

**Town of Henniker**
**Payroll - Estimated 2022 Wages**
**Assumptions:**

No Merit Steps 2011	Cola	2.0%
No Merit Steps 2012	Cola	2.0%
No Merit Steps 2013	Cola	1.5%
Merit Steps 2014	Cola	0 %
Merit Steps 2015	Cola	2.0%
Merit Steps 2016	Cola	4.0%
Merit Steps 2017	Cola	2.0%
Merit Steps 2018	Cola	1.0%
Merit Steps 2019	Cola	2.5%
Merit Steps 2020	Cola	1.5%
Merit Steps 2021	Cola	0
<b>New Merit System 2022</b>	<b>Cola</b>	<b>1.2%</b>

**52 PAY WEEKS IN 2021**

			Hire Date	End of 2022 Years of Service	2022 End of Year Rate	Longevity \$	2022 Wages	2022 Fica	2022 Retire	2020 Net Cost Of Benefits (Employee 8%)
Police	Chief	Matthew French	30-Apr-16	6.7	45.97	500	107,352	1,517	36,371	
Police	LT	Matthew Mitchell	18-May-14	8.6	33.85	500	79,216	1,121	26,838	
Police	Sergeant-Di	Michelle Dandeneau	01-Jul-06	16.5	36.90	750	86,556	1,228	29,325	
Police	Officer	Rachel Lang	12-Mar-20	2.8	29.65		68,959	973	23,363	
Police	Officer	Cole Bannister	07-Dec-20	2.1	24.10		56,076	800	18,999	
Police	Officer	Jesse Colby	22-Nov-15	7.1	30.91	500	72,396	1,023	24,528	
Police	Officer	OPEN			23.42		54,797	755	18,565	
Police	Officer	Alyssa Burton	10-Mar-20	2.8	26.22		60,983	845	20,661	
Police	Officer	Amy Bossi	02-Jul-02	20.5	33.75	1,000	79,522	1,143	26,942	
Police	Admin	Terrie Grieder	06-May-13	9.7	20.32	250	21,253	1,626	0	
Police	Admin	G. Abramowicz	19-May-00	22.6	23.03	1,250	48,864	3,632	6,870	
Police	Parking Enf	??			14.71		9,709	743	0	
		Shift Differential (.75 cent, 2nd)					2,184	167	740	
		Shift Differential (1.00 3rd)					2,912	223	987	
		FTO Officer (1 per hr 20 weeks)					1,120	86	379	
		Hiring Bonus					5,000	725	0	
		Overtime					25,000	363	8,470	
		Crossing Guards (2 each)					7,920	606	0	
		Part Time					40,000	3,060	0	
<b>POLICE</b>	<b>Totals</b>					<b>4,750</b>	<b>829,818</b>	<b>20,635</b>	<b>243,039</b>	191,368
Highway	Super.	Leo Aucoin	30-Apr-18	4.7	42.38	250	84,698	6,273	11,909	
Highway	Mechanic/A	Justin Johnson	08-Apr-13	9.7	28.45	500	56,868	4,210	7,996	
Highway	Trk Drv/Ligh	Troy Powers	01-Apr-16	6.8	22.25	250	44,325	3,250	6,232	
Highway	Heavy Equip	Steven Johnstone	01-Nov-18	4.2	22.25	250	44,325	3,184	6,232	
Highway	Heavy Equip	Brendan OShea	11-Feb-19	3.9	21.37		42,010	3,214	5,907	
Highway	Heavy Equip	Open			22.27		43,371	3,111	6,098	
Highway		Overtime					54,000	4,131	7,592	
Highway		Part Time					25,000	1,912	0	
<b>HIGHWAY</b>	<b>Totals</b>					<b>1,250</b>	<b>394,598</b>	<b>29,283</b>	<b>51,965</b>	107,514
Transfer	Ass Super	Deb Dimond	01-Nov-21	1.2	21.35		43,506	3,328	6,117	
Transfer	Super	Marc Boisvert	01-Jan-04	19.0	32.30	250	49,189	3,763		
Transfer	Laborer	Zach Dodge	01-Jun-21	1.6	18.06		36,130	2,693	5,080	
Transfer		Overtime					7,000	536	984	
Transfer		Part Time					22,464	1,718	0	
<b>TRANSFER</b>	<b>Totals</b>					<b>250</b>	<b>158,288</b>	<b>12,038</b>	<b>12,181</b>	14,075
WWTP	Super	Kenneth Levesque	01-Sep-92	30.4	36.85	1,250	74,121	5,529	10,421	
WWTP	Chief Oper	Richard Slager	23-Oct-17	5.2	23.90	250	47,682	3,441	6,704	
WWTP	Operator	Chazz Freeman	31-Oct-18	4.2	21.16	250	42,599	3,188	5,989	
WWTP		Overtime					7,249	555	1,019	
WWTP		Treasurer/Accting					2,435	186		
<b>WWTP</b>	<b>Totals</b>					<b>1,750</b>	<b>174,086</b>	<b>12,899</b>	<b>24,134</b>	47,027

**Town of Henniker**
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No Merit Steps 2013	Cola	1.5%
Merit Steps 2014	Cola	0 %
Merit Steps 2015	Cola	2.0%
Merit Steps 2016	Cola	4.0%
Merit Steps 2017	Cola	2.0%
Merit Steps 2018	Cola	1.0%
Merit Steps 2019	Cola	2.5%
Merit Steps 2020	Cola	1.5%
Merit Steps 2021	Cola	0
<b>New Merit System 2022</b>	<b>Cola</b>	<b>1.2%</b>

Hire Date	End of 2022 Years of Service	2022 End of Year Rate	Longevity \$	2022 Wages	2022 Fica	2022 Retire	2020 Net Cost Of Benefits (Employee 8%)
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**52 PAY WEEKS IN 2021**

