



Member Group Coverage Confirmation Transmittal

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, 2024 through June 30, 2025 Coverage Period:

Medical Coverage and Rates

July 2024 Medical Renewal

The following monthly Guaranteed Maximum Rates shall apply from July 1, 2024 through June 30, 2025 (with the exception of the rates for the Medicomp Three benefit, which are guaranteed only through December 31, 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)	\$1,397.65	\$2,795.29	\$3,773.64
ABSOS20/40/1KDED(07L)-R10/25/40M10/40/70/5K(L)	\$1,045.79	\$2,091.58	\$2,823.63
MC3(07L)-R10/25/40M10/40/70(LCY)	\$868.65		
MC3(07L)-RX10/20/45(LCY)	\$897.87		
MCNRX(07L)	\$359.09		

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

None