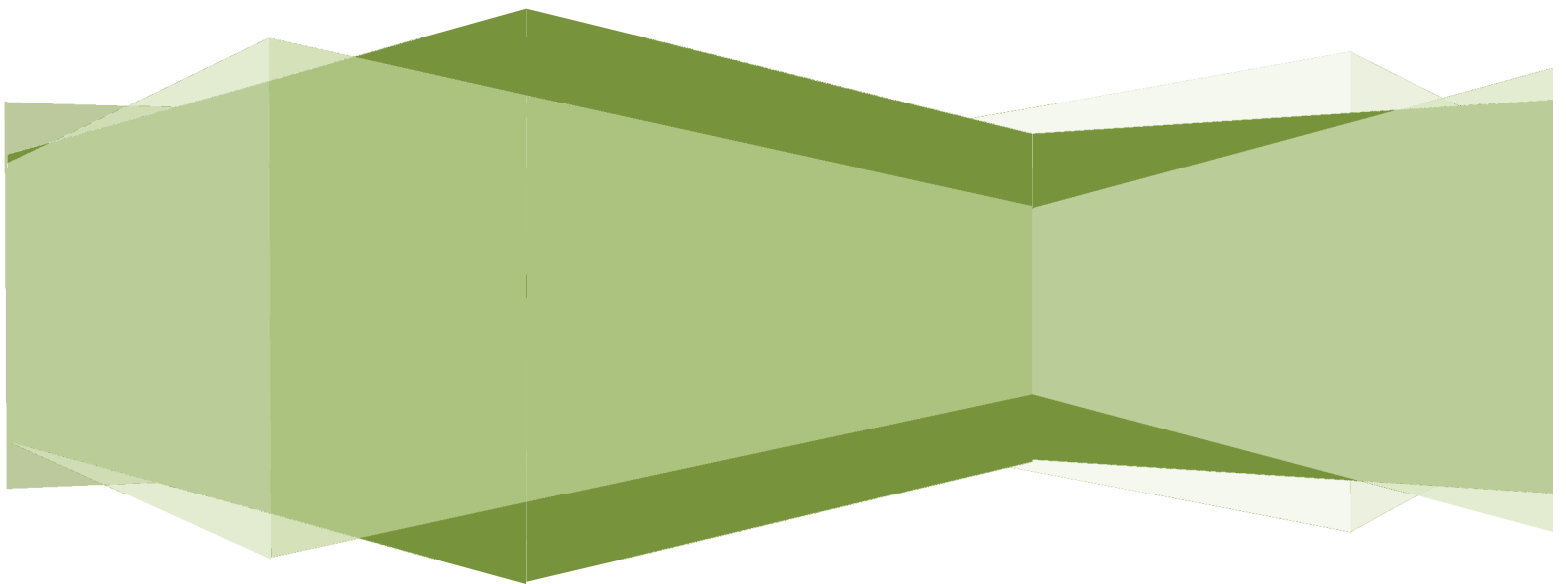




VERMONT DEPARTMENT OF BANKING, INSURANCE,
SECURITIES AND HEALTH CARE ADMINISTRATION

Shopping for Individual and Small Group Health Insurance: Companies and Rates

Vermont Consumer Handbook – July 2011



OTHER FORMATS FOR THIS PUBLICATION

This publication is also available on the Department's website at www.bishca.state.vt.us, using the Division of Health Care Administration's "Consumer Publications" link.

To speak with a health insurance consumer specialist call 1-800-631-7788.

Persons with hearing impairments may contact the Vermont Relay Service at 1-800-253-0191 (TTY), or 1-800-253-0195 (voice).

Persons with reading or visual impairments may contact the Vermont Association for the Blind and Visually Impaired (VABVI) at:

1-877-350-8840 Brattleboro

1-877-350-8838 Montpelier

1-877-350-8839 Rutland

1-800-639-5861 South Burlington

Introduction

This publication provides a list of companies, products and rates to help you shop for individual and small group health insurance.

This publication does not recommend insurance companies or policies; you should consider your health insurance needs, review this information carefully, and contact the companies with any specific questions. For general health insurance questions, call the Vermont Department of Banking, Insurance, Securities and Health Care Administration at 1-800-631-7788 to speak with a Health Insurance Consumer Services Specialist. You can also call the Vermont Office of Health Care Ombudsman at 1-800-889-2047.