CSWW	Super	New			34.00		70,720	5,350	9,943	
CSWW		Ryan Bumford	13-Feb-11	11.9	24.99	500	51,657	3,892	7,263	
CSWW		Overtime					15,000	1,148	2,109	
CSWW		Part Time/Treasurer					400	31		
<b>CSWW</b>		<b>Totals</b>				<b>500</b>	<b>137,777</b>	<b>10,421</b>	<b>19,315</b>	26,257
Town Off	Town Admir	Joe Devine	21-Oct-19	3.2	50.58	250	104,361	7,984	14,673	
Town Off	Asst Admin	Wendy Baker	07-Feb-21	1.9	21.25		42,349	3,240	5,954	
Town Off	Fin Dir	Russ Roy	08-Sep-92	30.3	50.81	1,250	101,518	7,559	14,273	
Town Off	Dep Financ	Kelly	15-Nov-21	1.1	31.45		57,846	4,425	8,133	
Town Off	Land Use	New Hire			18.10		15,457	1,182	0	
TCTX	Deputy	Debbie Aucoin	25-Sep-06	16.3	20.30	225	12,393	948	1,742	
<b>TOWN OFFICE</b>		<b>Totals</b>				<b>1,725</b>	<b>333,923</b>	<b>25,338</b>	<b>44,776</b>	38,964
TCTX	TCTX	Kimberly Johnson (wkly)	29-Aug-87	35.4	65.274	1,250	66,524	5,018	9,353	
TCTX	Deputy	Debbie Aucoin	25-Sep-06	16.3	20.30	525	28,917	2,071	4,066	
		Overtime					2,000	153	281	
<b>TCTX</b>		<b>Totals</b>				<b>1,775</b>	<b>97,441</b>	<b>7,242</b>	<b>13,700</b>	25,532
Fire/Rescue	FF/Paramedic									
Fire/Rescue	FF/EMI I	Keaton Gagne	30-Sep-18	4.3	20.56	250	54,273	773	17,904	
		William Amos	30-Oct-18	4.2	25.18	250	65,737	941	21,687	
Fire/Rescue		Part Time					310,303	23,738	0	
Fire/Rescue		Over Time					10,000	145	3,299	
		Steve Meade	03-Mar-09	13.8	28.74	375				
Fire		Call FF					68,727	5,258	0	
Rescue		Call Rescue					26,500	2,027	0	
<b>FIRE/RESCUE</b>		<b>Totals</b>				<b>875</b>	<b>535,540</b>	<b>32,883</b>	<b>42,890</b>	14,038
Planning	Clerk		\$18 hr				1,500	115	0	
Zoning	Clerk		\$18 hr				600	46	0	
Code	Code Off		\$25 hr				22,646	1,506	0	
ACO	Animal Con	Shannon Camara	\$40 WK +\$15 per hr				5,860	448	0	
Emer Mgt	Director	Stefannie Costello	\$1200 annual				1,200	92	0	
BOS	Clerk		\$18 hr				3,600	275	0	
Conservation	Clerk		\$18 hr				930	71	0	
Athletic	Clerk		\$18 hr				825	63	0	
Eco Dev	Clerk		\$18 hr				400	31	0	
Welfare	Director	Carol Conforti Adams	\$20 hr				10,400	796	0	
Health Off		Greg Aucoin	\$5000 annual				5,000	383	0	
Selectmen	5 Positions	Five Selectmen	\$1500 annual				7,500	574	0	
Treasurer		Ronald Taylor	\$1500 annual, \$250 CSWW, \$250 WWTP				2,000	153	0	
<b>ADMINISTRATION</b>		<b>Totals</b>					<b>62,461</b>	<b>4,552</b>	<b>0</b>	0

**Town of Henniker  
Wages Summary 2022**

	0% cola 2021 Wages	2021 Fica	2021 Retire	Total 2021 Wages, Fica, Ret	1.2% Cola 2022 Wages	2022 Fica	2022 Retire	Total 2022 Wages Fica, Retire	2021vs2022 2021vs2022 Diff \$	Diff %	2022 Net Cost of Benefits	2021 Net Cost of Benefits	Diff \$	Diff %
SUMMARY BY ITEM TOTAL														
POLICE	828,994	20,555	223,386	1,072,936	829,818	20,635	243,039	1,093,492	20,556	1.9%	191,368	190,473	896	0.5%
HIGHWAY	391,539	29,309	46,239	467,087	394,598	29,283	51,965	475,847	8,760	1.9%	107,514	107,126	388	0.4%
TRANSFER	173,076	13,105	12,001	198,181	158,288	12,038	12,181	182,507	(15,674)	-7.9%	14,075	26,979	(12,904)	-47.8%
TOWN OFFICE	306,770	23,132	34,942	364,844	333,923	25,338	44,776	404,037	39,193	10.7%	38,964	59,033	(20,068)	-34.0%
TOWN CLERK/TAX	118,055	8,840	14,893	141,789	97,441	7,242	13,700	118,384	(23,405)	-16.5%	25,532	30,558	(5,026)	-16.4%
FIRE	493,389	30,175	38,455	562,019	535,540	32,883	42,890	611,312	49,294	8.8%	14,038	14,390	(352)	-2.4%
ADMINISTRATION	62,461	4,552	0	67,013	62,461	4,552	0	67,013	0	0.0%	0	0	0	0.0%
SUBTOTAL TAX RATE DEPENDENT DEPT	2,374,284	129,668	369,915	2,873,868	2,412,069	131,971	408,552	2,952,592	78,724	2.7%	391,492	428,557	(37,065)	-8.6%
CSWW	143,263	10,840	18,022	172,126	137,777	10,421	19,315	167,513	(4,613)	-2.7%	26,257	33,010	(6,752)	-20.5%
WWTP	170,615	12,766	21,216	204,597	174,086	12,899	24,134	211,119	6,522	3.2%	47,027	45,600	1,428	3.1%
TOTAL SELF FUNDED	313,878	23,606	39,238	376,722	311,863	23,319	43,449	378,632	1,909	0.5%	73,285	78,610	(5,325)	-6.8%
MEMO TOTALS COMBINED	2,688,162	153,274	409,154	3,250,590	2,723,931	155,291	452,001	3,331,223	80,633	2.4%	464,777	507,167	(42,390)	-8.4%



October 8, 2021

Mr. Joseph Devine  
Town Administrator  
Town of Henniker  
18 Depot Hill Road  
Henniker, NH 03242

Dear Mr. Devine:

The HealthTrust Board of Directors met on October 5, 2021 to set renewal rates for the FY2023 renewal period. Enclosed are the Guaranteed Maximum Rates (GMR) for your Member Group's renewal of medical coverage for the period of July 1, 2022 through June 30, 2023 for your current benefit plans. Also included are the renewal rates for dental, life, short-term and long-term disability coverage, if applicable. Please see the enclosed transmittal for your Member Group's specific renewal rates for all your coverage lines. A Medical and Prescription Benefit Options Sheet has been added to this package for your consideration. Your Benefits Advisor is available to work with you to discuss alternative benefit options and applicable rates.

