



**Vermont Health Service Group (VHSG)
Group Enrollment Agreement
January 1, 2012 – December 31, 2012**

Group Name: _____

Health Coverage Options

Vermont Freedom Plans (PPO)		Single	2-Person	Family	Carve-out
	\$750/\$1,500 deductible - \$30 office visit - 80%/20% coinsurance to \$3,750/\$7,500 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$721.33	\$1,442.68	\$2,112.08	\$472.00
	\$1,500/\$3,000 deductible - \$30 office visit - 80%/20% coinsurance to \$7,500/\$15,000 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$668.23	\$1,336.47	\$1,966.18	\$421.79
	\$2,500/\$5,000 deductible - \$30 office visit - 80%/20% coinsurance to \$7,500/\$15,000 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$628.74	\$1,257.45	\$1,855.90	\$383.12
	\$5,000/\$10,000 deductible - \$30 office visit - 80%/20% coinsurance to \$7,500/\$15,000 out-of-pocket limit - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$588.22	\$1,176.43	\$1,744.44	\$344.68
	\$10,000/\$20,000 deductible - \$30 office visit - out-of-pocket limit equals annual deductible - 100% Preventive Coverage - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$532.66	\$1,069.21	\$1,450.18	\$366.07
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 with a Small Employer Exception from CMS.

Blue CDHP (Comprehensive) with NEW Wellness Drug Benefits -HSA/HRA Compatible		Single	2-Person	Family	Carve-out
	\$2,250/\$4,500 deductible (aggregate*) - 80%/20% coinsurance to \$3,250/\$6,500 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$707.67	\$1,210.87	\$1,768.57	\$452.73
	\$4,000/\$8,000 deductible (aggregate*) - 80%/20% coinsurance to \$5,000/\$10,000 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$519.68	\$892.05	\$1,322.25	\$190.68

Note: Carve-out is available for members who are eligible for Medicare with a Small Employer Exception from CMS.

Wellness Drugs are credited towards the out-of-pocket limit, for the list of wellness drugs we cover, visit www.bcbsvt.com/wellnessRx

Vision Care Rider for Vermont Freedom Plan or Blue CDHP Plans		Single	2-Person	Family	Carve-out
	\$20 co-pay for Vision Materials (\$20 Vision Exam included in ALL plans)	\$6.36	\$12.72	\$25.20	\$6.36

BlueCare CDHP (HMO)** with NEW Wellness Drug Benefits – HSA/HRA Compatible		Single	2-Person	Family
	\$2,000/\$4,000 deductible (aggregate*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$483.08	\$821.23	\$1,206.25
	\$2,500/\$5,000 deductible (aggregate*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$450.51	\$747.84	\$1,097.48
	\$2,500/\$5,000 deductible (aggregate*) - 80%/20% coinsurance to \$5,950/\$11,900 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: 50% before deductible - Prescription Drug Benefit: 50% for all Prescriptions after deductible	\$390.23	\$647.77	\$950.63
	\$3,000/\$6,000 deductible (stacked^*) - 100% coverage after deductible - 100% Preventive Coverage- Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$426.72	\$853.43	\$1,191.63
	\$5,000/\$10,000 deductible (stacked^*) - 100% coverage after deductible - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$325.72	\$651.45	\$909.60

Wellness Drugs are credited towards the out-of-pocket limit, for the list of wellness drugs we cover, visit www.bcbsvt.com/wellnessRx

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BlueCare Access CDHP (HMO) ** ^^ - with NEW Wellness Drug Benefits- HSA/HRA Compatible	Single	2-Person	Family
\$2,000/\$4,000 deductible (aggregate*) - 80%/20% coinsurance to \$3,000/\$6,000 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$465.83	\$791.90	\$1,163.16
\$3,000/\$6,000 deductible (stacked^) - 80%/20% coinsurance to \$4,000/\$8,000 out-of-pocket limit - 100% Preventive Coverage - Vision Exam \$20 co-pay. Wellness Drug Benefit: \$5/40%/60% before deductible	\$416.95	\$833.90	\$1,164.35

Wellness Drugs are credited towards the out-of-pocket limit, for the list of wellness drugs we cover, visit www.bcbsvt.com/wellnessRx

BlueCare (HMO) **	Single	2-Person	Family
Plan D: \$500 inpatient co-pay - \$200 outpatient co-pay - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$624.08	\$1,248.15	\$1,742.76
Plan I: \$1,000 inpatient/outpatient combined deductible - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$589.04	\$1,178.08	\$1,644.91
Plan K: \$2,000/\$1,000 inpatient/outpatient deductible - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$555.14	\$1,110.28	\$1,550.25
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		

BlueCare Access (HMO) ** ^^	Single	2-Person	Family
\$1,500/\$750 inpatient/outpatient deductible - \$20 PCP visit - \$30 specialist visit - 100% Preventive Coverage - DME 20% coinsurance - Emergency \$250, Ambulance \$50, Vision Exam \$20 co-pay	\$583.69	\$1,167.38	\$1,629.97
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		

Vision Care Rider for BlueCare Plans	Single	2-Person	Family
\$20 co-pay for Vision Materials (\$20 Vision Exam included in ALL plans)	\$8.56	\$17.11	\$23.90

CDHP – Consumer-Directed Health Plan

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

^ Stacked Deductible: Plan pays for an individual once the individual deductible is met.

** If you are choosing a BlueCare plan for the first time, each subscriber must complete a new enrollment form and select a Primary Care Physician (PCP) for each member.

^^ BlueCare Access allows for up to 40% of subscribers to live outside of the BlueCare Access Service Area

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

III. 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:

- | | |
|--|--|
| <input type="checkbox"/> Vermont Businesses for Social Responsibility (VBSR) | <input type="checkbox"/> Vermont Grocers' Association (VGA) |
| <input type="checkbox"/> Vermont Medical Society (VMS) | <input type="checkbox"/> Vermont Retail Association (VRA) |
| <input type="checkbox"/> Women Business Owners Network (WBON) | <input type="checkbox"/> Vermont Veterinary Medical Association (VVMA) |

IV. Name _____ Title _____
(PRINT)

Authorized Signatory _____ Date _____
(REQUIRED)

NOTE: The Association has a January 1 anniversary. Rates and Benefits are subject to change on January 1, regardless of the month your group became effective.