

SCANTIC VALLEY REGIONAL HEALTH TRUST

FY23 APPROVED RATES for Active Employee Plans

	FY22 Rates			FY23 Rates			% Change from current
	Individual	Family		Individual	Family		
BLUE CARE ELECT (BCE)							
Standard	\$ 1,453.00	\$ 3,162.00		\$ 1,555.00	\$ 3,383.00		7.0%
Deductible composite	\$ 1,397.00	\$ 3,035.00		\$ 1,495.00	\$ 3,247.00		
	Individual	Family		Individual	Family		
NETWORK BLUE - Standard	\$ 852.00	\$ 2,109.00		\$ 912.00	\$ 2,257.00		7.0%
NETWORK BLUE - Deductible Plan	\$ 827.00	\$ 2,054.00		\$ 885.00	\$ 2,198.00		
All NETWORK BLUE							
HNE EPO Standard	Individual	2-Person	Family	Individual	2-Person	Family	
2-Tier	\$ 746.00		\$ 1,857.00	\$ 798.00		\$ 1,987.00	7.0%
3-Tier	\$ 781.00	\$ 1,587.00	\$ 2,137.00	\$ 836.00	\$ 1,698.00	\$ 2,287.00	
HNE EPO - Deductible Plan	Individual	2-Person	Family	Individual	2-Person	Family	
2-Tier	\$ 721.00		\$ 1,797.00	\$ 771.00		\$ 1,923.00	7.0%
3-Tier	\$ 754.00	\$ 1,532.00	\$ 2,063.00	\$ 807.00	\$ 1,639.00	\$ 2,207.00	
All HNE							
	Individual	Family		Individual	Family		
TUFTS EPO - Standard	\$ 863.00	\$ 2,155.00		\$ 923.00	\$ 2,306.00		7.0%
TUFTS EPO - Deductible	\$ 784.00	\$ 1,956.00		\$ 839.00	\$ 2,093.00		
All TUFTS							