

# RATE SHEET

Effective July 1, 2018

Plan Type	Current Rates	New Rates	Variance
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## Network Blue New England (HMO)

July 1, 2018 to June 30, 2019

Employee Only	\$604.84	\$633.26	4.7%
Employee Plus One	\$1408.50	\$1474.70	4.7%
Family	\$1746.28	\$1817.88	4.1%

## Blue Care Elect Preferred (PPO)

July 1, 2018 to June 30, 2019

Employee Only	\$706.52	\$729.84	3.3%
Family	\$1935.20	\$1993.26	3.3%

## Guardian DentalGuard Preferred (\$500 Plan)

July 1, 2017 to June 30, 2019

Employee Only	\$28.34	\$28.34	0%
Family	\$81.09	\$81.09	0%

## Senior Plans (Single Rates Only) January 1, 2018 to December 31, 2018

MEDEX (Move to Medex 2 w/PDP)	\$340.20	\$346.00	1.7%
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## Boston Mutual Life Insurance

July 1, 2017 to June 30, 2020

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 IY-2018

## Guardian Voluntary Dental (\$1000 Plan)

July 1, 2017 to June 30, 2019

Advantage PPO Plan –Employee	\$52.36	\$52.36	0%
Employee + 1	\$99.38	\$99.38	0%
Family	\$153.86	\$153.86	0%
Value PPO Plan –Employee	\$28.86	\$28.86	0%
Employee + 1	\$56.94	\$56.94	0%
Family	\$106.42	\$106.42	0%