#### **Medical Rates**

This year's rating process uses an adjusted claims experience period (*incurred May 2020 – April 2021, paid through May 2021*) to set medical and dental rates. This rating also takes into account the ongoing return of claims to pre-COVID-19 pandemic levels.

The Guaranteed Maximum Rate adjustment for all Member Groups renewing medical coverage for FY2023 (*July 1, 2022 – June 30, 2023*) is an overall average rate adjustment of 6.2%. This increase is due primarily to projected medical and prescription trend and increased claims utilization. ***Your Member Group's rate change will vary from this overall average rate adjustment based in part on your Member Group's own claims experience.*** If you are a Group in the Small Group Rating Tier (50 and Under), or part of a combined rating group, your rate reflects the claims experience of that combined rating group.

The GMR provides rate projection information and locks-in a maximum rate for your budgeting purposes based on the most-up-to-date data available at this time. Rates are then revisited in the spring utilizing updated claims and cost data. The HealthTrust Board of Directors will establish the final July "revisit" rates on March 15, 2022.

#### **Dental Rates**

For Member Groups currently participating in HealthTrust's dental coverage, the rate adjustment for all dental options is minus 1.5% for FY2023 (*July 1, 2022 – June 30, 2023*).

#### **Short-Term Disability Coverage**

For Member Groups currently participating in HealthTrust's short-term disability coverage, there is an overall base rate adjustment of 0.7% for FY2023 (*July 1, 2022 – June 30, 2023*) due to increased claims volume and average claim duration. ***However, your Member Group's actual rate adjustment will vary from the overall increase depending on your Group's experience and demographic make-up.***

#### **Long-Term Disability Coverage**

For Member Groups currently participating in HealthTrust's long-term disability coverage, there is **no rate change** for FY2023 (*July 1, 2022 – June 30, 2023*).

### **Life Coverage**

For Member Groups currently participating in HealthTrust's life coverage, *there is **no rate change** for FY2023 (July 1, 2022 – June 30, 2023).*

### **Benefit Advantage**

For Member Groups currently participating in HealthTrust's Benefit Advantage Health Reimbursement Arrangement (HRA) and enhanced 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. Additionally, FSA and HRA administrative services per-participant/per-month fees continue to be waived for participants enrolled in the following HealthTrust medical plans: AB15/40IPDED, ABSOS20/40/1KDED, ABSOS25/50/3KDED, ABSOS30/60/5KDED, ABHD/5K/20COIN and LUMENOS2500.

### **FY2021 Return of Surplus**

The HealthTrust Board of Directors also voted at the October 5, 2021 meeting to return \$38,194,255 of surplus to HealthTrust Members who participated in HealthTrust's medical, dental and/or short-term disability coverage lines during FY2021 (*July 1, 2020 – June 30, 2021*) in proportion to each Member Groups' respective contributions for such coverages. Member Groups will receive a separate notification, posted in the Secure Member Portal (SMP), which will include information by coverage line regarding your Group's share of the Return of Surplus, if applicable. Additionally, reports will be available at that time on the SMP, detailing the enrollment numbers and contributions upon which your Member Group's share of the Return of Surplus was determined. These detailed reports can be accessed on the SMP by your Member Group's designated Benefit Administrator.

### **New Corigen® Medication Safety Program**

A valuable new program is now offered by HealthTrust that uses the science of pharmacogenomics and DNA analysis to help individuals learn if the medications they take now (or may take in the future) are identified as being safe and effective for them – potentially helping them avoid adverse drug reactions and side effects and helping them to feel good every day. The Corigen Medication Safety Program became available to individuals enrolled in a HealthTrust medical and prescription drug plan on August 16, 2021. Help us make a difference in the lives of your covered employees and retirees! You can access a video, forward ready email and a brochure in your SMP.

### **Enclosures**

Please review the following enclosures for additional details on your renewal, the rating process and a new program for your employees and retirees:

- **Member Group Transmittal** (*includes monthly contribution rates for all of your coverage lines*)
- **Member Group Medical Rate Exhibit**
- **Medical and Prescription Benefit Options** (*includes monthly contribution rates for existing benefit options and alternatives*)
- **How Your Rate is Determined - The Rating Process, Capital Adequacy Reserve and Return of Surplus**
- **Corigen Medication Safety Program** – *A new benefit for HealthTrust Enrollees with Medical and Prescription Drug Coverage*

### **Timeline**

#### **Benefit Changes Notification Deadline – May 20, 2022**

Your Benefits Advisor, Stephanie Perrin, 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 prior to May 20, 2022 to be effective July 1, 2022.**

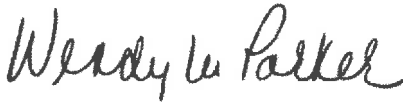
### **Meet with your Benefits and Wellness Advisors**

Your Benefits and Wellness Advisors are available to work with you to schedule virtual meetings to review the following key education and reporting tools, as well as to answer any other questions you may have.

- **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 about their benefit plans, medical consumerism, and wellness programs, including how they can access tools and resources through the HealthTrust Secure Enrollee Portal (SEP).
- **Rating Summary** – a report showing how your Group's rates were calculated. *(Also available to Small Groups showing the 50 and under summary.)*
- **Stewardship Report** *(for Groups with 100 or more Enrollees)* – a detailed report showing your Group's membership data, medical and prescription claims utilization data, wellness program participation and recommendations.

