

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

LIST OF ALL RATES AND EFFECTIVE DATES

Plan Type	Previous Rates (‘23-’24)	New Rates (’24-’25)	Variance
Network Blue New England (HMO) – July 1, 2024 to June 30, 2025			
Employee Only	\$658.00	\$711.00	8.0%
Employee + 1	\$1532.00	\$1655.00	8.0%
Family	\$1889.00	\$2040.00	8.0%
Blue Care Elect Preferred (PPO) – July 1, 2024 to June 30, 2025			
Employee Only	\$758.00	\$819.00	8.0%
Family	\$2071.00	\$2237.00	8.0%
Senior Plans (Single Rates Only) – January 1, 2024 to December 31, 2024			
MEDEX 2 w/ PDP	\$342.00	\$360.00	5.3%
Delta Voluntary Dental (\$750 Plan) – July 1, 2023 to June 30, 2026 (FORMER Guardian Voluntary Dental (\$500 Plan) – July 1, 2021 to June 30, 2023)			
Employee Only	\$23.75	\$23.75	0.0%
Family	\$67.96	\$67.96	0.0%
Delta Voluntary Dental – July 1, 2023 to June 30, 2026 (FORMER Guardian Voluntary Dental (\$1000 Plan) – July 1, 2021 to June 30, 2023)			
High PPO (\$1,500) Plan – Employee Only	\$44.15	\$44.15	0.0%
(Former Advantage PPO Plan) Employee + 1	\$83.80	\$83.80	0.0%
Family	\$129.73	\$129.73	0.0%
Core PPO (\$1,250) Plan – Employee Only	\$23.65	\$23.65	0.0%
(Former Value PPO Plan) Employee + 1	\$46.67	\$46.67	0.0%
Family	\$87.21	\$87.21	0.0%
Boston Mutual Life Insurance – July 1, 2024 to June 30, 2025			
Basic Coverage	\$1.39/\$1000	\$1.39/\$1000	0.0%
Accidental Death & Dismemberment	\$.03/\$1000	\$.03/\$1000	0.0%
Optional Life Insurance Coverage will also remain the same in FY-2025			