

HAMPSHIRE COUNTY GROUP INSURANCE TRUST
LIST OF ALL RATES AND EFFECTIVE DATES

HEALTH OPTIONS FOR *ACTIVE* EMPLOYEES:

Options	Total Monthly Premium July 1, 2024 to June 30, 2025	Total Monthly Premium July 1, 2025 to June 30, 2026	% Increased
Network Blue New England (HMO)			
Individual (Employee Only)	\$ 711.00	\$ 839.00	18.0%
Employee +1	\$ 1,655.00	\$ 1,953.00	18.0%
Family	\$ 2,040.00	\$ 2,407.00	18.0%
Blue Care Elect Preferred (PPO)			
Individual (Employee Only)	\$ 819.00	\$ 983.00	20.0%
Family	\$ 2,237.00	\$ 2,684.00	20.0%

SUPPLEMENTAL OPTION (TYPICALLY FOR *RETIRED* EMPLOYEES WHO ALSO HAVE MEDICARE A&B):

Options	Total Monthly Premium January 1, 2024 to December 31, 2024	Total Monthly Premium January 1, 2025 to December 31, 2025	% Increased
Medex 2 w/ Blue Medicare Rx PDP (PPO)			
Individual	\$ 360.00	\$ 416.00	15.5%

VOLUNTARY DENTAL OPTIONS:

Options	Total Monthly Premium July 1, 2023 to June 30, 2026		% Increased
Delta Voluntary Dental (\$750 Plan)			
Individual (Employee Only)	\$ 23.75		0.0%
Family	\$ 67.96		0.0%
Delta Voluntary Dental - Core PPO (\$1250) Plan			
Individual (Employee Only)	\$ 23.65		0.0%
Employee +1	\$ 46.67		0.0%
Family	\$ 87.21		0.0%
Delta Voluntary Dental - High PPO (\$1500) Plan			
Individual (Employee Only)	\$ 44.15		0.0%
Employee +1	\$ 83.80		0.0%
Family	\$ 129.73		0.0%

VOLUNTARY VISION OPTIONS:

Options	Total Monthly Premium July 1, 2023 to June 30, 2026		% Increased
MetLife Voluntary Vision			
Individual (Employee Only)	\$ 6.57		0.0%
Employee + Child(ren)	\$ 11.14		0.0%
Employee + Spouse	\$ 13.17		0.0%
Family	\$ 18.37		0.0%

LIFE INSURANCE OPTIONS:

Options	Total Monthly Premium July 1, 2024 to June 30, 2026		
Boston Mutual Life Insurance			
Basic Coverage	\$ 1.39 / \$ 1000		0.0%
Accidental Death & Dismemberment	\$ 0.03 / \$ 1000		0.0%
Optional Life Insurance Coverage will also remain the same in FY-2025			