



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.

Providing Health Plans For



www.bcbstv.com

Business Resource Services (BRS) 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	\$648.21	\$1,298.26	\$1,750.15	\$477.51
	\$1,500/\$3,000 deductible - \$30 office visit - 80% coinsurance \$7,500/\$15,000 out-of-pocket limit	\$594.37	\$1,188.75	\$1,604.79	\$433.49
	\$2,500/\$5,000 deductible - \$30 office visit - 80% coinsurance \$7,500/\$15,000 out-of-pocket limit	\$546.70	\$1,093.41	\$1,476.08	\$391.17
	\$5,000/\$10,000 deductible - \$30 office visit - 80% coinsurance \$7,500/\$15,000 out-of-pocket limit	\$481.26	\$962.54	\$1,299.44	\$352.79
	\$10,000/\$20,000 deductible - \$30 office visit - 100% coinsurance - out-of-pocket limit equals annual deductible	\$388.94	\$778.66	\$1,051.16	\$333.35
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	\$512.08	\$899.41	\$1,307.54	\$329.49
	\$4,000/\$8,000 deductible (aggregate*) - preventive services 100% - 80% coinsurance – \$5,000/\$10,000 out-of-pocket limit	\$449.46	\$749.26	\$1,087.44	\$255.70

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

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 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.

*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.

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