

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Blue Cross and Blue Shield of Vermont (hereafter called the "Contractor") that the contract on the subject of personal services generally on the subject of offering qualified health and dental plans on the State of Vermont's federally-mandated health exchange, effective August 30, 2013, is hereby amended effective November 21, 2014, as follows:

1. **By deleting Section 4 (Contract Term) on page 1 of 41 of the base contract and substituting in lieu thereof the following Section 4:**

4. **Contract Term.** The period of Contractor's performance shall begin on August 30, 2013 and end on December 31, 2015. This Contract may be renewed for one additional one year period on such terms as the parties may agree.

2. **By deleting Section 4.01 (Qualified Health Plans) of Attachment A on page 8 of 41 of the base contract and substituting in lieu thereof the following Section 4.01:**

4.01 Qualified Health Plans

Contractor shall offer the Contractor's QHPs identified in Exhibit 1 for the Plan Year in accordance with this Agreement. As set forth in Section 2.08 above, Exhibit 1 shall be amended on an annual basis.

3. **By replacing the Vermont Health Connect Primary Contact in Section 8.09 of Attachment A on page 18 of 41 of the base contract with:**

Attention: Howard Pallotta
Department of Vermont Health Access
General Counsel
Telephone No. 802-879-5901
Email: Howard.Pallotta@state.vt.us

4. **By deleting Attachment C (Customary State Provisions for Contracts and Grants) on page 25 of 41 of the base contract and substituting in lieu thereof the following Attachment C (Standard State Provisions for Contracts and Grants) beginning on page 3 of this amendment.**
5. **By replacing Exhibit 1 of Attachment A: "Vermont Health Connect Plan Designs & Monthly Premiums" beginning on page 20 of 41 of the base contract, with a revised Exhibit 1, included as an attachment to this amendment beginning on page 7, reflecting approved plan design and monthly premiums for the 2015 Plan Year as required under applicable Laws and Section 2.08 of Attachment A of the base contract.**

6. By replacing the contact information for the State in Section 7: Miscellaneous, Subsection: d Notices) of the Trading Partner Agreement on page 8 of 12 of Amendment #1 with:

For State:

Attention: Howard Pallotta
Department of Vermont Health Access
General Counsel
Telephone No. 802-879-5901
Email: Howard.Pallotta@state.vt.us

7. By replacing the contact information for the State of the trading Partner Agreement, Exhibit B , (Communications and Contact Information) on page 11 of 12 of Amendment #1 with:

State Contact Information for EDI Questions and Trouble Shooting:

For Testing Assistance:

Justin Tease, Justin.Tease@state.vt.us (802) 585-5155

For Production Assistance:

Nicole Weidman, Nicole.Weidman@state.vt.us (802) 735-7747

This amendment consists of 9 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#25194) dated August 30, 2013 shall remain unchanged and in full force and effect.

BY THE STATE OF VERMONT:

BY THE CONTRACTOR:

MARK LARSON, COMMISSIONER
312 Hurricane Lane, Suite 201
Williston, VT 05495-2087
Phone: 802-879-5901
Email: Mark.Larson@state.vt.us

DATE

DON GEORGE, PRESIDENT AND CEO
Blue Cross and Blue Shield of Vermont
445 Industrial Lane
Berlin, VT

DATE

ATTACHMENT C

STANDARD STATE PROVISIONS FOR CONTRACTS AND GRANTS

1. **Entire Agreement:** This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.
2. **Applicable Law:** This Agreement will be governed by the laws of the State of Vermont.
3. **Definitions:** For purposes of this Attachment, "Party" shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement.
4. **Appropriations:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and in the event federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
5. **No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.
6. **Independence, Liability:** The Party will act in an independent capacity and not as officers or employees of the State.

The Party shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party.

7. **Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the state through the term of the Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover

**STATE OF VERMONT
AMENDMENT TO PERSONAL SERVICES CONTRACT
BLUE CROSS AND BLUE SHIELD OF VERMONT**

**PAGE 4 OF 9
CONTRACT #25194
AMENDMENT #2**

and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the contract, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and Completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: **\$1,000,000** combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of **\$5,000,000** per occurrence, and **\$15,000,000** aggregate.