The rates in this publication are current as of the date of the publication. However, rates are submitted on a continuous basis. You should check with the companies for the most current rates before deciding on a particular policy.

Insurers Offering Individual Health Insurance Policies in Vermont

The following insurers are approved to market and sell Individual Health Insurance Policies in Vermont:

Blue Cross Blue Shield of Vermont (BCBSVT)

P.O. Box 186
Montpelier, VT 05601-0186
1-800-625-6406
TTY: 1-800-535-2227
<http://www.bcbsvt.com>

Catamount Blue

1-888-445-5805

VT Freedom Plan Non-Group

1-800-625-6406

MVP Health Insurance Company

625 State Street
P.O. Box 2207
Schenectady, New York 12301-2207
1-800-777-4793
TTY: 1-800-421-1220
<http://www.mvpvermont.com>

MVP Catamount Choice

1-888-687-6277 (Customer Care)

Individual Health Insurance Rates

BLUE CROSS BLUE SHIELD OF VERMONT (BCBSVT)

The following is a selection of policies offered by BCBSVT. The rates published in this handbook are current as of the date of publication. You should check with the insurer to ensure product availability and for more options and updated rates.

Preferred Provider Organization

Vermont Freedom Plan

NAME	OFFICE VISIT CO-PAY	DEDUCTIBLE INDIVIDUAL/FAMILY	OUT-OF-POCKET LIMITS		SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
			INDIVIDUAL	FAMILY			
			PREFERRED/ NON-PREFERRED	PREFERRED/ NON-PREFERRED			
\$5,000 Option	\$15	\$5,000/ \$10,000	\$11,000/ \$14,000	\$22,000/ \$28,000	\$466.65	\$933.30	\$1,299.94
\$10,000 Option	\$15	\$10,000/ \$20,000	\$23,500/ \$23,500	\$47,000/ \$47,000	\$313.64	\$627.28	\$873.05

Individual Health Insurance Rates

MVP HEALTH CARE (MVP)

The following is a selection of policies offered by MVP. The rates published in this handbook are current as of the date of publication. You should check with the insurer to ensure product availability and for more options and updated rates.

Indemnity Plans

Premiums for these plans are initially determined by the age of each adult at the time of enrollment. Examples of age-rated adult premiums are provided below. Contact MVP for further plan details and additional rates, including children-only rates.

NAME	OFFICE VISIT CO-PAY	DEDUCTIBLE INDIVIDUAL	CO-INSURANCE ¹	RATE PER ADULT (Examples of monthly rates based on age)				RATE PER CHILD
				Age 29	Age 45	Age 56	Age 64+	
1	No Co-pay	\$3,500	30%	\$270.51	\$329.27	\$376.93	\$405.74	\$126.81
2	No Co-pay	\$5,000	30%	\$233.54	\$284.33	\$325.49	\$350.40	\$109.46
3	No Co-pay	\$10,000	30%	\$192.39	\$234.17	\$268.06	\$288.54	\$90.18
4	No Co-pay	\$25,000	30%	\$95.27	\$115.96	\$132.73	\$142.86	\$44.66
5	No Co-pay	\$100,000	30%	\$51.38	\$62.46	\$71.50	\$77.00	\$24.08

¹Co-insurance of 30% is required on five types of outpatient services (surgery, lab, x-ray, preadmission testing and emergency room) after deductible. There is a per-person, calendar year benefit maximum of \$750,000. Prescription drug coverage is included in base plans, subject to \$250 deductible, 50% co-insurance and \$5,000 annual benefits cap per individual.

Health Maintenance Organization

NAME	OFFICE VISIT CO-PAY	DEDUCTIBLE INPATIENT/OUTPATIENT	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
CompCare	\$25	\$2,000/\$1,000	\$1,141.49	\$2,282.98	\$2,967.87

Prescription drug coverage is included in base plan, subject to 50% co-insurance. There is no annual benefits cap.

Insurers Offering Small Group Health Insurance Policies in Vermont

The following companies are approved to market and sell Small Group Health Insurance Policies in Vermont:

Blue Cross Blue Shield of Vermont
1-800-255-4550 or www.bcbsvt.com

CIGNA HealthCare
(Connecticut General Life Insurance)
1-800-456-6575 or www.cigna.com

MVP Health Care
1-800-825-5687 or www.mvphealthcare.com

The Vermont Health Plan
1-800-255-4550 or www.bcbsvt.com

The following companies are approved to market and sell Small Group Healthy Lifestyle Policies in Vermont:

MVP Health Care
1-800-825-5687 or www.mvphealthcare.com

Small Group Health Insurance Rates

BLUE CROSS BLUE SHIELD OF VERMONT (BCBSVT)

The following is a selection of policies offered by BCBSVT. The rates published in this handbook are current as of the date of publication. You should check with the insurer to ensure product availability and for more options and updated rates.

