

# HAMPSHIRE COUNTY GROUP INSURANCE TRUST

## LIST OF ALL RATES AND EFFECTIVE DATES

<b>Plan Type</b>	<b>Current Rates (‘22-’23)</b>	<b>New Rates (’23-’24)</b>	<b>Variance</b>
<b>Network Blue New England (HMO) – July 1, 2023 to June 30, 2024</b>			
Employee Only	\$620.60	\$658.00	(6%)
Employee + 1	\$1445.20	\$1532.00	(6%)
Family	\$1781.52	\$1889.00	(6%)
<b>Blue Care Elect Preferred (PPO) – July 1, 2023 to June 30, 2024</b>			
Employee Only	\$715.24	\$758.00	(6%)
Family	\$1953.40	\$2071.00	(6%)
<b>Senior Plans (Single Rates Only) – January 1, 2023 to December 31, 2024</b>			
MEDEX 2 w/ PDP	\$327.00	\$342.00	(4.6%)
<b>Delta Voluntary Dental (\$750 Plan) – July 1, 2023 to June 30, 2026</b> (FORMER Guardian Voluntary Dental (\$500 Plan) – July 1, 2021 to June 30, 2023)			
Employee Only	\$25.79	\$23.75	(-8.34%)
Family	\$73.79	\$67.96	(-8.34%)
<b>Delta Voluntary Dental – July 1, 2023 to June 30, 2026</b> (FORMER Guardian Voluntary Dental (\$1000 Plan) – July 1, 2021 to June 30, 2023)			
<b>High PPO (\$1,500) Plan</b> – Employee Only	\$47.65	\$44.15	(-8.34%)
(Former Advantage PPO Plan) Employee + 1	\$90.44	\$83.80	(-8.34%)
Family	\$140.01	\$129.73	(-8.34%)
<b>Core PPO (\$1,250) Plan</b> – Employee Only	\$26.26	\$23.65	(-8.34%)
(Former Value PPO Plan) Employee + 1	\$51.82	\$46.67	(-8.34%)
Family	\$96.84	\$87.21	(-8.34%)
<b>Boston Mutual Life Insurance – July 1, 2022 to June 30, 2024</b>			
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-2024			