- 8. Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
- 9. Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart

F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

- 10. Records Available for Audit:** The Party shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.
- 11. Fair Employment Practices and Americans with Disabilities Act:** Party agrees to comply with the requirement of Title 21V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement. Party further agrees to include this provision in all subcontracts.
- 12. Set Off:** The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.
- 13. Taxes Due to the State:**
- a. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
 - b. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
 - c. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
 - d. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.
- 14. Child Support:** (Applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:
- a. is not under any obligation to pay child support; or
 - b. is under such an obligation and is in good standing with respect to that obligation; or
 - c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.
- Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.
- 15. Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also

**STATE OF VERMONT
AMENDMENT TO PERSONAL SERVICES CONTRACT
BLUE CROSS AND BLUE SHIELD OF VERMONT**

**PAGE 6 OF 9
CONTRACT #25194
AMENDMENT #2**

agrees to include in all subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

- 16. No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.
- 17. Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.
- 18. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.
- Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at:
<http://bgs.vermont.gov/purchasing/debarment>
- 19. Certification Regarding Use of State Funds:** In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

Exhibit I

All Vermont Health Connect plans cover the same set of Essential Health Benefits. The difference lies in the plan designs, which determine how you pay for those benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by the carriers, with a focus on wellness.

Vermont Health Connect
 2015 Plan Designs & Monthly Premiums (before subsidy)

Interested in the cost after subsidy?
 Most Vermonters who use Vermont Health Connect qualify for financial help to reduce their costs. To see if you qualify, visit the Subsidy Estimator at http://info.healthconnect.vermont.gov/subsidy_estimator or call 1-855-899-9600.

