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 Rating Type Individual Probationary Period 0M

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

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.

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.

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

Benefit Option(s)	Single	2-Person	Family
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 Plan Year Coverage D							
Benefit Option(s)	Coverage A C	Coverage B	Coverage C		Coverage D	Coverage D Maximum	Deductible
OPTION 1	100%	80%		\$1,000	50%	\$1,000	\$25/\$75
_	*PROBAT	ONARY	PERIOD EX	CEPTIONS	3		
None							
		SPECI	AL NOTES				

None

BILLING SERVICES

	hTrust for the following Billing S nd dental plan coverages: A [X] Retirees	Services with respect to any
SBC Compliance: HealthTrust, Inc. agrees to prepare and pro- each medical plan coverage option listed on this transmittal. M individuals. These obligations will be performed in accordance the Patient Protection and Affordable Care Act, and (ii) related Inc.	Iember agrees to distribute the Slewith (i) the statutory and regula	BCs to applicable eligible tory requirements for SBCs under
Maximum Probationary Period Compliance: Member represent requirements for enrollment in each medical plan coverage opt Waiting Period rule of PPACA.	_ ·	
Member agrees that the coverages elected herein are subject to HealthTrust Bylaws and applicable Coverage Documents.	the terms and conditions of its m	nembership in HealthTrust, the
Member hereby authorizes HealthTrust, Inc. to execute and de the Member and its Employees into the plan(s) listed on this tr	•	ssary to effectuate the enrollment of
For the Member, duly authorized	Title	Date
For HealthTrust, Inc.	Title	Date