



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**

Independent Licensees of the Blue Cross and Blue Shield Association.



Group Name (Company Name)

**Business Resource Services
January 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>
[] \$500 Deductible, \$30 OV, RX \$100 Deductible, \$5/\$25/\$50	\$557.88	\$1,115.69	\$1,506.19	\$468.92
[] \$1,000 Deductible, \$30 OV, RX \$100 Deductible, \$5/\$25/\$50	\$486.85	\$ 973.73	\$1,314.54	\$449.43
[] \$2,500 Deductible, \$30 OV, RX \$100 Deductible, \$5/40%/60%	\$393.00	\$ 786.07	\$1,061.17	\$317.74
[] \$5,000 Deductible, \$30 OV, RX \$100 Deductible, \$5/40%/60%	\$343.76	\$ 687.53	\$ 928.17	\$289.36
[] \$10,000 Deductible, \$30 OV, RX \$100 Deductible \$5/40%/60%	\$277.81	\$ 556.19	\$ 750.83	\$246.34

Health Savings Accounts-HSABlue

[] HSABlue \$2,250/\$4,500 Deductible, 100% with Preventive Care Benefit	\$356.01	\$630.78	\$ 912.31	\$228.45
[] HSABlue \$1,500/\$3,000 Deductible, 100% with Preventive Care Benefit	\$418.39	\$729.00	\$1,055.00	\$258.47
[] HSABlue \$2,500/\$5,000 Deductible, 80/20% to \$3,500/\$7,000 OOP	\$317.99	\$504.18	\$ 730.08	\$199.36
[] HSABlue \$3,000/\$6,000 (stacked) Deductible, 80/20% to \$4,000/\$8,000 OOP w/Preventive Care Benefit	\$300.81	\$601.61	\$ 812.18	\$174.09

Health Savings Accounts-HSABlueCare

[] HSABlueCare \$5,000/\$10,000 (stacked) 100% after Deductible	\$226.90	\$453.79	\$ 612.62	N/A
[] HSABlueCare \$4,000/\$8,000 (stacked) 100% after Deductible	\$255.77	\$511.52	\$ 690.56	N/A
[] HSABlueCare \$4,000/\$8,000 (stacked) 80/20% to \$5,000/\$10,000	\$251.44	\$502.86	\$ 678.87	N/A
[] HSABlueCare \$3,000/\$6,000 Deductible, 80/20% to \$4,000/\$8,000	\$296.33	\$481.57	\$ 694.85	N/A
[] HSABlueCare \$2,500/\$5,000 100% after Deductible	\$320.22	\$532.91	\$ 769.71	N/A
[] HSABlueCare \$2,500/\$5,000 Deductible, 80/20% to \$3,500/\$7,000 OOP	\$306.21	\$509.66	\$ 736.09	N/A
[] HSABlueCare \$2,000/\$4,000 100% after Deductible	\$344.37	\$586.62	\$ 848.11	N/A
[] HSABlueCare \$2,000/\$4,000 Deductible, 80/20% to \$3,000/\$6,000 OOP	\$334.62	\$570.04	\$ 824.11	N/A
[] HSABlueCare \$1,500/\$3,000 100% after Deductible	\$373.41	\$650.77	\$ 941.71	N/A
[] HSABlueCare \$1,500/\$3,000 Deductible, 80/20% to \$2,500/\$5,000 OOP (All HSA BlueCare plans include the Preventive Care Benefit)	\$353.97	\$616.94	\$ 892.71	N/A

SIGNATURE REQUIRED ON NEXT PAGE





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Group Name (Company Name)

**Business Resource Services
January 1, 2008 ~ December 31, 2008**

<u>Health Reimbursement Arrangement (HRA)</u>	<u>Single</u>	<u>2-Person</u>	<u>Family</u>	<u>Medicare Carve-out</u>
[] <i>HRA Qualified Plan: \$2,250/\$4,500, 100% after Deductible w/Preventive Care Benefit</i>	\$360.98	\$638.76	\$ 924.58	N/A
<u>BlueCare Plans</u>				
[] <i>BlueCare D: \$20/\$30 OV, \$500/\$200 IP/OP Co-pay, RX \$100 Deductible, \$5/\$25/\$50</i>	\$480.11	\$960.22	\$1,296.30	N/A
[] <i>BlueCare F: \$20/\$30 OV, \$500 IP/OP Combined Deductible, RX \$100 Deductible, \$5/\$25/\$50</i>	\$473.12	\$946.24	\$1,277.43	N/A
[] <i>BlueCare I: \$20/\$30 OV, \$1,000 IP/OP Combined Deductible, RX \$100 Deductible, \$5/\$25/\$50</i>	\$454.15	\$908.30	\$1,226.21	N/A
[] <i>BlueCare J: \$20/\$30 OV, \$1,500/\$750 IP/OP Deductible, RX \$100 Deductible, \$5/\$25/\$50</i>	\$443.85	\$887.69	\$1,198.39	N/A
[] <i>BlueCare K: \$20/\$30 OV, \$2,000/\$1,000 IP/OP Deductible RX \$100 Deductible, \$5/\$25/\$50</i>	\$429.13	\$858.26	\$1,158.65	N/A
[] <i>BlueCare J: (NO RX): \$20/\$30 OV, \$1,500/\$750 IP/OP Deductible</i>	\$374.91	\$749.82	\$1,012.26	N/A
[] Vision Rider Option (BlueCare Plans Only) [] Yes [] No \$20 Exam, \$20 Materials	\$ 8.26	\$ 16.52	\$ 22.31	N/A

As with many association products, Business Resource Services (BRS) is rated as a group. Therefore, all members of BRS 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. BRS has primary COBRA and HIPAA compliance services available to members at no cost for up to 20 employees. See brochure or website www.brsvt.com for details.

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 named 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 6/11/08

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 ____-____-____

