date _____
(REQUIRED)

As with many association products, Vermont Health Services Group (VHSG) is rated as a group. Therefore, all employer groups are required by law to comply with COBRA mandates regardless of the number of active employees. Failure to comply with COBRA requirements may result in serious penalties.

NOTE: Vermont Health Services Group (VHSG) has a January 1 anniversary. Rates and Benefits are subject to change on January 1, regardless of the month your group becomes effective.

BlueCross and BlueShield of Vermont | P.O. Box 186, Montpelier, VT 05601-0186 | (800) 255-4550