

**STATE OF VERMONT**  
**BI-WEEKLY ACTIVE GROUP PREMIUMS**  
 Effective January 1, 2024

<b>TOTAL CHOICE</b>				
<b>CLASS CODE</b>	<b>TOTAL PREMIUM</b>	<b>STATE SHARE</b>	<b>EMPLOYEE SHARE</b>	<b>DEFINITION</b>
<b>01</b>	\$653.45	\$522.76	\$130.69	One Person
<b>1A</b>	\$1,306.90	\$1,045.52	\$261.38	Two Person
<b>1B</b>	\$1,796.97	\$1,437.58	\$359.39	Family

<b>SELECTCARE POS</b>				
<b>CLASS CODE</b>	<b>TOTAL PREMIUM</b>	<b>STATE SHARE</b>	<b>EMPLOYEE SHARE</b>	<b>DEFINITION</b>
<b>01</b>	\$546.89	\$437.51	\$109.38	One Person
<b>1A</b>	\$1,093.77	\$875.02	\$218.75	Two Person
<b>1B</b>	\$1,503.93	\$1,203.14	\$300.79	Family