



## Group Enrollment Agreement

_____			____ / ____ / _____
Group Name (Company Name)			Effective Date
_____			_____ - _____ - _____
Physical Address (Vermont)			Phone
_____	_____	_____ - _____	_____ - _____ - _____
City	State	Zip Code	Fax
_____			_____
Nature of Business			Federal Tax ID #

_____			_____ - _____ - _____
Mailing and Billing Address (if other than physical address)			Phone
_____	_____	_____ - _____	_____ - _____ - _____
City	State	Zip Code	Fax
_____			_____ - _____ - _____
Group Benefit Administrator		Title	Phone
_____			_____ - _____ - _____
E-mail ID			Fax
_____			_____ - _____ - _____
Additional Contact		Title	Phone
_____			_____ - _____ - _____
E-mail ID			Fax

**Group Census Details**

Total Number of Employees \_\_\_\_\_ Total Eligible Employees \_\_\_\_\_ Total Employees Enrolling \_\_\_\_\_

Probationary Periods\* (in days) New Hires \_\_\_\_\_ Rehires \_\_\_\_\_

\*Instructions for Special Probationary Period (if any)

**Previous Carrier Details (answer this if your total number of employees enrolling is less than 50)**

_____	____ / ____ / _____	____ / ____ / _____
Previous Carrier Name (if any)	Effective Date	Termination Date



# 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
<b>Prescription Drug Benefit:</b> \$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		<b>Included in premium rates</b>			

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
<b>Prescription Drug Benefit:</b> \$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		<b>Included in premium rates</b>		

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
<b>Prescription Drug Benefit:</b> \$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.		<b>Included in premium rates</b>		

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
<b>Prescription Drug Benefit:</b> \$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.		<b>Included in premium rates</b>		

Note: To qualify, no more than 30% of eligible employees may reside outside the BlueCare Access service area.

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: To qualify, no more than 30% of eligible employees may reside outside the BlueCare Access service area.

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.**