

STATE OF VERMONT
BI-WEEKLY ACTIVE GROUP PREMIUMS
 Effective January 1, 2025

TOTAL CHOICE				
CLASS CODE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	DEFINITION
01	\$751.46	\$601.17	\$150.29	One Person
1A	\$1,502.93	\$1,202.34	\$300.59	Two Person
1B	\$2,066.52	\$1,653.22	\$413.30	Family

SELECTCARE POS				
CLASS CODE	TOTAL PREMIUM	STATE SHARE	EMPLOYEE SHARE	DEFINITION
01	\$628.92	\$503.14	\$125.78	One Person
1A	\$1,257.83	\$1,006.26	\$251.57	Two Person
1B	\$1,729.52	\$1,383.62	\$345.90	Family