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

Sincerely,



Wendy Lee Parker  
Executive Director

Enclosures



## Town of Henniker ("Member")

HealthTrust, Inc. ("HealthTrust") hereby provides the following rates for coverage(s) currently offered to Member with respect to the July 1, 2022 to June 30, 2023 Coverage Period:

### Medical Coverage and Rates

#### July 2022 Medical Renewal

The following Guaranteed Maximum Rates shall apply from July 1, 2022 to June 30, 2023

Rating Renewal	July	Rating Tier	Small
Probationary Period	0M	Rating Type	Standard

Benefit Option(s)	Single	2-Person	Family
AB20(07S)-RX10/20/45/3K(S)	\$920.24	\$1,840.48	\$2,484.65
ABSOS20/40/1KDED(07S)-RX10/20/45/5K(S)	\$741.76	\$1,483.52	\$2,002.75
ABSOS25/50/3KDED(07S)-RX10/20/45/5K(S)	\$538.66	\$1,077.31	\$1,454.37
HRAABSOS25/50/3KDED(07S)-RX10/20/45/5K(S)	\$538.66	\$1,077.31	\$1,454.37
MC3(07S)-R10/25/40M10/40/70(SCY)	\$596.07		
MC3(07S)-RX10/20/45(SCY)	\$616.12		
MCNRX(07S)	\$246.41		

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

ABSOS20/40/1KDED(07S)-RX10/20/45/5K(S), ABSOS25/50/3KDED(07S)-RX10/20/45/5K(S) and HRAABSOS25/50/3KDED(07S)-RX10/20/45/5K(S): Maximum of 50% Employer funding of deductible allowed.

# Dental Coverage and Rates

## July 2022 Dental Renewal

The following rates shall apply from July 1, 2022 to June 30, 2023

Rating Renewal July

Probationary Period 0M

Benefit Option(s)	Single	2-Person	Family
OPTION 17A	\$36.85	\$71.34	\$130.55

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 17A	100%	50%	50%	\$1,500	50%	\$1,500	\$0

### PROBATIONARY PERIOD EXCEPTIONS

None

### SPECIAL NOTES

None



## Short-term Disability Coverage and Rates

July 2022 STD Renewal

The following rates shall apply from July 1, 2022 to June 30, 2023

Rating Renewal July  
Suffix # 036

### 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 Full-Time Employees	0M	66.67%	\$600	26 weeks	1 day(s)	8 day(s)

### CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

Class	Class Name	Contributory Y/N	Participation
1	All Full-Time Employees	N	100%

### RATE

For Each \$10 of Weekly Benefit Per Month \$0.33

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).

# Life Coverage and Rates

July 2022 Life Renewal

The following rates shall apply from July 1, 2022 to June 30, 2023

Rating Renewal July  
Suffix # 036  
BAE means Base Annual Earnings, if applicable

## BASIC LIFE BENEFIT SCHEDULE

Class	Class Name	Probationary Period	Coverage	AD&D	Guarantee Issue	Maximum Benefit
1	Town Administrator	0M	\$50,000	\$50,000	\$50,000	\$50,000
2	All Other Eligible Employees	0M	\$10,000	\$10,000	\$10,000	\$10,000

## DEPENDENT LIFE SCHEDULE

Spouse	\$2,000
Child < 6 Months	\$1,000
Child > 6 Months	\$1,000

## CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

Class	Basic Life Contributory Status Y/N	Basic Life Participation	Supplemental Contributory Status Y/N	Supplemental Participation	Dependent Contributory Status Y/N	Dependent Participation
1	N	100%	N/A	N/A	Y	NONE
2	N	100%	N/A	N/A	Y	NONE

## RATES

BASIC LIFE FOR EACH \$1,000 OF BENEFIT	\$0.16
BASIC AD&D FOR EACH \$1,000 OF BENEFIT	\$0.02
DEPENDENT LIFE RATE PER MONTH/PER FAMILY	\$0.89

Monthly rates and continued Member Group coverage are subject to applicable minimum participation requirements including, without limitation: 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N for Basic Life. Other requirements may apply.

## PROBATIONARY PERIOD EXCEPTIONS

None

## SPECIAL NOTES

Basic Life Evidence of Insurability required for: Any amount in excess of the Guarantee Issue; all late applicants (contributory groups only); salary increases greater than \$25,000. Life and AD&D benefits reduce to 50% at age 70. Dependent Life Evidence of Insurability required for: All late applicants (contributory groups only).

# Long-term Disability Coverage and Rates

July 2022 LTD Renewal

The following rates shall apply from July 1, 2022 to June 30, 2023

Rating Renewal July  
Suffix # 036

## BENEFIT SCHEDULE

Class	Class Name	Probationary Period	Benefit Percentage	Maximum Monthly Benefit	Elimination Period
1	All Eligible Employees	0M	60%	\$3,500	180 days
2	All Eligible Police Officers	0M	60%	\$3,500	180 days

## CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

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

## RATE

Per \$100 of Covered Monthly Payroll \$0.26

Monthly rates and continued Member Group coverage are subject to applicable minimum participation requirements including, without limitation: 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N. Other requirements may apply.

## MAXIMUM BENEFIT PERIOD

Age at Disablement	Benefit Duration*
59 or younger	To age 65
60	5 years
61	4 years
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 and over	1 year

\*To the later of: 1) the specified length of time as stated above, or  
2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.

## PROBATIONARY PERIOD EXCEPTIONS

None

## SPECIAL NOTES

Evidence of Insurability needed for all late enrollees (contributory groups only). Class 2: Standard work week is 43 hours per week.

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#### BILLING SERVICES

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

☒ COBRA    ☒ Retirees

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#### ADDITIONAL TERMS

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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.

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#### AGREEMENT AND AUTHORIZATION

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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.

