



Town of Barrington ("Member")

HealthTrust, Inc. ("HealthTrust") hereby provides the following rates for coverage(s) currently offered to Member with respect to the July 1, 2023 to June 30, 2024 Coverage Period:

Medical Coverage and Rates

July 2023 Medical Renewal

The following Guaranteed Maximum Rates shall apply from July 1, 2023 to June 30, 2024

Rating Renewal	July	Rating Tier	Large
Probationary Period	0M	Rating Type	Standard
Benefit Option(s)	Single	2-Person	Family
AB10(07L)-RX10/20/45/3K(L)	\$1,215.67	\$2,431.35	\$3,282.32
ABSOS20/40/1KDED(07L)-R10/25/40M10/40/70/5K(L)	\$909.63	\$1,819.25	\$2,455.99
BC2T20(07L)-RX10/20/45/3K(L)	\$1,249.97	\$2,499.93	\$3,374.91
MC3(07L)-R10/25/40M10/40/70(LCY)	\$755.56		
MC3(07L)-RX10/20/45(LCY)	\$780.97		
MCNRX(07L)	\$312.34		

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 June 30, 2025.**