



Town of Hampton ("Member")

Member hereby elects the following HealthTrust, Inc. ("HealthTrust") coverage(s):

Medical Coverage and Rates

January 2023 Medical Renewal

The following rates shall apply from January 1, 2023 to December 31, 2023

Rating Renewal	January	Rating Tier	Large
Probationary Period	0M	Rating Type	Standard

Benefit Option(s)	Single	2-Person	Family
AB15IPDED(01L)-RX10/20/45/3K(L)	\$924.85	\$1,849.70	\$2,497.09
BC3T20(01L)-RX10/20/45/3K(L)	\$1,028.15	\$2,056.30	\$2,776.01
BC3T5RDR(01L)-RX10/20/45/3K(L)	\$1,085.87	\$2,171.75	\$2,931.86
MC3(01L)-RX10/20/45(LCY)	\$630.07		
MCNRX(01L)	\$251.99		

Monthly rates and continued Member Group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:
 1) at least 75 % participation of Eligible Employees who do not otherwise have group medical coverage; and
 2) Employees who elect to cover dependents must enroll all of their Eligible Dependents (other than dependent children age 19 and over) who do not otherwise have group medical coverage.

HealthTrust reserves the right to change the rates at any time if there is a 10% or more increase or decrease in enrollment.

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

****HealthTrust will discontinue the following Benefit Options: BlueChoice Plans (BC3T5RDR, BC3T5RDR+, BC3T10, BC3T20, BC3T15IPDED, BC2T10, BC2T20) and New England Plans (HMOBNE, HMOBNE20, BCNE, BCNE20). These plans will no longer be available after December 31, 2024.****

Dental Coverage and Rates

January 2023 Dental Renewal

The following rates shall apply from January 1, 2023 to December 31, 2023

Rating Renewal January

Probationary Period 0M

<u>Benefit Option(s)</u>	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
OPTION 1	\$43.89	\$84.96	\$154.57

Monthly rates and continued Member Group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:

- 1) at least 75 % participation of Eligible Employees who do not otherwise have group dental coverage; and
- 2) Employees who elect to cover dependents must enroll all of their Eligible Dependents (other than dependent children age 19 and over) who do not otherwise have group dental coverage.

BENEFIT SCHEDULE

<u>Benefit Option(s)</u>	<u>Coverage A</u>	<u>Coverage B</u>	<u>Coverage C</u>	<u>Plan Year Maximum</u>	<u>Coverage D</u>	<u>Coverage D Maximum</u>	<u>Deductible</u>
OPTION 1	100%	80%	50%	\$1,000	50%	\$1,000	\$25/\$75

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

None