**Note:** This Transmittal is for informational purposes and not for signature. You will receive the final Transmittal for signature in March 2022.



## Medical Rate Exhibit for: Town of Henniker

*Rating Renewal: July*

*Rating Tier: Small*

*Rating Type: Standard*

Current Benefit Option(s)	Enrollment Type	Enrollee Counts as of 09/21	07/21 Rates	07/22 Rates GMR	% Change
AB20(07S)-RX10/20/45/3K(S)	Single	0	\$ 873.09	\$ 920.24	5.4%
	2-Person	0	\$ 1,746.18	\$ 1,840.48	5.4%
	Family	1	\$ 2,357.35	\$ 2,484.65	5.4%
ABSOS20/40/1KDED(07S)-RX10/20/45/5K(S)	Single	9	\$ 703.75	\$ 741.76	5.4%
	2-Person	8	\$ 1,407.51	\$ 1,483.52	5.4%
	Family	10	\$ 1,900.14	\$ 2,002.75	5.4%
ABSOS25/50/3KDED(07S)-RX10/20/45/5K(S)	Single	0	\$ 511.06	\$ 538.66	5.4%
	2-Person	0	\$ 1,022.12	\$ 1,077.31	5.4%
	Family	0	\$ 1,379.86	\$ 1,454.37	5.4%
HRAABSOS25/50/3KDED(07S)-RX10/20/45/5K(S)	Single	0	\$ 511.06	\$ 538.66	5.4%
	2-Person	0	\$ 1,022.12	\$ 1,077.31	5.4%
	Family	0	\$ 1,379.86	\$ 1,454.37	5.4%
<b>Monthly Total for Actives / Early Retirees</b>		<b>28</b>	<b>\$ 38,952.58</b>	<b>\$ 41,056.15</b>	<b>5.4%</b>

Current Benefit Option(s)	Enrollment Type	Enrollee Counts as of 09/21	07/21 Rates	07/22 Rates GMR	% Change
MC3(07S)-R10/25/40M10/40/70(SCY)	Single	1	\$ 565.53	\$ 596.07	5.4%
MC3(07S)-RX10/20/45(SCY)	Single	3	\$ 584.55	\$ 616.12	5.4%
MCNRX(07S)	Single	0	\$ 233.78	\$ 246.41	5.4%
<b>Monthly Total for Medicomp Retirees</b>		<b>4</b>	<b>\$ 2,319.18</b>	<b>\$ 2,444.43</b>	<b>5.4%</b>
<b>Grand Monthly Total</b>		<b>32</b>	<b>\$ 41,271.76</b>	<b>\$ 43,500.58</b>	<b>5.4%</b>

**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 Henniker**  
**Medical and Prescription Benefit Options**  
**Guaranteed Maximum Monthly Rates for 7/1/2022 - 6/30/2023**

*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	Access Blue New England HMO	Access Blue New England HMO with Deductible			
Plan Name	AB20	AB15/40MPDED	ABSOS20/40/1KDED	ABSOS25/50/3KDED	ABGOS30/60/5KDED
Visit Copay	\$20	\$15	\$20	\$25	\$30
Specialty Visit Copay	\$20	\$40	\$40	\$50	\$60
Walk-In Center Copay	\$20	\$15	\$20	\$25	\$30
Urgent Care Copay	\$50	\$125	\$50	\$75	\$100
ER Copay	\$100	\$250	\$100	\$150	\$250
Standard Deductible (per person/per family)	\$0	\$1,000 / \$3,000	\$1,000 / \$3,000	\$3,000 / \$9,000	\$5,000 / \$12,000
Chiropractic Visits/Copay	12 / \$20	12 / \$15	Unlimited / \$20	Unlimited / \$25	Unlimited / \$30
Therapy Visits (PT/OT/ST)/Copay	60 / \$20	60 / \$15	60 / \$20	60 / \$25	60 / \$30
Acupuncture Visits/Copay	N/A	12 / \$15	12 / \$20	12 / \$25	12 / \$30
Durable Medical Equipment	You pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0	Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$125 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay \$0	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$125 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay \$0	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (medical and RX expenses combined)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,150 / \$14,300

Medical Plan Type	High Deductible Health Plans (HSA Qualified)	
Plan Name	LUMENOS2500	ABHD/3K/2003CN
Standard Deductible	\$2,500 per person / \$5,000 per 2-person or family (1)	\$5,000 per person / \$10,000 per family
Standard Coinsurance	0% (In-Network); 30% (Out-of-Network)	20%
Coinsurance Maximum	N/A (In-Network); \$2,500 / \$5,000 (Out-of-Network) (1)	\$1,550 per person, per year; \$3,100 per family, per year
Chiropractic Visits	Unlimited	Unlimited
Therapy Visits (PT/OT/ST)	60 Visits	60 Visits
Acupuncture Visits	12 Visits	12 Visits
Durable Medical Equipment	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance
Prescription Drugs	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance
Maximum Out-of-Pocket (medical and RX expenses combined)	\$2,500 / \$5,000 (In-Network); \$5,000 / \$10,000 (Out-of-Network) (1)	\$6,550 / \$13,100
single	\$750.03	\$518.32
2-person	\$1,500.06	\$1,036.63
family	\$2,025.08	\$1,399.45

(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.

Monthly Medical Rates with Prescription Benefit Option RX10/20/45					
single	\$920.24	\$791.97	\$741.76	\$538.66	\$497.00
2-person	\$1,840.48	\$1,583.95	\$1,483.52	\$1,077.31	\$994.01
family	\$2,484.65	\$2,138.33	\$2,002.75	\$1,454.37	\$1,341.91

OR

Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70					
single	\$890.27	\$766.18	\$717.62	\$521.14	\$480.85
2-person	\$1,780.53	\$1,532.37	\$1,435.25	\$1,042.28	\$961.70
family	\$2,403.72	\$2,068.70	\$1,937.58	\$1,407.07	\$1,298.29

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)

Medicare Supplemental Plans (MC3)	
MC3 with RX Coverage	RX10/20/45
single	\$616.12
MC3 with RX Coverage	R10/25/40M10/40/70
single	\$596.07
MCNRX (No RX Coverage)	N/A
single	\$246.41

**DISCLAIMER:** These are Guaranteed Maximum Rates which will be revisited in the spring with the opportunity to be lowered. 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.

