

**2008 VLCT Health Trust Renewal  
Rates for Members with 50 and Fewer Eligible Employees**

<b>CIGNA Plan Names for 2008</b>	<b>Cigna Monthly Rate 1 Person</b>	<b>Cigna Monthly Rate 2 Person</b>	<b>Cigna Monthly Rate Family</b>
<b><u>VLCT HEALTH PLAN (\$10/\$20 co-pays)</u></b>			
VLCT HP 10/20 A	\$512.59	\$1,049.30	\$1,319.14
VLCT HP 10/20 B	\$521.95	\$1,066.83	\$1,346.03
VLCT HP 10/20 C *	\$550.58	\$1,128.22	\$1,424.80
<b><u>VLCT HEALTH PLAN (\$20/\$30 co-pays)</u></b>			
VLCT HP 20/30 A	\$497.05	\$1,018.17	\$1,278.78
VLCT HP 20/30 B	\$504.38	\$1,033.18	\$1,296.84
<b><u>VLCT OPEN ACCESS PLUS - \$100 Deductible</u></b>			
VLCT OAP100 B	\$523.05	\$1,046.09	\$1,412.21
VLCT OAP100 C *	\$551.70	\$1,104.48	\$1,497.60
<b><u>VLCT OPEN ACCESS PLUS - \$200 Deductible</u></b>			
VLCT OAP200 A	\$499.36	\$1,000.35	\$1,349.82
VLCT OAP200 B	\$506.42	\$1,012.83	\$1,367.33
VLCT OAP200 C *	\$534.74	\$1,104.57	\$1,425.83
<b><u>VLCT OPEN ACCESS PLUS - \$500 Deductible</u></b>			
VLCT OAP500 A	\$396.61	\$811.43	\$1,015.85
VLCT OAP500 B	\$441.24	\$908.58	\$1,140.14
VLCT OAP500 C *	\$476.15	\$973.94	\$1,262.03
<b><u>VLCT GOLD</u></b>			
VLCT Gold B *	\$588.89	\$1,218.60	\$1,516.40
VLCT Gold C *	\$618.44	\$1,279.65	\$1,602.30
<b><u>VLCT HSA (HIGH DEDUCTIBLE HEALTH PLANS)</u></b>			
VLCT H.S.A 1500	\$313.85	\$599.61	\$857.67
VLCT H.S.A 2250	\$285.32	\$545.10	\$779.70
VLCT H.S.A 3000	\$265.34	\$506.94	\$725.12

\*Please note these plans are closed to new group offerings as of 1/1/08

**Prescription Drug Card Options A,B or C**

**Rx Option A**

\$100 deductible, \$10 generic copay  
25% preferred coinsurance \$15 min / \$30 max  
25% non-preferred coinsurance \$30 min/\$60 max

**Rx Option B**

\$50 deductible, \$10 generic copay  
20% preferred coinsurance \$15 min/\$30 max  
20% non-preferred coinsurance \$30 min/\$60 max

**Rx Option C**

\$50 deductible, \$5 generic copay  
\$10 preferred copay, \$25 non-preferred copay

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Rates for Members with 50 and Fewer Eligible Employees**

All carveout plans closed to new subscribers unless pre-existing\* contractual obligation says otherwise

*\*Pre-existing = Prior to 10/18/07*

<b>CIGNA Plan Names for 2008</b>	<b>Cigna Monthly Rate 1 Person</b>	<b>Cigna Monthly Rate 2 Person</b>	<b>Cigna Monthly Rate Family</b>
<b><u>VLCT OPEN ACCESS PLUS - \$100 Deductible</u></b>			
VLCT OAP100 B carveout	\$360.53	N/A	N/A
VLCT OAP100 C carveout	\$372.82	N/A	N/A
<b><u>VLCT OPEN ACCESS PLUS - \$200 Deductible</u></b>			
VLCT OAP200 A carveout	\$344.20	N/A	N/A
VLCT OAP200 B carveout	\$349.07	N/A	N/A
VLCT OAP200 C carveout	\$361.36	N/A	N/A
<b><u>VLCT OPEN ACCESS PLUS - \$500 Deductible</u></b>			
VLCT OAP500 A carveout	\$321.88	N/A	N/A
VLCT OAP500 B carveout	\$326.75	N/A	N/A
VLCT OAP500 C carveout	\$339.08	N/A	N/A
<b><u>VLCT GOLD</u></b>			
VLCT Gold B carveout	\$350.65	N/A	N/A
VLCT Gold C carveout	\$362.95	N/A	N/A
<b><u>MEDICARE ADVANTAGE</u></b>			
VLCT Med Adv Medium w/ RX	\$252.87	N/A	N/A
VLCT Med Adv High w/ RX	\$285.22	N/A	N/A
VLCT Med Adv High w/out RX	\$127.66	N/A	N/A
Medicomp	\$178.77	N/A	N/A

Prescription Drug Card Options A,B or C

Rx Option A

\$100 deductible, \$10 generic copay  
25% preferred coinsurance \$15 min / \$30 max  
25% non-preferred coinsurance \$30 min/\$60 max

Rx Option B

\$50 deductible, \$10 generic copay  
20% preferred coinsurance \$15 min/\$30 max  
20% non-preferred coinsurance \$30 min/\$60 max

Rx Option C

\$50 deductible, \$5 generic copay  
\$10 preferred copay, \$25 non-preferred copay