

Town of Allenstown ("Member")

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

Medical Coverage and Rates

January 2016 Medical Renewal

The following rates shall apply from January 1, 2016 to December 31, 2016

Anniversary Month January
Probationary Period 0M
Rating Type Individual

Benefit Option(s)	Single	2-Person	Family
BC2T10+(01)-R10/25/40M10/40/70	\$819.80	\$1,639.61	\$2,213.47
AB20(01)-R10/25/40M10/40/70	\$733.60	\$1,467.19	\$1,980.71
AB15IPDED(01)-R10/25/40M10/40/70	\$720.93	\$1,441.85	\$1,946.50
MC3(01)-R10/25/40M10/40/70	\$491.18		
MCNRX(01)	\$203.05		

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 these rates at any time if there is a 10% or more increase or decrease in enrollment.

*PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

Member participates in a *Combination of Entities* agreement for medical coverage rating purposes. The *Combination of Entities* is comprised of: BCEP Solid Waste, Town of Allenstown, Town of Barnstead, Town of Chichester, Town of Epsom, Town of Pembroke, Town of Pittsfield, Town of Strafford.

Dental Coverage and Rates

January 2016 Dental Renewal

The following rates shall apply from January 1, 2016 to December 31, 2016

Anniversary Month January
Probationary Period 0M

<u>Benefit Option(s)</u>	<u>Single</u>	<u>2-Person</u>	<u>Family</u>
OPTION 1	\$40.37	\$78.14	\$142.16

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 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 dental coverage.

BENEFIT SCHEDULE

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

*PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

None

