



**BlueCross BlueShield
of Vermont**

Independent Licensees of the Blue Cross and Blue Shield Association.



Group Name (Company Name)

**Vermont Health Services Group (VHSG)
July 1, 2008 ~ December 31, 2008**

Medical Plan Choices/Monthly Rates

Vermont Freedom Plans

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>	<u>Medicare Carve-out</u>
[] VFP Plan \$500 Deductible, \$30 OV, RX \$100 Ded \$5/40%/60%	\$577.30	\$1,156.62	\$1,562.13	\$470.46
[] VFP Plan \$750 Deductible, \$30 OV, RX \$100 Ded \$5/40%/60%	\$520.85	\$ 1,043.72	\$1,409.72	\$428.35
[] VFP Plan \$1,000 Deductible, \$30 OV, RX \$100 Ded \$5/40%/60%	\$493.17	\$ 988.46	\$1,335.07	\$385.13
[] VFP Plan \$2,500 Deductible, \$30 OV, RX \$100 Ded, \$5/40%/60%	\$419.00	\$ 840.01	\$1,134.75	\$309.03
[] VFP Plan \$5,000 Deductible, \$30 OV, RX \$100 Ded, \$5/40%/60%	\$357.65	\$ 717.43	\$ 969.18	\$265.91
[] VFP Plan \$10,000 Deductible \$30 OV, RX \$100 Ded, \$5/40%/60%	\$288.09	\$ 578.29	\$ 781.38	\$253.66

Health Savings Accounts-HSABlue

[] HSABlue \$1,500/\$3,000 Deductible, 100% co-insurance w/ Preventive Care Benefit	\$421.32	\$ 732.92	\$1,063.74	\$252.01
[] HSABlue \$2,250/\$4,500 Deductible, 100% co-insurance w/Preventive Care Benefit	\$364.31	\$ 625.42	\$ 908.12	\$223.35
[] HSABlue \$2,500/\$5,000 Deductible, 80%/20% to \$3,500/\$7,000	\$318.06	\$ 500.09	\$ 726.67	\$195.35
[] HSABlue \$3,000/\$6,000 Deductible, 80%/20% to \$4,000/\$8,000 w/Preventive Care Benefit	\$301.27	\$ 473.75	\$ 688.44	\$170.35
[] HSABlue \$4,000/\$8,000 (stacked) Deductible, 80%/20% to \$5,000/\$10,000 w/Preventive Care Benefit	\$280.75	\$ 563.57	\$ 761.55	\$126.16
[] HSABlue \$5,000/\$10,000 (stacked) Deductible, 100% co-insurance w/Preventive Care Benefit	\$271.68	\$ 545.43	\$ 737.06	\$102.05

Health Savings Accounts-HSABlueCare

[] HSABlueCare \$1,500/\$3,000 Deductible, 80%/20% to \$2,500/\$5,000	\$353.97	\$ 616.94	\$ 892.71	N/A
[] HSABlueCare \$2,000/\$4,000 Deductible, 80%/20% to \$3,000/\$6,000	\$334.62	\$ 570.04	\$ 824.11	N/A
[] HSABlueCare \$2,500/\$5,000 Deductible, 80%/20% to \$3,500/\$7,000	\$306.21	\$ 509.66	\$ 736.09	N/A
[] HSABlueCare \$3,000/\$6,000 Deductible, 80%/20%, to \$4,000/\$8,000	\$296.33	\$ 481.57	\$ 694.85	N/A
[] HSABlueCare \$4,000/\$8,000 (Stacked) Ded, 80%/20%, to \$5,000/\$10,000	\$251.44	\$ 502.86	\$ 678.87	N/A
[] HSABlueCare \$4,000/\$8,000 (Stacked) Ded, 100% coinsurance	\$255.77	\$ 511.52	\$ 690.56	N/A
[] HSABlueCare \$5,000/\$10,000 (Stacked) Ded, 100% coinsurance	\$226.90	\$ 453.79	\$ 612.62	N/A

SIGNATURE REQUIRED ON NEXT PAGE





**BlueCross BlueShield
of Vermont**

Independent Licensees of the Blue Cross and Blue Shield Association.



Group Name (Company Name)

**Vermont Health Services Group (VHSG)
July 1, 2008 ~ December 31, 2008**

Health Reimbursement Accounts

	<u>Single</u>	<u>2-Person</u>	<u>Family</u>	<u>Medicare Carve-out</u>
[] HRABlue \$2,250/\$4,500 Deductible, 100% coinsurance	\$357.47	\$ 609.33	\$887.82	N/A

Open Access Plans

[] POS 1: \$30/\$30 OV, In-network Deductible \$2,000, 80%/20%, RX \$100 Deductible, \$5/40%/60%	\$356.56	\$ 713.12	\$ 962.72	N/A
[] POS 2: \$30/\$30 OV, In-network Deductible \$3,000, 80%/20%, RX \$100 Deductible, \$5/40%/60%	\$334.06	\$ 668.12	\$ 901.97	N/A

BlueCare Plans

[] VHSG Plan D: \$20/\$30 OV, \$500/\$200 IP/OP Co-pay, RX \$100 Deductible, \$5/40%/60%	\$462.76	\$ 925.53	\$1,249.47	N/A
[] VHSG Plan F: \$20/\$30 OV, \$500 IP/OP Combined Deductible, RX \$100 Deductible, \$5/40%/60%	\$455.77	\$ 911.55	\$1,230.60	N/A
[] VHSG Plan I: \$20/\$30 OV, \$1000 IP/OP Combined Deductible, RX \$100 Deductible, \$5/40%/60%	\$436.80	\$ 873.61	\$1,179.38	N/A
[] VHSG Plan J: \$20/\$30 OV, \$1500/\$750 IP/OP Deductibles, RX \$100 Deductible, \$5/40%/60%	\$426.50	\$ 853.00	\$1,151.56	N/A
[] VHSG Plan K: \$20/\$30 OV, \$2000/\$1000 IP/OP Deductibles, RX \$100 Deductible, \$5/40%/60%	\$411.78	\$ 823.57	\$ 1,111.82	N/A
[] VHSG Plan K: \$20/\$30 OV, \$2000/\$1000 IP/OP Deductibles - NO RX	\$360.19	\$ 720.39	\$ 972.52	N/A
[] Vision Option (BlueCare Plans Only) [] Yes [] No	\$ 8.26	\$ 16.52	\$ 22.31	N/A

___ Check here if you are a member of the Vermont Grocers Association.

___ Check here if you are a member of the Vermont Business Social Responsibility.

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.

NOTE: The above rates have been filed with and are being provided subject to approval by the Vermont Department of Banking Insurance Securities and Health Care Administration.

By designating the Broker below, I hereby acknowledge the Broker will be compensated based upon the BCBSVT commission schedule. If you do not have a broker, please check the box below. Revised 6/12/08

Broker Name (required)

Agency Name (if applicable)

Check box if your group does not have a broker

Check enclosed payable to "Blue Cross Blue Shield of VT" Yes No If Yes, Check Amount \$ _____.

Authorized Signatory _____ Name _____

Title _____ Date ____-____-____