**Site of Service (SOS), Lumenos and ABHD Plans:** The employer may fund up to 50% of the deductible. Employer may fund more than 50% for the Lumenos and ABHD plans if utilizing an HSA.



**JULY 2022 Guaranteed  
Maximum Rate (GMR)**

## How HealthTrust Medical Rates are Determined

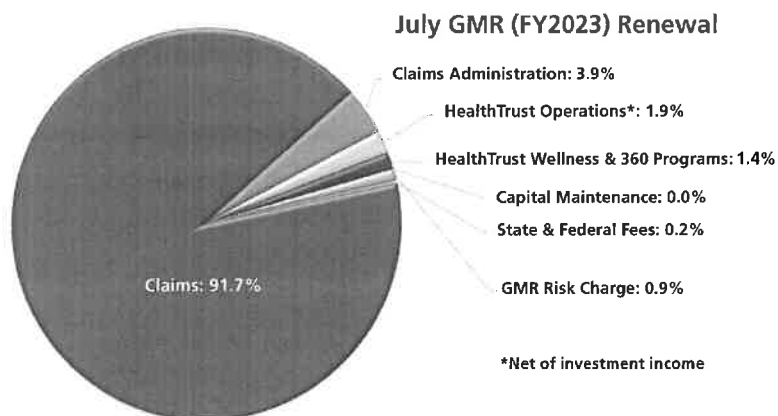
### Rating Process

The HealthTrust Board set Guaranteed Maximum Rates (GMR) for the July 2022 renewal at their meeting on October 5, 2021. Staff and external actuaries (Milliman) work together to review historical claims data that is then projected forward using the latest trend forecasts to derive the rate change required, if any, in renewal rates. This year's rating process applied the actuaries recommended trend forecasts to claims incurred from May 2020 through April 2021, and paid through May 2021 to set medical and dental rates. This rating also took into account the ongoing return of claims to pre-COVID-19 pandemic levels. The Finance & Personnel Committee determined the recommended renewal rates, which were then presented at two public hearings for Member Groups. Finally, the HealthTrust Board adopted the renewal rates, taking into consideration feedback received from the two public hearings and the recommendation by the Finance & Personnel Committee.

GMR provides rate projection information and locks-in a maximum rate for Member Groups for budgeting purposes, while providing Groups with the opportunity to still receive the most competitive rates possible. HealthTrust's revisit rating in the spring utilizes the most current claims and cost data available. The HealthTrust Board will establish the final July "revisit" rates in March 2022.

### Medical Contribution Components

The overall medical rates are comprised of several components. Claims are the largest component at approximately 91.7% of the rate, 3.9% for Claims Administration, 1.9% for HealthTrust's Operations (net of investment income), 1.4% for HealthTrust Wellness and 360 Programs and 0.9% GMR Risk Charge recommended by the actuary for the risk associated with an early rate guarantee. The remainder of the rate is for required state vaccine fees (0.2%) and risk charges, if any, recommended by the actuary for needed reserves.



### Medical Plan Relativities

HealthTrust works with its actuaries from time to time to determine the relative cost of the different medical benefit options we offer. At this time, the percentage rate change for each benefit option will remain the same as the overall percentage rate change for Member Groups.

# CAPITAL ADEQUACY RESERVE AND RETURN OF SURPLUS



## Capital Adequacy Reserve Level

Annually the HealthTrust Board determines the target level for HealthTrust's capital adequacy reserve. The purpose of a capital adequacy reserve is to ensure that all future obligations for the payment of claims and expenses are fully paid even if HealthTrust's actual experience differs from the rating assumptions used to set the contribution rates. Check out our video explaining Capital Adequacy Reserve on our website [www.healthtrustnh.org](http://www.healthtrustnh.org), in the "Who We Are" section under Financials.

HealthTrust locks in the rates it charges for future coverage based on the actuaries' best information known at this time. However, actual future claims costs may be significantly higher than predicted for numerous reasons. The capital adequacy reserve exists to make sure HealthTrust can pay claims and expenses even if future performance differs from the projections used to set rates.

The HealthTrust Board has established a policy that it shall rely on the opinion of a qualified actuary using a sound actuarial methodology to determine the target capital adequacy reserve level for HealthTrust to meet its obligations to pay claims and expenses, even if the rating assumptions end up being too low. This policy is consistent with the NH Supreme Court's 2014 decision which addresses how such reserves should be set.

HealthTrust retained Milliman, one of the preeminent actuarial firms in the country, to determine, using an actuarially sound methodology, how much capital adequacy reserve HealthTrust needed as of the start of this fiscal year, July 1, 2021. Milliman recommended that HealthTrust should target a capital adequacy reserve level of \$90 million to \$145 million. This amount provides HealthTrust with a 95% confidence level that it can meet all its obligations over a 5-year period. Milliman recommends that HealthTrust use that confidence level as it provides only a 5% chance of insolvency over the next five years. Where in this range the reserve needs to be depends on whether HealthTrust has pricing flexibility to respond to adverse situations as they develop.

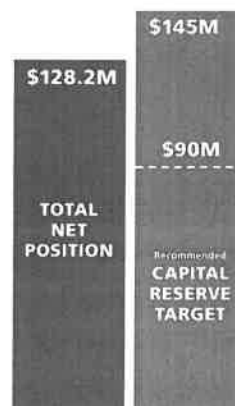
Based on this actuarial recommendation, the HealthTrust Board established a capital adequacy reserve target level of \$90 million as of June 30, 2021.

## Return of Surplus

After the Board sets the capital adequacy reserve level, it determines whether there is any surplus to return to Member Groups. The 2021 Fiscal Year audited\* financial statement Net Position is \$128,194,255, which exceeds the Capital Reserve Target (\$90M) adopted by the Board. Therefore, for FY2021, there will be a Return of Surplus in the amount of \$38,194,255 to eligible Member Groups for the fiscal year ending June 30, 2021.

