



Town of Francestown

Benefits Renewal Package

Revisit Rates for FY2025

(July 1, 2024 – June 30, 2025)

Enclosures

- 1) HealthTrust Revisit Renewal Letter
- 2) Member Group Coverage Confirmation (Transmittal) – ***Please sign and return by June 7, 2024***
- 3) Medical Rate Exhibit
- 4) Benefit Options for Medical & Prescription Coverage

March 26, 2024

Mr. Jamie Pike
Town Administrator
Town of Francestown
PO Box 5
Francestown, NH 03043

Dear Mr. Pike:

The HealthTrust Board of Directors met on March 21, 2024 to set final Revisit rates for the FY2025 (July 1, 2024 – June 30, 2025) renewal period. This is the last step in a comprehensive rating process, which began last October, when the Guaranteed Maximum Rates (GMR) were established. The GMR provides you with guaranteed maximum rates for budgeting purposes. In March, the Board sets the final “Revisit” rates which use the most current claims and cost data available in order to provide you with updated rates prior to the July 1st renewal date.

This rate package includes your updated rates for the renewal period as well as other important information. For additional information about the rating process, please refer to your GMR rate package sent on October 16, 2023.

Your HealthTrust Benefits Advisor, Teresa Williams, and Wellness Advisor, Taylor Bowse, are available to provide education and resources to help you understand how your Member Group’s rate was established, factors impacting your rate adjustment, benefit options, and how HealthTrust’s Well-Being programs can help your employees, retirees and their covered family members reach optimum health.

Medical Rates

Town of Francestown Final Revisit Rate Adjustment for FY2025 is 25.0%

The final Revisit rate for your Member Group’s medical coverage for the period of July 1, 2024 through June 30, 2025 (FY2025) is provided in this rate package. If you are part of a combined rating group, your rate reflects the claims experience of that combined rating group.

The Revisit rate adjustments for Groups renewing in July 2024 ranged from 6.4% to 25% with an overall average for the entire July Renewal of 15.3%, a reduction of 1.2% from the GMR issued in October 2023.

Rate and Benefit Information for Ancillary Coverages

Dental Rates – Increase of 4.7% for all dental plan options for FY2025 for Member Groups currently participating in HealthTrust’s dental coverage.

Short-Term Disability Coverage – For Member Groups currently participating in HealthTrust’s short-term disability coverage, there is an overall base rate decrease of 1.3% for FY2025. Your Member

Group's actual rate adjustment will vary from the overall rate change due to your Group's individual experience and demographic makeup.

Long-Term Disability Coverage – Decrease of approximately 15% for FY2025 (July 1, 2024 – June 30, 2025) for most Member Groups currently participating in HealthTrust's long-term disability coverage.

Life Coverage –

- **Base Life Coverage:** Decrease of approximately 15% for most Member Groups currently participating in HealthTrust's life coverage.
- **AD&D Coverage (Accidental Death and Dismemberment):** No change for Member Groups currently participating in HealthTrust's AD&D coverage.
- **Supplemental Life Coverage:** No change for most Member Groups currently participating in HealthTrust's supplemental life coverage.
- **Dependent Life Coverage – New standard benefit:** The cost per family will be \$2.95 per month for this enhanced benefit. This increase in benefits will provide the following coverage amounts:
Spouse \$10,000, Child < 6 Months \$2,500, and Child > 6 Months \$10,000.

Benefit Advantage – For Member Groups currently participating in HealthTrust's Benefit Advantage Health Reimbursement Arrangement (HRA) and Flexible Spending Account (FSA) services, there is no change to the per-participant/per-month fees. As a reminder, there are no annual renewal fees associated with Benefit Advantage and monthly fees continue to be waived for individuals enrolled in certain preferred medical plans.

New HealthTrust Medicare Advantage with Prescription Drug (MAPD) Plan for Medicare-eligible Retirees!

As communicated last fall and in the February 7 email to Medical Member Groups, HealthTrust will transition to the fully insured HealthTrust MAPD plan for Medicare-eligible Retirees starting January 1, 2025 for both January and July Member Groups. It is important to note the rates for the Medcomp Three with Prescription Drug benefit(s) on your transmittal and rate exhibit are only for the period through December 31, 2024, when that plan will be discontinued. Additionally, no new enrollment on the Medcomp Three without Prescription Drug (MCNRX) benefit will be accepted after December 31, 2024. Retirees who have been continuously enrolled in MCNRX as of December 31, 2024 may choose to continue on that plan, provided the Group continues to offer the plan.

A separate HealthTrust MAPD plan Rate Package will be posted to your Secure Member Portal (SMP) under Rating and Agreements on March 27, 2024. As a fully insured plan, the HealthTrust MAPD plan will be added through a separate election process. Please refer to the HealthTrust MAPD plan Rate Package for more details.

