

PREMIUMS FY09

Program	%FPL	FY10
Premium costs are per <u>Family</u> per month		
Dr. Dynasaur	0-185%	None
Dr. Dynasaur	185-225%	\$15.00
Dr. D (underinsured)	225-300%	\$20.00
SCHIP	225-300%	\$60.00
Premium costs are per <u>Individual</u> per month		
VHAP	0-50%	None
VHAP	50-75%	\$7.00
VHAP	75-100%	\$25.00
VHAP	100-150%	\$33.00
VHAP	150-185%	\$49.00
VPHARM 1 & VHAP Pharmacy	0-150%	\$17.00
VPHARM 2 & Vscript	150-175%	\$23.00
VPHARM 3 & VScript Expanded	175-225%	\$50.00
Catamount Health Premium Increases		
Catamount Health	Up to 200%	\$60.00
Catamount Health	200-225%	\$110.00
Catamount Health	226-250%	\$135.00
Catamount Health	251-275%	\$160.00
Catamount Health	276-300%	\$185.00