

RATE SHEET

Effective July 1, 2019

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

July 1, 2019 to June 30, 2020

Employee Only	\$633.26	\$633.26	0%
Employee Plus One	\$1474.70	\$1474.70	0%
Family	\$1817.88	\$1817.88	0%

Blue Care Elect Preferred (PPO)

July 1, 2019 to June 30, 2020

Employee Only	\$729.84	\$729.84	0%
Family	\$1993.26	\$1993.26	0%

Guardian DentalGuard Preferred (\$500 Plan)

July 1, 2019 to June 30, 2021

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

Senior Plans (Single Rates Only) January 1, 2019 to December 31, 2019

MEDEX (Move to Medex 2 w/PDP)	\$346.00	\$355.00	2.6%
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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 FY-2020

Guardian Voluntary Dental (\$1000 Plan)

July 1, 2019 to June 30, 2021

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%