

STATE OF VERMONT
MEDICAL PREMIUMS FOR COBRA CONTINUATION COVERAGE
MONTHLY

TOTALCHOICE PLAN PREMIUMS EFFECTIVE JANUARY 1, 2016

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$1,010.01	One Person
1A	\$2,020.03	Two Person
1B	\$2,777.53	Family

SELECTCARE POS PLAN PREMIUMS EFFECTIVE JANUARY 1, 2016

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$845.31	One Person
1A	\$1,690.60	Two Person
1B	\$2,324.58	Family

DENTAL PLAN PREMIUMS EFFECTIVE JANUARY 1, 2016

CLASS CODE	TOTAL PREMIUM	DEFINITION
01	\$32.82	One Person
1A	\$60.39	Two Person
1B	\$114.42	Family