

RATE SHEET

Effective April 1, 2017 or July 1, 2017 (Depending on the Unit's Open Enrollment Period)

Plan Type	Current Rates	New Rates	Variance
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Network Blue New England (HMO)

April 1, 2017 to March 31, 2018 or July 1, 2017 to June 30, 2018

Employee Only	\$552.86	\$604.84	9.4%
Employee Plus One	\$1287.46	\$1408.50	9.4%
Family	\$1596.22	\$1746.28	9.4%

Blue Care Elect Preferred (PPO)

April 1, 2017 to March 31, 2018 or July 1, 2017 to June 30, 2018

Employee Only	\$637.64	\$706.52	10.8%
Family	\$1746.56	\$1935.20	10.8%

Guardian DentalGuard Preferred (\$500 Plan)

April 1, 2017 to March 31, 2019 or July 1, 2017 to June 30, 2019

Employee Only	\$26.24	\$28.34	8.0%
Family	\$75.08	\$81.09	8.0%

Senior Plans (Single Rates Only) January 1, 2017 to December 31, 2017

MEDEX (Move to Medex 2 w/PDP)	\$314.00	\$340.20	8.3%
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Boston Mutual Life Insurance

April 1, 2017 to March 31, 2020 or July 1, 2017 to June 30, 2020

Basic Coverage	\$1.39/\$1000	\$1.39/\$1000	0.0%
Accidental Death & Dismemberment	\$.03/\$1000	\$.03/\$1000	0.0%

Optional Life Insurance Coverage will also remain the same in IY-2017

Guardian Voluntary Dental (\$1000 Plan)

April 1, 2017 to March 31, 2019 or July 1, 2017 to June 30, 2019

Advantage PPO Plan –Employee	\$48.48	\$52.36	8.0%
Employee + 1	\$92.02	\$99.38	8.0%
Family	\$142.46	\$153.86	8.0%
Value PPO Plan –Employee	\$26.72	\$28.86	8.0%
Employee + 1	\$52.72	\$56.94	8.0%
Family	\$98.54	\$106.42	8.0%