HealthTrust

Member Group Coverage Confirmation Transmittal

School Administrative Unit #39 ("Member")

HealthTrust, Inc. ("HealthTrust") hereby provides the following rates for coverage(s) currently offered to Member with respect to the July 1, 2024 through June 30, 2025 Coverage Period:

Medical Coverage and Rates

July 2024 Medical Renewal

The following monthly Guaranteed Maximum Rates shall apply from July 1, 2024 through June 30, 2025 (with the exception of the rates for the Medicomp Three benefit, which are guaranteed only through December 31, 2024).

Rating Renewal	July	**Rating Tier**	Large
Probationary Period	0M	**Rating Type**	Standard

Benefit Option(s)	Single	2-Person	Family
AB5(07L)-RX10/20/45/3K(L)	$1,178.04	$2,356.08	$3,180.71
ABSOS20/40/1KDED(07L)-RX10/20/45/5K(L)	$897.90	$1,795.80	$2,424.34
LUMENOS2500(07L)	$907.92	$1,815.83	$2,451.37
MC3(07L)-RX10/20/45(LCY)	$745.82		
MCNRX(07L)	$298.28		

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 the rates at any time if there is a 10% or more increase or decrease in enrollment.

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

HealthTrust will discontinue the following Benefit Options: BlueChoice Plans (BC3T5RDR, BC3T5RDR+, BC3T10, BC3T20, BC3T15IPDED, BC2T10, BC2T20) and New England Plans (HMOBNE, HMOBNE20, BCNE, BCNE20). **These plans will no longer be available after June 30, 2025.**

Dental Coverage and Rates

July 2024 Dental Renewal

The following monthly rates shall apply from July 1, 2024 through June 30, 2025

Rating Renewal July

Probationary Period 0M

Benefit Option(s)	Single	2-Person	Family
OPTION 1P	$52.95	$102.25	$182.47
OPTION 6E	$69.41	$134.36	$242.49

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 dental 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 dental coverage.

BENEFIT SCHEDULE

Benefit Option(s)	Coverage A	Coverage B	Coverage C	Plan Year Maximum	Coverage D	Coverage D Maximum	Deductible
OPTION 1P	100%	80%	60%	$1,500	50%	$1,500	$0
OPTION 6E	100%	100%	50%	$1,500	50%	$1,500	$0

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

None