

RATE SHEET (Effective July 1, 2021)

Plan Type	Current Rates	New Rates	Variance
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Network Blue New England (HMO) July 1, 2021 to June 30, 2022

Employee Only	\$633.26	\$620.60	(2.0%)
Employee Plus One	\$1474.70	\$1445.20	(2.0%)
Family	\$1817.88	\$1781.52	(2.0%)

Blue Care Elect Preferred (PPO) July 1, 2021 to June 30, 2022

Employee Only	\$729.84	\$715.24	(2.0%)
Family	\$1993.26	\$1953.40	(2.0%)

Guardian DentalGuard Preferred (replaces Delta Dental) (\$500 Plan) July 1, 2021 to June 30, 2024

Employee Only	\$28.34	\$25.79	(9.0%)
Family	\$81.09	\$73.79	(9.0%)

Senior Plans (Single Rates Only) January 1, 2021 to December 31, 2021

MEDEX (Move to Medex 2 w/PDP)	\$337.00	\$327.00	(3.0%)
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Boston Mutual Life Insurance July 1, 2017 to June 30, 2022

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-2021

Guardian Voluntary Dental (\$1000 Plan) July 1, 2021 to June 30, 2024

Advantage PPO Plan –Employee	\$52.36	\$47.65	(9.0%)
Employee + 1	\$99.38	\$90.44	(9.0%)
Family	\$153.86	\$140.01	(9.0%)
Value PPO Plan –Employee	\$28.86	\$26.26	(9.0%)
Employee + 1	\$56.94	\$51.82	(9.0%)
Family	\$106.42	\$96.84	(9.0%)