

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

FY2026 RATE SHEET

HEALTH INSURANCE OPTIONS	Monthly Premium July 1, 2024 to June 30, 2025	Monthly Premium July 1, 2025 to June 30, 2026	ACTIVE EMPLOYEE MONTHLY COST 65%
Network Blue New England (HMO)			
Individual (Employee Only)	\$ 711.00	\$ 839.00	\$293.65
Employee +1	\$ 1,655.00	\$ 1,953.00	\$683.55
Family	\$ 2,040.00	\$ 2,407.00	\$842.45
Blue Care Elect Preferred (PPO)			
Individual (Employee Only)	\$ 819.00	\$ 983.00	\$344.05
Family	\$ 2,237.00	\$ 2,684.00	\$939.40

DENTAL INSURANCE OPTIONS	Monthly Premium July 1, 2024 to June 30, 2025	Monthly Premium July 1, 2025 to June 30, 2026	ACTIVE EMPLOYEE MONTHLY COST 100%
Delta Voluntary Dental - Core PPO (\$1250) Plan			
Individual (Employee Only)	\$ 23.65	\$ 23.65	\$ 23.65
Employee +1	\$ 46.67	\$ 46.67	\$ 46.67
Family	\$ 87.21	\$ 87.21	\$ 87.21
Delta Voluntary Dental - High PPO (\$1500) Plan			
Individual (Employee Only)	\$ 44.15	\$ 44.15	\$ 44.15
Employee +1	\$ 83.80	\$ 83.80	\$ 83.80
Family	\$ 129.73	\$ 129.73	\$ 129.73

VISION INSURANCE OPTIONS	Monthly Premium July 1, 2024 to June 30, 2025	Monthly Premium July 1, 2025 to June 30, 2026	ACTIVE EMPLOYEE MONTHLY COST 100%
MetLife Voluntary Vision			
Individual (Employee Only)	\$ 6.57	\$ 6.57	\$ 6.57
Employee + Child(ren)	\$ 11.14	\$ 11.14	\$ 11.14
Employee + Spouse	\$ 13.17	\$ 13.17	\$ 13.17
Family	\$ 18.37	\$ 18.37	\$ 18.37
Blue 20/20 Integrated Plan Option #2			
Individual (Employee Only)	\$ 6.08	\$ 6.08	\$ 6.08
Employee + Child(ren)	\$ 10.33	\$ 10.33	\$ 10.33
Employee + Spouse	\$ 10.64	\$ 10.64	\$ 10.64
Family	\$ 16.71	\$ 16.71	\$ 16.71

BASIC \$5,000 LIFE INSURANCE PLAN	Monthly Premium July 1, 2024 to June 30, 2026	Total Monthly Premium	ACTIVE EMPLOYEE MONTHLY COST 65%
Boston Mutual Life Insurance			
Basic Coverage	\$ 1.39 / \$ 1000	\$ 7.10	\$2.49
Accidental Death & Dismemberment	\$ 0.03 / \$ 1000		
Optional Life Insurance Coverage will also remain the same in FY-2025			