VERMONT HEALTH CONNECT Find the plan that's right for you		Standard Plans						Blue Rewards			VT Vitality Plus		
		BCBSVT & MVP						BCBSVT only			MVP only		
		Platinum	Gold	Silver	Bronze	Silver HDHP Can pair with HSA	Bronze HDHP Can pair with HSA	Gold	Silver	Bronze CDHP Can pair with HSA	Gold	Silver	Bronze
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	N	N	N	N	\$1,550/\$3,100 ⁷	Y - \$2,000/\$4,000	Y - \$1,250/\$2,500	\$2,000/\$4,000 ⁷	Y - \$5,000/\$10,000	N	N	N
	Medical Ded.	\$150/\$300	\$750/\$1,500	\$1,900/\$3,800 ⁷	\$3,500/\$7,000	See above	See above	See above	See above	See above	\$350/\$700	\$1,800/\$3,600 ⁷	\$3,000/\$6,000
	Waived ¹ for: (see Services below)	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Prev	Prev	Prev	Prev, 3 PCP/MH OV	Prev, 3 PCP/MH OV	Prev	Prev, OV, UC	Prev, PCP/MH	Prev
	Prescription (Rx) Ded.	\$0	\$50 ⁸	\$100 ^{7,8}	\$300 ⁸	See above	See above	See above	See above	See above	\$100/\$200	\$250/\$500 ⁷	\$200/\$400
Max. Out-of-Pocket (MOOP)	Waived for:	N/A (\$0 Ded)	Rx Generic	Rx Generic	Not Waived	Rx Wellness	Rx Wellness	Not Waived	Not Waived	Rx Wellness	VBID, Rx Generic	VBID	VBID
	Integrated?	N	N	N	Y-\$6,350/\$12,700	Y-\$5,750/\$11,500 ⁷	Y-\$6,250/\$12,500	Y-\$4,250/\$8,500	Y-\$6,250/\$12,500 ⁷	Y-\$6,250/\$12,500	N	N	Y-\$6,600/\$13,200
	Medical	\$1,250/\$2,500	\$4,250/\$8,500	\$5,100/\$10,200 ⁷	See above	See above	See above	See above	See above	See above	\$5,300/\$10,600	\$5,300/\$10,600 ⁷	See above
	Prescription (Rx)	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500 ⁷	\$1,250/\$2,500	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,250/\$2,500	\$1,250/\$2,500 ⁷	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600
Stacked or Aggregate? ⁵		Stacked ⁵	Stacked ⁵	Stacked ⁵	Stacked ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Aggregate ⁵	Stacked ⁵	Stacked ⁵	Stacked ⁵
Service Category (Examples)		Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)	Co-Insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit (OV)	PCP or Mental Health (PCP/MH)	\$10	\$15	\$25	Ded., then \$35	Ded., then 10%	Ded., then 50%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$20 (Gold) or \$30 (Silver)			\$5	\$15	Ded., then \$30
	Specialist ²	\$20	\$25	\$45	Ded., then \$80	Ded., then 20%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then 50%	\$30	Ded., then \$50	Ded., then \$100
Urgent Care (UC)		\$40	\$45	\$60	Ded., then \$100	Ded., then 20%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then 50%	\$45	Ded., then \$60	Ded., then \$100
Ambulance (Amb)		\$50	\$50	\$100	Ded., then \$100	Ded., then 20%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then 50%	Ded., then \$50	Ded., then \$100	Ded., then \$100
Emergency Room (ER) ³		\$100	\$150	Ded., then \$250	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then \$250	Ded., then \$250	Ded., then 50%	Ded., then \$200	Ded., then \$250	Ded., then 50%
Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then \$500	Ded., then \$1750	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then 50%
	Outpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 20%	Ded., then 50%	Ded., then \$500	Ded., then \$1750	Ded., then 50%	varies by service	varies by service	Ded., then 50%
Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply
VBID ⁵		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1	\$3	\$3
Rx Generic ⁵		\$5	\$5	\$12	\$20	\$10	\$12	\$5	\$5	\$25	\$5	\$12	\$20
Rx Preferred Brand ⁵		\$40	\$40	\$50	\$80	\$40	\$40	40%	40%	40%	\$40	\$40	\$90
Rx Non-Preferred Brand ⁵		50%	50%	50%	60%	50%	60%	60%	60%	60%	50%	50%	60%
Premiums by Tier ⁶		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy
Single	BCBSVT	\$624.18	\$541.75	\$465.61	\$395.78	\$436.20	\$384.02	\$493.87	\$428.14	\$360.49			
	MVP	\$646.77	\$572.84	\$484.95	\$382.35	\$456.19	\$390.03				\$576.02	\$460.09	\$387.82
Couple	BCBSVT	\$1,248.36	\$1,083.50	\$931.22	\$791.56	\$872.40	\$768.04	\$987.74	\$856.28	\$720.98			
	MVP	\$1,293.54	\$1,145.68	\$969.90	\$764.70	\$912.38	\$780.06				\$1,152.04	\$920.18	\$775.64
Parent and Child(ren)	BCBSVT	\$1,204.67	\$1,045.58	\$898.63	\$763.86	\$841.87	\$741.16	\$953.17	\$826.31	\$695.75			
	MVP	\$1,248.27	\$1,105.58	\$935.95	\$737.94	\$880.45	\$752.76				\$1,111.72	\$887.97	\$748.49
Family	BCBSVT	\$1,753.95	\$1,522.32	\$1,308.36	\$1,112.14	\$1,225.72	\$1,079.10	\$1,387.77	\$1,203.07	\$1,012.98			
	MVP	\$1,817.42	\$1,609.68	\$1,362.71	\$1,074.40	\$1,281.89	\$1,095.98				\$1,618.62	\$1,292.85	\$1,089.77

Footnotes
 1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan).
 2 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.
 3 ER co-pay is waived if admitted.
 4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.
 5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <http://info.healthconnect.vermont.gov/healthplans> or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP). <http://info.healthconnect.vermont.gov/glossary>.
 6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits. With a stacked deductible, the plan pays benefits once you meet either your individual deductible or your family deductible.
 7 If you purchase a Silver plan and your income qualifies for cost-sharing reductions (for example, up to \$71,550 for a family of four), your deductible and max. out-of-pocket could be lower than the figures stated above. Learn more at <http://info.healthconnect.vermont.gov/healthplans>.
 8 BCBSVT Standard Gold/Silver/Bronze plans have a \$50/\$100/\$300 Rx Deductible per person, while MVP Standard Gold/Silver/Bronze plans have an Rx Deductible of \$50/\$100/\$300 for a single plan or \$100/\$200/\$600 for all other tiers.