Preferred Provider Organization Vermont Freedom Plan (VFP)

NAME	OFFICE VISIT CO-PAY	IN-NETWORK DEDUCTIBLE INDIVIDUAL/ FAMILY	IN-NETWORK CO-INSURANCE TO CO-INSURANCE MAXIMUM ¹ INDIVIDUAL	PRESCRIPTION DRUG DEDUCTIBLE AND CO-PAYS (GENERIC/ BRAND/ NON-FORMULARY)	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
VFP 204R	\$20	\$500/\$1,000	20% to \$1,500	\$50 Deductible (\$5/\$10/\$25)	\$984.33	\$1,968.66	\$2,748.18
VFP 231B	\$30	\$750/\$1,500	20% to \$3,750	\$100 Deductible (\$5/40%/60%)	\$875.17	\$1,750.34	\$2,443.34
VFP 207Q	\$25	\$1,000/\$2,000	20% to \$3,000	\$50 Deductible (\$15/\$25/\$40)	\$887.96	\$1,775.92	\$2,479.06
VFP 232B	\$30	\$1,500/\$3,000	20% to \$7,500	\$100 Deductible (\$5/40%/60%)	\$799.57	\$1,599.14	\$2,232.23
VFP 233M	\$30	\$2,500/\$5,000	20% to \$7,500	\$50 Deductible (\$10/\$20/\$35)	\$773.22	\$1,546.44	\$2,158.65
VFP 234Q	\$30	\$5,000/\$10,000	20% to \$7,500	\$50 Deductible (\$15/\$25/\$40)	\$707.96	\$1,415.92	\$1,976.41

¹ Two person and family deductibles and co-insurance maximums are higher. Prescription drug coverage is included in base plans, subject to deductible and co-pays.

Small Group Health Insurance Rates

BLUE CROSS BLUE SHIELD OF VERMONT

Preferred Provider Organization Vermont Freedom Plan (VFP) (continued)

NAME	OFFICE VISIT CO-PAY	DEDUCTIBLE INDIVIDUAL	CO-INSURANCE	OUT-OF-POCKET MAXIMUMS	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
				INDIVIDUAL			
231 VFP	\$30	\$750	20%	\$3,750	\$794.45	\$1,588.90	\$2,217.93
232 VFP	\$30	\$1,500	20%	\$7,500	\$718.85	\$1,437.70	\$2,006.82
233 VFP	\$30	\$2,500	20%	\$7,500	\$664.64	\$1,329.28	\$1,855.44
234 VFP	\$30	\$5,000	20%	\$7,500	\$607.12	\$1,214.24	\$1,694.81
235 VFP	\$30	\$10,000	0%	\$10,000	\$536.90	\$1,073.80	\$1,498.72

Prescription drug coverage is available as a rider at an additional cost. Two person and family deductibles and out-of-pocket maximums are higher.

High Deductible Health Plans

NAME	OFFICE VISIT CO-PAY	DEDUCTIBLE INDIVIDUAL	CO-INSURANCE	OUT-OF-POCKET MAXIMUMS	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
				INDIVIDUAL			
HSA 201	No Co-pay	\$2,250	20%	\$3,250	\$805.61	\$1,360.90	\$2,012.50
HSA 202	No Co-pay	\$4,000	20%	\$5,000	\$676.90	\$1,021.20	\$1,512.97

Prescription drug coverage is included in base policy/plans, subject to deductible and co-pays. Two person and family deductibles and out-of-pocket maximums are higher.

Small Group Health Insurance Rates

CIGNA HEALTHCARE

The following is a selection of policies offered by CIGNA HealthCare. The rates published in this handbook are current as of the date of publication. You should check with the insurer to ensure product availability and for more options and updated rates.

