



BlueCross BlueShield of Vermont

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

Vermont Health Service Group (VHSG) Group Coverage Election Form January 1, 2012 – December 31, 2012

Company Name:
Contact:
Company Phone:

Group Number:
Broker Name:
Broker Phone:

Please update any company information in the spaces above. By designating the above named Broker, I hereby acknowledge the Broker will be compensated based upon the BCBSVT commission schedule.

VHSG health coverage is offered only to members of the associations that govern it, your continued membership is required in one of the following six sponsoring associations: Vermont Businesses for Social Responsibility (VBSR) · Vermont Grocers' Association (VGA) · Vermont Medical Society (VMS) · Vermont Retail Association (VRA) · Women Business Owners Network (WBON) · Vermont Veterinary Medical Association (VVMA)

Your Current Health Coverage:

If you wish to retain your current coverage, no response is required, simply remit your January premium as billed.

If you wish to make a change, select your desired health coverage(s), **sign** in the space provided on the reverse side and **mail** to BCBSVT in the enclosed postage paid envelope. Each available option is summarized below with the monthly premium for single, two-person and family coverage. Full benefit descriptions can be found on our website at www.bcbsvt.com/VHSG. **Election forms are due no later than December 31, 2011.**

If you wish to cancel your coverage, we must receive the request in writing by December 31, 2011 for a January 1, 2012 cancel date.

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

INCOMPLETE ELECTION FORMS WILL BE RETURNED.

OVER →

CONTINUED

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

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.

Full benefit descriptions can be found on our website at www.bcbsvt.com/VHSG

GROUP BENEFITS MANAGER'S SIGNATURE
(REQUIRED)

DATE

Please return **BOTH SIDES** of this form by **December 31, 2011** to: BCBSVT P.O. Box 186, Montpelier, VT 05601-0186. If you need any assistance, please call Sales and Retention at (800) 255-4550 option 1, 1, 3 or your insurance broker.

INCOMPLETE ELECTION FORMS WILL BE RETURNED.