\*Once the HealthTrust 2021 Fiscal Year audited financial statement is finalized, it will be posted online on our website [www.healthtrustnh.org](http://www.healthtrustnh.org), in the "Who We Are" section under Financials.

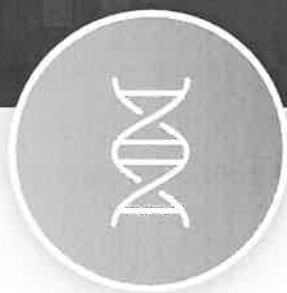
**FY2021  
TOTAL NET  
POSITION  
\$128.2M**



Surplus to distribute equals the amount that Total Net Position, (\$128.2M) exceeds the Capital Reserve Target (\$90M) adopted by the Board.

**For FY2021**  
 $\$128,194,255 - \$90\text{M} =$   
 $\$38,194,255$   
Expected FY2021 Return of Surplus in November 2021





## MEDICATIONS DON'T WORK THE SAME FOR EVERYONE.

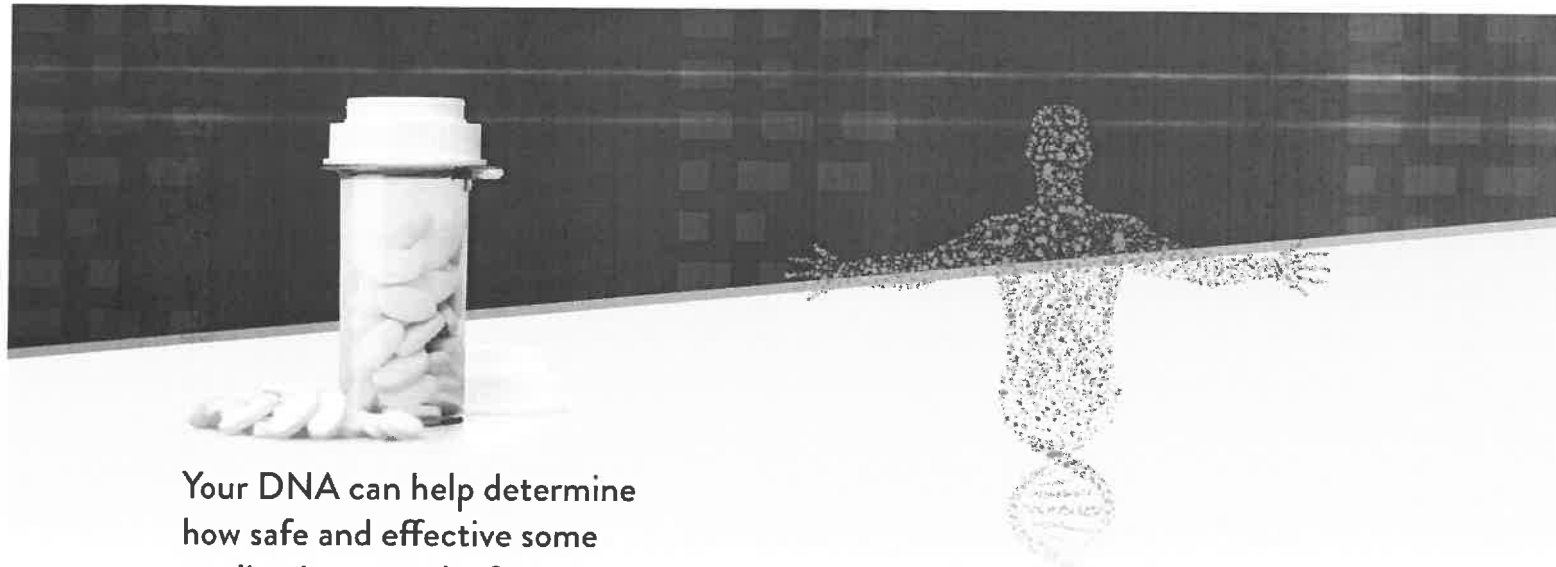
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Discover if the medications you  
take now—or could take in the  
future—are right for you.

Brought to you by:

**CORILL**  
LIFE SCIENCES  
Power In Knowing™

*Available through*  
**HealthTrust**



## Your DNA can help determine how safe and effective some medications may be for you

With the Corigen® Medication Safety Program, you can find out if medications you take now—or could take in the future—are the safest and most effective for you. The testing provided by Coriell Life Sciences (CLS) will produce an analysis of your medications and your DNA. Empowered with these test results, specially trained pharmacists will then work directly with you and your doctor to make genetically informed, personalized decisions about what is right for your health that could minimize adverse drug reactions and side effects, improve how you feel every day, and reduce the need for risky and costly trial-and-error medication prescribing.

## Focusing on you

HealthTrust is committed to providing you with high quality, cost-effective healthcare programs and services. The Corigen® Medication Safety Program is no exception. This Program, offered through Coriell Life Sciences, provides you with the tools to allow you and your prescribing physician the means to take a “Personalized Medicine” approach and tailor treatment to your unique genetic makeup, conditions, medications, and lifestyle.

Medications do not work in the same way for everyone. This Program provides you with a test that can analyze your DNA to determine how safe and effective medications you take now, or might take in the future, may be for you.

## How it works

1

Eligible covered individuals complete the online enrollment form to have a DNA test kit shipped to their home.

2

Simply follow the instructions in the kit for taking a saliva sample and return the kit via the US Postal Service with the prepaid return shipping label.

3

Pharmacists trained in pharmacogenomics, from Coriell Life Sciences’ network, analyze your results to see how your DNA, combined with other factors, affects the medication(s) you take.

4

Once complete, you will receive notification to schedule a phone call with a Coriell Life Sciences Program pharmacist who will review your results and may make recommendations to you and your physician.

## Who can participate?

If you are covered under a HealthTrust medical and prescription drug plan, you, your covered spouse and dependents are eligible to participate. Retirees with HealthTrust prescription drug coverage are also eligible to participate.