Open Access Plus

NAME	OFFICE VISIT CO-PAY IN-NETWORK	OFFICE VISIT CO-INSURANCE IN-NETWORK	DEDUCTIBLE IN-NETWORK/ OUT-OF-NETWORK) INDIVIDUAL	IN-NETWORK INPATIENT/ OUTPATIENT CO-INSURANCE TO OUT-OF- POCKET MAXIMUM -- INDIVIDUAL	OUT-OF-NETWORK INPATIENT/ OUTPATIENT CO- INSURANCE TO OUT-OF-POCKET MAXIMUM -- INDIVIDUAL	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
21	\$30	No Co-insurance	\$1,500/ \$3,000	20% to \$6,000	40% to \$12,000	\$696.44	\$1,380.92	\$1,848.75
22	\$30	No Co-insurance	\$2,500/ \$4,000	20% to \$8,000	40% to \$16,000	\$502.39	\$1,008.77	\$1,438.07
23	\$30	No Co-insurance	\$3,000/ \$5,000	0% to \$3,000	0% to \$5,000	\$510.37	\$1,018.08	\$1,452.69
24	Subject to Deductible	10%	\$2,450/ \$5,000	10% to \$5,950	30% to \$10,000	\$476.48	\$952.96	\$1,361.18
26	\$30	No Co-insurance	\$4,000/ \$8,000	20% to \$8,000	40% to \$16,000	\$427.96	\$859.92	\$1,229.40
27	Subject to Deductible	No Co-insurance	\$5,950/ \$5,950	0% to \$5,950	20% to \$10,000	\$340.01	\$685.28	\$975.41
28	Subject to Deductible	50%	\$2,000/ Not Covered	50% to \$5,950	Not Covered	\$358.34	\$725.88	\$1,030.40

¹Two person and family deductible and co-insurance maximums are higher. Prescription drug coverage is included in base plans, subject to deductible and 50% co-insurance.

Small Group Health Insurance Rates

MVP HEALTH CARE

The following is a selection of policies offered by MVP Health Care. The rates published in this handbook are current as of the date of publication. You should check with the insurer to ensure product availability and for more options and updated rates.

Exclusive Provider Organizations

Exclusive Provider Organizations provide access to MVP's regional and national provider networks. Selection of a primary care provider is not required. No referrals are required for specialty care. There are no out-of-network benefits, except for emergency care.

NAME	OFFICE VISIT CO-PAY PRIMARY CARE/ SPECIALIST CARE	INPATIENT CO-PAYS	DEDUCTIBLE	OUT-OF-POCKET MAXIMUM	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
VE004	\$25/\$40	\$1,000	No Deductible	No Out-of-Pocket Maximum	\$551.53	\$1,103.06	\$1,433.98
VE006	\$30/\$50	\$1,000	No Deductible	No Out-of-Pocket Maximum	\$543.70	\$1,087.40	\$1,413.62
VE058	\$75/\$75	\$1,000	No Deductible	No Out-of-Pocket Maximum	\$522.21	\$1,044.42	\$1,357.75

Small Group Health Insurance Rates

MVP HEALTH CARE (Continued)

Prescription Drug Plan Riders

NAME	PRESCRIPTION CO-PAY/CO-INSURANCE/DEDUCTIBLE	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
V501	\$10 Generic 30% Brand Name Formulary 50% Brand Name Non-formulary	\$73.10	\$146.20	\$190.06
V502	50% Generic 50% Brand Name Formulary 50% Brand Name Non-formulary	\$53.86	\$107.72	\$140.04
V602	\$5 Generic \$35 Brand Name Formulary, after meeting \$250 Brand Name deductible \$70 Brand Name Non-formulary, after meeting \$250 Brand Name deductible	\$83.04	\$166.08	\$215.90
V605	\$5 Generic \$45 Brand Name Formulary, after meeting \$250 Brand Name deductible \$90 Brand Name Non-formulary, after meeting \$250 Brand Name deductible	\$79.51	\$159.02	\$206.73

Exclusive Provider Organization Tri-Vantage

NAME	HEALTHY LIFESTYLE OPTIONS	OFFICE VISIT CO-PAY	VISIT CO-PAY	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
		PRIMARY CARE/ SPECIALIST CARE	INPATIENT			
VT03	Active Lifestyle	\$15/\$40	\$300	\$579.66	\$1,159.32	\$1,507.12
	Family Focus	\$20/\$40	No Co-pay	\$579.66	\$1,159.32	\$1,507.12
	Healthy Alternatives	\$25/\$40	\$300	\$579.66	\$1,159.32	\$1,507.12
VT07	Active Lifestyle	\$25/\$60	\$1,500	\$539.44	\$1,078.88	\$1,402.54
	Family Focus	\$30/\$60	\$1,500	\$539.44	\$1,078.88	\$1,402.54
	Healthy Alternatives	\$35/\$60	\$1,500	\$539.44	\$1,078.88	\$1,402.54

