

# HAMPSHIRE COUNTY GROUP INSURANCE TRUST

## FY2026 RATE SHEET

HEALTH INSURANCE OPTIONS	Monthly Premium July 1, 2025 to Sep 30, 2025	ACTIVE EMPLOYEE MONTHLY COST July 1 - Sep 30	Monthly Premium Oct 1, 2025 to June 30, 2026	ACTIVE EMPLOYEE MONTHLY COST Oct 1 - June 30
<b>Network Blue New England (HMO)</b>				
Individual (Employee Only)	\$ 839.00	<b>\$293.65</b>	\$ 1007.00	<b>\$352.45</b>
Employee +1	\$ 1,953.00	<b>\$683.55</b>	\$ 2,344.00	<b>\$820.40</b>
Family	\$ 2,407.00	<b>\$842.45</b>	\$ 2,888.00	<b>\$1,010.80</b>
<b>Blue Care Elect Preferred (PPO)</b>				
Individual (Employee Only)	\$ 983.00	<b>\$344.05</b>	\$ 1,180.00	<b>\$413.00</b>
Family	\$ 2,684.00	<b>\$939.40</b>	\$ 3,221.00	<b>\$1,127.35</b>

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%
<b>Delta Voluntary Dental - Core PPO (\$1250) Plan</b>			
Individual (Employee Only)	\$ 23.65	\$ 23.65	<b>\$ 23.65</b>
Employee +1	\$ 46.67	\$ 46.67	<b>\$ 46.67</b>
Family	\$ 87.21	\$ 87.21	<b>\$ 87.21</b>
<b>Delta Voluntary Dental - High PPO (\$1500) Plan</b>			
Individual (Employee Only)	\$ 44.15	\$ 44.15	<b>\$ 44.15</b>
Employee +1	\$ 83.80	\$ 83.80	<b>\$ 83.80</b>
Family	\$ 129.73	\$ 129.73	<b>\$ 129.73</b>

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%
<b>MetLife Voluntary Vision</b>			
Individual (Employee Only)	\$ 6.57	\$ 6.57	<b>\$ 6.57</b>
Employee + Child(ren)	\$ 11.14	\$ 11.14	<b>\$ 11.14</b>
Employee + Spouse	\$ 13.17	\$ 13.17	<b>\$ 13.17</b>
Family	\$ 18.37	\$ 18.37	<b>\$ 18.37</b>
<b>Blue 20/20 Integrated Plan Option #2</b>			
Individual (Employee Only)	\$ 6.08	\$ 6.08	<b>\$ 6.08</b>
Employee + Child(ren)	\$ 10.33	\$ 10.33	<b>\$ 10.33</b>
Employee + Spouse	\$ 10.64	\$ 10.64	<b>\$ 10.64</b>
Family	\$ 16.71	\$ 16.71	<b>\$ 16.71</b>

BASIC \$5,000 LIFE INSURANCE PLAN	Monthly Premium July 1, 2024 to June 30, 2026	Total Monthly Premium	ACTIVE EMPLOYEE MONTHLY COST 35%
<b>Boston Mutual Life Insurance</b>			
Basic Coverage	\$ 1.39 / \$ 1000	\$ 7.10	<b>\$2.49</b>
Accidental Death & Dismemberment	\$ 0.03 / \$ 1000		
Optional Life Insurance Coverage will also remain the same in FY-2025			