Updated 10/2/14

Exhibit 1 (continued)

		BCBSVT	MVP
		Blue Rewards Catastrophic	Secure VT
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family
Deductible (Ded.)	Integrated Ded.?	\$6,600 / \$13,200	\$6,600 / \$13,200
	Medical Ded.	See Integrated (above)	See Integrated (above)
	Waived ² for: (see shading below)	Prev, 3/6/9 PCP/MH OV	Prev, 3 PCP/MH OV per person
	Prescription (Rx) Ded.	See Integrated (above)	See Integrated (above)
	Waived for:	Not Waived	Not Waived
Max. Out-of-Pocket (MOOP)	Integrated?	\$6,600 / \$13,200	\$6,600 / \$13,200
	Medical	*See Integrated (above)	*See Integrated (above)
	Rx	\$1,300 / \$2,600	\$1,300 / \$2,600
Family Deductible/MOOP		Aggregate ³	Stacked ²
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0
Office Visit (OV)	Primary Care Physician or Mental Health (PCP/MH)	3 visits per person (up to 9 per family) with no cost-share; then deductible applies	3 visits per person with no cost-share; then deductible applies
	Specialist ²	Deductible, then \$0	Deductible, then \$0
Urgent Care (UC)		Deductible, then \$0	Deductible, then \$0
Ambulance (Amb)		Deductible, then \$0	Deductible, then \$0
Emergency Room (ER) ³		Deductible, then \$0	Deductible, then \$0
Hospital Services ⁴	Inpatient	Deductible, then \$0	Deductible, then \$0
	Outpatient	Deductible, then \$0	Deductible, then \$0
Rx Drug Coverage		30-day supply	30-day supply
VBID		N/A	N/A
Rx Generic		Deductible, then \$0	Deductible, then \$0
Rx Preferred Brand		Deductible, then \$0	Deductible, then \$0
Rx Non-Preferred Brand		Deductible, then \$0	Deductible, then \$0
Premiums by Tier ⁵		BCBSVT	MVP
Single	BCBSVT	\$228.24	
	MVP		\$208.66
Couple	BCBSVT	\$456.48	
	MVP		\$417.32
Parent and Child(ren)	BCBSVT	\$440.50	
	MVP		\$402.71
Family	BCBSVT	\$641.35	
	MVP		\$586.33

Footnotes

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan, see shading above).

2 Specialist co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

3 ER co-pay is waived if admitted.

4 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.

5 See definitions of rate tiers, stacked, aggregate, and other terms at <http://info.healthconnect.vermont.gov/glossary>.

Exhibit 1 (continued)

VT Rate Tier Definitions - Medical Coverage Only		
VT Rate Tier Level	VT Tier Title	Definition – Individual
Tier I	Single	One person – the subscriber (may be an adult or a child)
Tier II	Couple	Two persons who are married to each other or are in a civil union, according to the rules of Vermont.
Tier III	Single Head of Household (HoH) with One or More Children	One adult subscriber and one or more dependent child(ren), up to the age of 26.
Tier IV	Family	Couple* with one or more dependent children, up to the age of 26.

* As defined in Tier II

NOTES:

- Children age 26 and older may be covered if deemed incapacitated dependents
- Dependent children include: biological children, adopted children, step-children, and children for whom subscriber is legal guardian
- Individual market spouse and/or dependents may enroll in their own unique QHPs (e.g., dad enrolls in BCBS VT Gold and mom enrolls in MVP Bronze)

Updated 10/9/14