Small Group Health Insurance Rates

MVP HEALTH CARE (Continued)

High Deductible Health Plans

NAME	CO-INSURANCE	DEDUCTIBLE INDIVIDUAL/ FAMILY	OUT-OF-POCKET MAXIMUM INDIVIDUAL/ FAMILY	PRESCRIPTION DRUG CO-INSURANCE GENERIC/ BRAND/ NON-FORMULARY	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
VEHD-03	No Co-insurance	\$5,000/\$10,000	\$5,000/\$10,000	No Co-insurance	\$292.85	\$585.70	\$761.41
VEHD-08	20%	\$2,000/\$4,000	\$4,000/\$8,000	20%/20%/40%	\$401.00	\$802.00	\$1,042.60
VEHD-14	20%	\$2,000/\$4,000	\$4,000/\$8,000	50%/50%/50%	\$393.15	\$786.30	\$1,022.19

Small Group Health Insurance Rates

THE VERMONT HEALTH PLAN (TVHP)

The following is a selection of policies offered by TVHP. The rates published in this handbook are current as of the date of publication. You should check with the insurer to ensure product availability and for more options and updated rates.

Health Maintenance Organization BlueCare

NAME	OFFICE VISIT CO-PAY	INPATIENT DEDUCTIBLE	INPATIENT CO-PAY	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
	PRIMARY CARE/ SPECIALIST CARE	INDIVIDUAL				
Blue Care D – 250 ER	\$20/\$30	No Deductible	\$500	\$532.12	\$1,064.23	\$1,483.84
Blue Care I – 250 ER	\$20/\$30	\$1,000	No Co-pay	\$498.57	\$997.14	\$1,390.18
Blue Care Access J – 250 ER	\$20/\$30	\$1,500	No Co-pay	\$493.45	\$986.90	\$1,375.87
Blue Care K – 250 ER	\$20/\$30	\$2,000	No Co-pay	\$466.12	\$932.24	\$1,299.56

Prescription drug coverage is available as a rider at additional cost.

Point of Service Plan BlueCare

NAME	OFFICE VISIT CO-PAY	IN-NETWORK DEDUCTIBLE	IN-NETWORK CO-INSURANCE	CO-INSURANCE MAXIMUM ¹	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
		INDIVIDUAL	INDIVIDUAL	INDIVIDUAL			
BlueCare Open Access POS2	\$30	\$3,000	80%	\$5,000	\$368.65	\$737.31	\$1,027.38

¹Two person (employee plus child) and family deductibles and co-insurance maximums are higher. Prescription drug coverage is available as a rider at an additional cost.

Small Group Health Insurance Rates

THE VERMONT HEALTH PLAN (TVHP)

High Deductible Health Plans BlueCare

NAME	OFFICE VISIT CO-PAY	IN-NETWORK DEDUCTIBLE INDIVIDUAL	IN-NETWORK CO-INSURANCE	OUT-OF-POCKET MAXIMUMS IN-NETWORK INDIVIDUAL	SINGLE MONTHLY RATE	2-PERSON MONTHLY RATE	FAMILY MONTHLY RATE
HSA BlueCare \$2,000 ¹	No Co-pay	\$2,000	No Co-insurance	\$2,000	\$458.58	\$779.04	\$1,142.45
HSA BlueCare \$2,500 ¹	No Co-pay	\$2,500	No Co-insurance	\$2,500	\$426.76	\$707.77	\$1,036.90
HSA BlueCare \$2,500 ¹	No Co-pay	\$2,500	20%	\$3,500	\$392.19	\$784.37	\$1,093.09
HSA BlueCare \$3,000 ¹	No Co-pay	\$3,000	No Co-insurance	\$3,000	\$404.56	\$809.11	\$1,127.64

¹ Certain preventive care services are covered at 100% before the deductible is met. After the deductible is met, all services are covered at 80% or 100%, including prescription drug benefits. Two person (employee plus child) and family deductibles and co-insurance maximums are higher.

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