Benefit Education Resources

Your Benefits and Wellness Advisors are available to work with you to schedule in-person or virtual meetings to answer any other questions you may have and to review the following key education and reporting tools:

- **Benefit Education Sessions** – Customized Benefit Education presentations, benefit comparisons, and digital benefit packets are available in the SMP to make it even easier to educate your employees and retirees about their benefit plans, medical consumerism, and well-being programs, including how they can access tools and resources through the HealthTrust Secure Enrollee Portal (SEP).
- **Rating Summary** – A report showing how your Member Group's rates were calculated.
- **Stewardship Report** (*for Groups with 100 or more Enrollees*) – A detailed report showing your Member Group's membership data, medical and prescription claims utilization data, and well-being program participation. The report includes best practice recommendations to help reduce benefit costs and guide Covered Individuals to engage in programs and resources to help them find care and achieve optimum health.

Timeline

- **Benefit Changes Notification Deadline – May 17, 2024**
- Your Benefits Advisor will be contacting you to discuss the renewal and work with you to review available options and assist with any changes you may be considering. Please note that requests for any coverage changes must be communicated to us and completed by May 17, 2024 to be effective July 1, 2024.
- **Member Group Transmittal Deadline – Please sign and return by June 7, 2024.**

Thank you for your continued participation with HealthTrust. If you have any questions or concerns, please do not hesitate to contact Teresa at 800.527.5001.

Sincerely,



Scott DeRoche
Executive Director

Enclosures



Member Group Coverage Confirmation Transmittal

Town of Francestown ("Member")

Member hereby elects the following HealthTrust, Inc. ("HealthTrust") coverage(s):

Medical Coverage and Rates

July 2024 Medical Renewal

The following monthly rates shall apply from July 1, 2024 through June 30, 2025
(with the exception of the rates for the Medicomp Three with prescription drug plan(s), which are applicable only through December 31, 2024).

Rating Renewal	July	Rating Tier	Large	
Probationary Period	0M	Rating Type	Combined	
Benefit Option(s)		Single	2-Person	Family
AB15/40IPDED(07L)-R10/25/40M10/40/70/5K(L)		\$1,004.48	\$2,008.97	\$2,712.11
MC3(07L)-R10/25/40M10/40/70(LCY)		\$781.46		

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

Member participates in a Combination of Entities agreement for medical coverage rating purposes. The Combination of Entities is comprised of: SAU #01, Town of Antrim, Town of Dublin, Town of Francestown and Town of Hancock.

****The Medicomp Three with prescription drug plan(s) (MC3) will be retired as of January 1, 2025 and replaced with the HealthTrust Medicare Advantage plan.****

Short-term Disability Coverage and Rates

July 2024 STD Renewal

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

Rating Renewal July
Suffix # 0065

BENEFIT SCHEDULE

Class	Class Name	Probationary Period	Benefit Amount	Maximum Weekly Benefit	Maximum Benefit Period	Waiting Period	
			(% of Base Weekly Earnings)			Accident	Illness
1	All Eligible Employees	0M	66.67%	\$450	26 weeks	1 day(s)	8 day(s)

CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

Class	Class Name	Contributory Y/N	Participation
1	All Eligible Employees	N	100%

RATE

For Each \$10 of Weekly Benefit Per Month \$0.42

Monthly rates and continued Member Group coverage are based on 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N, per applicable HealthTrust minimum participation requirements.

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

Evidence of Insurability needed for all late enrollees (contributory groups only).

BILLING SERVICES

Member Group has separately contracted with HealthTrust for the following Billing Services with respect to any selected medical and dental plan coverages:

COBRA Retirees

ADDITIONAL TERMS

Summary of Benefits and Coverage ("SBC") Compliance: HealthTrust, Inc. agrees to prepare and provide Member with an SBC for each medical plan coverage option listed on this transmittal. Member must distribute the SBCs to applicable eligible individuals. These obligations will be performed in accordance with (i) the statutory and regulatory requirements for SBCs under the Affordable Care Act ("ACA"), and (ii) related SBC compliance information provided to Member by HealthTrust, Inc.

Maximum Probationary Period Compliance: The eligibility conditions and probationary period requirements for enrollment in each medical plan coverage option listed on this transmittal must comply with the 90-Day Maximum Waiting Period rule of the ACA.

AGREEMENT AND AUTHORIZATION

Member agrees that the coverages elected herein are subject to the terms and conditions of the HealthTrust Membership Agreement, the HealthTrust Bylaws and applicable Coverage Documents.

Member hereby authorizes HealthTrust, Inc. to execute and deliver any and all documents necessary to effectuate the enrollment of the Member and its Employees into the coverage(s) listed on this transmittal.