## How much does this Program cost?

This Medication Safety Program is being made available to you through your HealthTrust medical and prescription drug plan at no additional cost to you. And that includes no postage costs!

### Some common medications affected by genetics include:

Atorvastatin	Metformin
Metoprolol	Oxycodone
Omeprazole	Escitalopram
Sertraline	Hydrocodone

Your health information, Program results, and identifiable information will **never be shared with HealthTrust or your employer** and will not impact your health coverage or health benefits. Coriell Life Sciences will maintain your healthcare information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

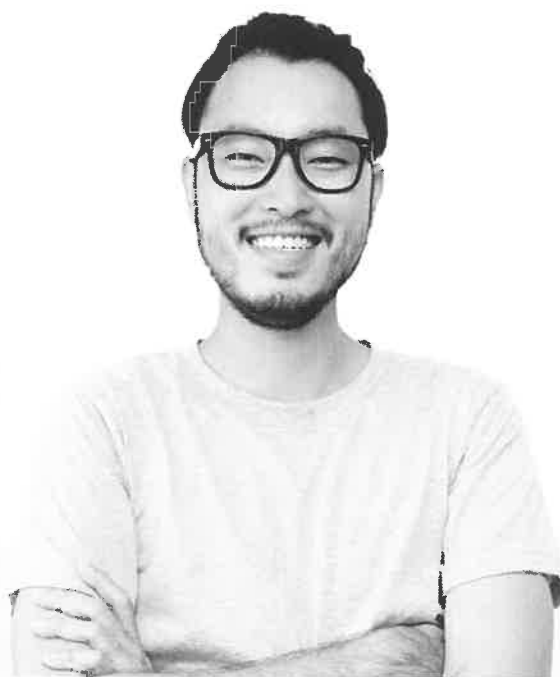
## Interested?

If you have HealthTrust medical and prescription drug coverage, you and your covered spouse and dependent(s) may be eligible to enroll. While participating in the Corigen Medication Safety Program, you will also be asked about certain lifestyle factors, foods, and drinks that can impact the safety and effectiveness of your medications and have a pharmacist consultation once the results are ready.

**To check eligibility, enroll, or for more information, scan here:**



Or visit [coriell.com/healthtrust](http://coriell.com/healthtrust)





October 8, 2021

Mr. Joseph Devine  
Town of Henniker  
18 Depot Hill Road  
Henniker, NH 03242

Dear Mr. Devine:

On October 5, 2021, the HealthTrust Board of Directors formally approved the organization's Fiscal Year 2021 audited financial statements and declared a return of surplus to Member Groups in the amount of \$38,194,255.

This surplus will be distributed to Member Groups that participated in HealthTrust's self-insured coverage lines (medical, dental and/or short-term disability) during the 2021 Fiscal Year (July 1, 2020– June 30, 2021) in proportion to their respective contributions for such coverages. Information by coverage line regarding your Member Group's share of the Return of Surplus is enclosed. Please note, your Member Group's share of the return will be sent by check on November 17, 2021 unless you request a contribution holiday, in writing, to [healthtrust-ed@healthtrustnh.org](mailto:healthtrust-ed@healthtrustnh.org) by October 28, 2021, in which case your Member Group's Return of Surplus will be applied to your December 2021 invoice, issued in late November 2021.

Your Return of Surplus is one of the benefits of Membership in HealthTrust. Each year we retain only the amount needed to pay for claims, administration and reserves. Any amounts above that are returned to Member Groups as surplus. This year's return of surplus is due in large part to the impact of COVID-19. As a result of the pandemic and the related stay-at-home orders, many covered individuals cancelled or deferred non-emergency medical and dental care which led to a significant and unanticipated reduction in HealthTrust's claims activity, resulting in this return of surplus to our Member Groups.

Reports are now available on the Secure Member Portal (SMP) detailing the enrollment numbers and contributions that determined your Member Group's share of the Return of Surplus. These reports can be accessed on the SMP by your Member Group's designated Benefits Administrator.

Please know that HealthTrust is here for you, our Members, during these challenging times. The Board and staff remain committed to providing you with exceptional support, responsive member service, innovative health and wellness programs, and a full range of plans to meet your Member Group's and employees' needs for high quality, cost-effective health, dental and disability coverages and programs.

Sincerely,

A handwritten signature in cursive script, reading "Cathy Ann Stacey".

Cathy Ann Stacey, Chair  
HealthTrust Board of Directors

A handwritten signature in cursive script, reading "Wendy Lee Parker".

Wendy Lee Parker, Executive Director  
HealthTrust

Enclosure

## Town of Henniker

### FY2021 HealthTrust Return of Surplus

Your Member Group's share of the total FY2021 Return of Surplus declared by the HealthTrust Board of Directors on October 5, 2021:

Coverage	Expected Amount
Medical	\$38,163.97
Dental	\$1,279.05
Short-Term Disability	\$608.35
<b>Total</b>	<b>\$40,051.37</b>

#### Detailed breakdown by Medical Billing Group:

Medical Billing Group Name	Expected Amount
HENNIKER	\$35,839.28
HENNIKER NHRS	\$2,324.69
<b>Medical Billing Group Total</b>	<b>\$38,163.97</b>

#### Detailed breakdown by Dental Billing Group:

Dental Billing Group Name	Expected Amount
HENNIKER	\$1,152.32
HENNIKER NHRS	\$126.73
<b>Dental Billing Group Total</b>	<b>\$1,279.05</b>

#### Detailed breakdown by Short Term Disability (STD) Billing Group:

STD Billing Group Name	Expected Amount
HENNIKER	\$608.35
<b>STD Billing Group Total</b>	<b>\$608.35</b>

Please note, your Member Group's share of the Return of Surplus will be sent by check on November 17, 2021, unless you request a contribution holiday, in writing, to [healthtrust-ed@healthtrustnh.org](mailto:healthtrust-ed@healthtrustnh.org) by October 28, 2021, in which case your Member Group's Return of Surplus will be applied to your December 2021 invoice, issued in late November 2021.