

Town of Allenstown ("Member")

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

Medical Coverage and Rates

January 2020 Medical Renewal

The following rates shall apply from January 1, 2020 to December 31, 2020

Rating Renewal

January

Rating Tier

Large

Probationary Period

0M

Rating Type

Combined

Page 1 of 3

Benefit Option(s)	Single	2-Person	Family
BC2T10(01L)-R10/25/40M10/40/70/3K(L)	\$929.10	\$1,858.20	\$2,508.57
HRAABSOS20/40/1KDED(01L)-R10/25/40M10/40/70/5K(L)	\$662.78	\$1,325.56	\$1,789.51
ABSOS20/40/1KDED(01L)-R10/25/40M10/40/70/5K(L)	\$662.78	\$1,325.56	\$1,789.51
MC3(01L)-R10/25/40M10/40/70(LCY)	\$550.52		
MCNRX(01L)	\$227.58		

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

Prepared: October 7, 2019 HT0004-Town of Allenstown

⁻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.

⁻Coverage includes Domestic Partner (same and opposite sex) Rider.

Dental Coverage and Rates

January 2020 Dental Renewal

The following rates shall apply from January 1, 2020 to December 31, 2020

Rating Renewal

January

Probationary Period

0M

Benefit Option(s)	Single	2-Person	Family
OPTION 1	\$43.89	\$84.96	\$154.57

Monthly rates and continued Member Group coverage are subject to applicable HealthTrust minimum participation requirements including, without limitation:

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	Coverage B	Coverage C	Maximum	Coverage D	Maximum	Deductible
OPTION 1	100%	80%	50%	\$1,000	50%	\$1,000	\$25/\$75

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

¹⁾ at least 75% participation of Eligible Employees who do not otherwise have dental coverage; and

⁻Coverage includes Domestic Partner (same and opposite sex) Rider.

BILLING SERVICES

Member Group has separately contracted with HealthTrust for the following Billing Services with respect to any selected medical and dental plan coverages:

[X] COBRA [X] Retirees

ADDITIONAL TERMS

SBC Compliance: HealthTrust, Inc. agrees to prepare and provide Member with a Summary of Benefits and Coverage ("SBC") for each medical plan coverage option listed on this transmittal. Member must distribute the SBCs to applicable eligible individuals. These obligations will be performed in accordance with (i) the statutory and regulatory requirements for SBCs under the Affordable Care Act ("ACA"), and (ii) related SBC compliance information provided to Member by HealthTrust, Inc.

Maximum Probationary Period Compliance: The eligibility conditions and probationary period requirements for enrollment in each medical plan coverage option listed on this transmittal must comply with the 90-Day Maximum Waiting Period rule of the ACA.

Agreement and	I Authorization	
Member agrees that the coverages elected herein are subject to the Agreement, the HealthTrust Bylaws and applicable Coverage Doce		Trust Membership
Member hereby authorizes HealthTrust, Inc. to execute and delive the Member and its Employees into the coverage(s) listed on this t		o effectuate the enrollment of
	Selectboard Chair	10-21-19
For the Member, duly authorized Ryan Carter	Title	Date
For HealthTrust, Inc.	Title	Date