For the Member, duly authorized

Title

Date



Medical Rate Exhibit for: Town of Francestown

Rating Renewal: July Rating Tier: Large Rating Type: Combined

Current Benefit Option(s)	Enrollment Type	Enrollee Counts as of 03/24	07/23 Monthly Rates	07/24 Monthly Rates Revisit	% Change
AB15/40IPDED(07L)-R10/25/40M10/40/70/5K(L)	Single	1	\$ 803.59	\$ 1,004.48	25.0%
	2-Person	3	\$ 1,607.18	\$ 2,008.97	25.0%
	Family	1	\$ 2,169.69	\$ 2,712.11	25.0%
Monthly Total for Actives / Early Retirees		5	\$ 7,794.82	\$ 9,743.50	25.0%

Current Benefit Option(s)^	Enrollment Type	Enrollee Counts as of 03/24	07/23 Monthly Rates	07/24 Monthly Rates Revisit	% Change
MC3(07L)-R10/25/40M10/40/70(LCY)	Single	0	\$ 625.17	\$ 781.46	25.0%
Monthly Total for Medicomp Retirees		0	\$ 0.00	\$ 0.00	

Grand Monthly Total		5	\$ 7,794.82	\$ 9,743.50	25.0%
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^The Medicomp Three with prescription drug plan(s) (MC3) will be retired as of January 1, 2025 and replaced with the HealthTrust Medicare Advantage plan.

Alternative Benefit Option(s): HealthTrust offers a full range of comprehensive Benefit Options. Please consult with your Benefits Advisor to learn more about the Benefit Options that may best meet your Group's needs and work within HealthTrust's underwriting guidelines.



Town of Franconetown
Medical and Prescription Benefit Options
Monthly Rates for 07/01/2024 - 06/30/2025

Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group. One prescription plan may be chosen per medical plan. Please consult with your Benefits Advisor if you are considering plan changes.

Medical Plan Type	Open Access PPO	Access Blue New England HMO	Access Blue New England HMO with Deductible
Plan Name	OAZ20	ABZ20	ABS020/40/1KDED
Visit Copy	\$20	\$20	\$20
Specialty Visit Copy	\$20	\$20	\$40
Walk-in Center Copy	\$20	\$20	\$20
Urgent Care Copy	\$75	\$50	\$50
ER Copy	\$150	\$100	\$100
Standard Deductible (per person per family)	\$1,000 / \$3,000 (Out-of-Network)	\$0	\$1,000 / \$3,000
Standard Coinsurance	20% (Out-of-Network)	N/A	N/A
Chiropractic Visits/Copy	Unlimited / \$20	Unlimited / \$20	Unlimited / \$20
Therapy Visits (PT/OT/ST)/Copy	Unlimited / \$20	60 / \$20	60 / \$20
Acupuncture Visits/Copy	Unlimited / \$20	Unlimited / \$20	Unlimited / \$20
Durable Medical Equipment	\$100 deductible, then you pay 20%	You pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0 (In-Network)	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay \$0 (In-Network)	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Tests (including allergy testing)	You pay \$0 (In-Network)	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000

Monthly Medical Rates with Prescription Benefit Option RX10/20/45			
single	\$1,282.88	\$1,206.45	\$972.46
2-person family	\$2,565.75	\$2,412.91	\$1,944.92
	\$3,463.77	\$3,257.42	\$2,625.64

OR

Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70			
single	\$1,241.03	\$1,167.16	\$940.82
2-person family	\$2,482.06	\$2,334.31	\$1,881.64
	\$3,350.78	\$3,151.32	\$2,540.21

RX = Copays for both retail and mail order R = Copays for retail (up to 34 day supply) M = Copays for Maintenance Choice (up to 90 day supply)

Medical Plan Type	High Deductible Health Plan (HSA Qualified)
Plan Name	LUMENOS2500
Standard Deductible	\$2,500 per person / \$5,000 per 2-person or family (1)
Standard Coinsurance	0% (In-Network); 30% (Out-of-Network)
Coinsurance Maximum	N/A (In-Network); \$2,500 / \$5,000 (Out-of-Network) (1)
Chiropractic Visits	Unlimited / Standard Deductible and/or Coinsurance
Therapy Visits (PT/OT/ST)	60 Visits / Standard Deductible and/or Coinsurance
Acupuncture Visits	Unlimited / Standard Deductible and/or Coinsurance
Durable Medical Equipment	Standard Deductible and/or Coinsurance
Prescription Drugs	Standard Deductible and/or Coinsurance
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$2,500 / \$5,000 (In-Network); \$5,000 / \$10,000 (Out-of-Network) (1)

single	\$983.31	\$878.30
2-person family	\$1,966.61	\$1,756.60
	\$2,654.92	\$2,371.42

(1) For LUMENOS2500: If you are enrolled at the 2-person or family level, eligible expenses incurred by you or any of your enrolled family members count toward satisfying the entire 2-person/family deductible and/or coinsurance.

DISCLAIMER: Monthly rates are based on a minimum of 75% participation of all eligible employees who do not otherwise have group medical coverage. Active employees and retirees must be offered the same prescription drug coverage. HealthTrust reserves the right to change these rates if there is a +/- .10% in enrollment. Any deductible and benefit limits shown are per plan year (July 1 through June 30). These charts are intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans.