



AMERICAN WELL*

Horizon.AmWell.com

Horizon Blue Cross Blue Shield of New Jersey

Horizon CareOnlineSM

A faster, easier way to see a doctor.

Now, Horizon Blue Cross Blue Shield of New Jersey makes it easy for you to stay in control of your health. With Horizon CareOnlineSM, you can talk with a licensed doctor via video chat or phone nationwide, 24 hours a day, seven days a week — no appointment needed!

We are working with American Well, a leader in telehealth, to bring you care that is:

- **Dependable:** Nationwide access, 24 hours a day, 365 days a year.
- **Flexible:** Choose the doctor that meets your needs.
- **Convenient:** No appointment needed & ePrescriptions can be provided if you need one.*
- **Confidential:** Private and secure; compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

With Horizon CareOnline, you can be treated for symptoms and conditions such as:

- Colds.
- Flu.
- Fever.
- Rash.
- Abdominal pain.
- Sinusitis.
- Ear infections.
- And more!

Who Are the Doctors?

Clinical services for Horizon CareOnline are provided by doctors who:

- Are U.S. Board Certified, licensed and credentialed.
- Average 15 years' experience in primary and urgent care.
- Are rated by other patients.

You can search each doctor's profile and select the doctor that best meets your needs.

Once you are enrolled, you can visit with a Horizon CareOnline doctor when:

- You need a more convenient way to see a doctor.
- Your doctor's office is closed.
- You feel too sick to drive.
- You are traveling and need medical care

* Telehealth is available in most states, with the exception of AK, AL, AR, LA, and TX, where state regulations prohibit providers from practicing online. The following states allow online visits, but don't allow doctors to prescribe medications: CO, ID, IN, MO, NH, NJ and TN. Even if your state does not allow telehealth at this time, employees can still enroll and use Horizon CareOnline when traveling.



OMNIA 3

Benefit	OMNIA Tier 1	Tier 2
Benefit Period	Calendar Year	
Deductible		
Individual	\$0	\$1,500
Family	\$0	\$3,000
	Deductible is Calendar Year	
Coinsurance	100%	80%
Maximum Out of Pocket		
Individual	\$2,500	4,500
Family	\$5,000	9,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Consolidated Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, prescription, and copayments apply to the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after \$5 copay A primary care physician is a general or family practitioner, internist or pediatrician	100% after \$20 copay
Specialist Office Visit	100% after \$15 copay A referral is not required to visit a specialist.	100% after \$30 copay
Maternity Visits	100% after \$15 copay Copay applies to 1st visit only Dependent children are ineligible for maternity/obstetrical benefits.	100% after \$30 copay
Allergy Testing and Treatment	100% Outpatient facility	80% after deductible Outpatient Facility
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100% in office or Labcorp 100% after \$15 copayment in outpatient facility	100% in office or Labcorp 80% after deductible Outpatient Facility
X-ray/Radiology Services	100% in office 100% after \$15 copayment in outpatient facility	100% in office 80% after deductible Outpatient Facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.		
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i>		
Hospital Care		
Inpatient Admission (including maternity)	\$250 per day up to 5 day maximum	80% after deductible
Room and Board	100%	80% after deductible
Pre-admission Testing	100%	80% after deductible
Surgery in Hospital	100%	80% after deductible
Inpatient Physician Services	100%	80% after deductible
Outpatient Department Services	100%	80% after deductible

Emergency Care		
Emergency Room	100% after \$100 facility copay Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	\$100 facility copay then deductible then 80%
Ambulance	100%	100%
Outpatient Surgery		
Hospital Outpatient Surgery	\$150 copayment	80% after deductible
Surgery in an Ambulatory SurgiCenter	\$100 copayment	80% after deductible
Mental Health Services		
Inpatient	\$250 per day up to 5 day maximum	80% after deductible
Outpatient department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Substance Abuse Services		
Inpatient	\$250 per day up to 5 day maximum	80% after deductible
Outpatient department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Alcohol Abuse Services		
Inpatient	\$250 per day up to 5 day maximum	80% after deductible
Outpatient department	100% after \$15 copay	80% after deductible
Office setting	100% after \$15 copay	100% after \$30 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Value Options at 1-800-626-2212.		
Other Services		
Bariatric Surgery	100%	80% after deductible
Diabetic Education	100% after office copayment	100% after office copayment
Diabetic Supplies	100%	100%
Durable Medical Equipment	100%	100%
Orthotics and Prosthetics (Per NJ mandate)	100% after \$5 copay	100% after \$20 copay
Home Health Care	100% after \$5 copay	100% after \$5 copay
Hospice Care	\$250 per day up to 5 day maximum	\$250 per day up to 5 day maximum
Infertility (including in-vitro fertilization)	100% after \$15 copay office visit	100% after \$30 copay office visit
	100% after \$15 copay outpatient facility Limited to 4 egg retrievals per lifetime	80% after deductible in outpatient facility
Physical Rehabilitation Facility Inpatient Services	\$250 per day up to 5 day maximum	80% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$5 copay	100% after \$20 copay
	100% after deductible in outpatient facility 30 visit maximum per therapy, per benefit period	80% after deductible in outpatient facility
Private Duty Nursing	100% Limited to 30 visits per benefit period (8-hour shifts)	80% after deductible
Skilled Nursing Facility/Extended Care Center	\$250 per day up to 5 day maximum	\$250 per day up to 5 day maximum
	Limited to 100 days per benefit period	
Therapeutic Manipulation (Chiropractic Care)	100% after \$15 copay 25 visit maximum per benefit period	100% after \$30 copay
Adult Vision	Not Covered	Not Covered
Adult Vision Hardware	Not Covered	
Pediatric Vision and Vision Hardware	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$125	
Telemedicine Services	100% after \$5 copay	
Prescription Drugs	Covered under freestanding prescription program	



OMNIA 3

Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Please refer to your benefit booklet for further information as this benefit highlight is not an
Pre-Existing Conditions	Not Applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at www.HorizonBlue.com .

The OMNIA plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergent situations

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

Services and products provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association.

® Registered marks of the Blue Cross and Blue Shield Association.

® and SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey. © 2008 Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East, Newark, New Jersey 07105

Horizon BlueCross BlueShield of New Jersey

Township of Union Board of Education #86332

PROSPECTIVE RATING

Prescription Rate Renewal Summary

Renewal Period: 03/01/2016 to 02/28/2017

Experience Period: 09/01/2014 to 08/31/2015

1. INCURRED LIABILITY	
A. Charges For Claims Paid During Experience period	113,756
B. Subscriber Liability (Deductibles, Copays)	(3,412)
C. Pharmacy Discount	(16,559)
D. Other Savings (COB, Medicare, Benefit Limits)	(46,673)
E. Paid Claims	47,112
F. Reserve Adjustment	0
G. Total Incurred Claims Payment	47,112
2. TREND (14.01% Annually)	1.2174
3. PROJECTED INCURRED CLAIMS [1 X 2]	57,354
4. ADJUSTED PROJECTED INCURRED CLAIMS	155,438
5. RETENTION	10,540
6. RENEWAL PREMIUM NEEDED	165,978
7. PREMIUM AT CURRENT RATES	165,978
8. NET RATE CHANGE	0.00%

Average Number Of Contracts: 22

Your broker commission is 0.43% of premium which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that such amounts are to be Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not had within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

I acknowledge receipt and approve the renewal, commission level, and attached rates as outlined. In addition, I authorize commission to be paid to our Broker of Record.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____

(PLEASE PRINT)

Group Official Signature: _____ Date: _____

Horizon BlueCross BlueShield of New Jersey

Township of Union Board of Education #86332

PROSPECTIVE RATING

Health Rate Renewal Summary

Renewal Period: 03/01/2016 to 02/28/2017
Experience Period: 09/01/2014 to 08/31/2015

1. INCURRED LIABILITY	
A. Charges For Claims Paid During Experience period	41,352,909
B. Subscriber Liability (Deductibles, Copays)	(586,752)
C. BCBS Discounts	(17,511,508)
D. Other Savings (COB, Medicare, Benefit Limits)	<u>(7,968,111)</u>
E. Paid Claims	15,286,538
F. Capitated Claims	1,172,406
G. Benefit Level Adjustment*	(96,156)
H. Reserve Adjustment	<u>516,563</u>
I. Total Incurred Claims Payment	16,879,351
2. TREND (10.83% Annually)	1.1668
3. PROJECTED INCURRED CLAIMS [1 X 2]	19,694,827
4. HIGH LEVEL POOLING WRITE-OFF	(48,223)
5. HIGH LEVEL POOLING CHARGE	899,814
6. NJ State BOE Assessment (A4)	534,207
7. RETENTION	1,952,128
8. RENEWAL PREMIUM NEEDED	23,032,753
9. ADJUSTMENT TO RENEWAL PREMIUM NEEDED	(2,023,511)
10. NET RENEWAL PREMIUM NEEDED	21,009,242
11. PREMIUM AT CURRENT RATES	19,274,534
12. NET RATE CHANGE	
"A4" Included in Rates	9.00%

*Reflects the impact of Health Care Reform.

Average Number Of Contracts: 1015

High Level Claim Pooling at \$300,000

Your broker commission is 1.11% of premium which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that such amounts are to be Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not had within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

I acknowledge receipt and approve the renewal, commission level, and attached rates as outlined. In addition, I authorize commission to be paid to our Broker of Record.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____

(PLEASE PRINT)

Group Official Signature: _____ Date: _____



Horizon Blue Cross Blue Shield of New Jersey

Proposal Rates for Township of Union Board of Education

Effective 03/01/2016 through 02/28/2017

OMNIA Design 3 w/Blue Card			
Health Benefits	Tier 1	Tier 2	
Coinsurance	100%	80%	
*Maximum Out-Of-Pocket	\$2,500	\$4,500	
Deductible	\$0	\$1,500	
Office Visit Copay(s)	\$5/\$15	\$20/\$30	
Hospital Inpatient Admission Copay	\$250 per day	n/a	
Hospital Outpatient Surgery Copay	\$150	n/a	
Ambulatory Surgical Center Copay	\$100	n/a	
Prescription Drugs	10% Retail & \$0 Mail Order		
RATES	Medical	Rx	
Single	\$489.03	\$190.35	
2 Adults	\$1,100.28	\$428.27	
Family	\$1,222.55	\$475.86	
Parent & Child(ren)	\$684.63	\$266.48	
ASSUMED ENROLLMENT	Contracts	Total	
Single	353	\$679.38	
2 Adults	174	\$1,528.55	
Family	387	\$1,698.41	
Parent & Child(ren)	101	\$951.11	
MONTHLY PREMIUM	\$1,259,135.62		
ANNUAL PREMIUM	\$15,109,627.44		
CUMULATIVE ENROLLMENT:			1015

PROPOSAL TERMS AND CONDITIONS:**GENERAL:**

- (1) If Horizon Advantage EPO (including CDH) is offered with Blue Card alongside a PCMH product, there is an additional pricing impact to the Horizon Advantage EPO/EPO CDH Blue Card rates.
- (2) The above rates and benefits were based on the information submitted at the time this proposal was evaluated. Subsequent to the release of this proposal, Horizon BCBSNJ reserves the right to re-evaluate our proposed rates and benefits as a result of a change in the information supplied at the time this quote was evaluated such as:

- The receipt of additional information that could have an impact on the rates and/or benefits offered.
- A change in benefit levels and/or other terms of the contract or administration agreement (e.g. Government mandated benefits).
- A 10% size change and/or shift in enrollment between contract types.
- A contribution by the employer greater than 50% in the Single's Health Savings Account / Health Reimbursement Account.
- Retiree or Self-Pay Retiree Pharmacy coverage is offered only when Horizon-BCBSNJ also provides Pharmacy coverage to the Active population.
- Rates are based on the enrollment of 1015 contracts as indicated above and assume total replacement.
- Rates are based on a High Level Attachment Point of \$300,000 which excludes Rx.
- The Maximum Out-of-Pocket will include eligible Rx cost sharing (if Rx coverage is with Horizon BCBSNJ).
- Proposal rates assume the sale of both the medical and prescription lines of business. A package pricing discount for the sale of the prescription line of business is already included in the medical rates. If the prescription line of business is not sold, the medical rates will increase by 2% for Non-OMNIA products and 4% for OMNIA.
- The above rates are contingent on Horizon not covering Rx copay flow thru.
- The above rates include the NJ State BOE A-4 Tax (Surcharge).

COMMISSION:

The above rates include a 1.01% broker commission on premium excluding ACA taxes, assessments and fees. Therefore, the actual percentage paid would be slightly less than the 1.01% of premium including these taxes.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

REQUIRED SIGNATURE:

The rates and other information set forth in this proposal are subject to final approval and acceptance by Horizon BCBSNJ. I represent that by signing this document that I have the legal authority to accept these terms.

GROUP OFFICIAL NAME & TITLE:

(PLEASE PRINT)

GROUP OFFICIAL SIGNATURE & DATE:

Products and policies provided by Horizon Insurance Company and services provided by Horizon Blue Cross Blue Shield of New Jersey, each an independent licensee of the Blue Cross and Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2013 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105.

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 00-01-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
44	37	60	19	160

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$880.93	\$960.21
2Adults	\$1,982.04	\$2,160.42
Family	\$2,202.28	\$2,400.49
P & C	\$1,233.28	\$1,344.28
<u>CARVEOUT</u>		
Single (Over 65)	\$880.93	\$960.21
2Adults (Over 65)	\$1,982.04	\$2,160.42
Family (Over 65)	\$2,202.28	\$2,400.49
P & C (Over 65)	\$1,233.28	\$1,344.28

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____ (PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 20-21-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
24	3	5	5	37

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$838.61	\$914.08
2Adults	\$1,886.86	\$2,056.68
Family	\$2,096.51	\$2,285.20
P & C	\$1,174.03	\$1,279.69
<u>CARVEOUT</u>		
Single (Over 65)	\$838.61	\$914.08
2Adults (Over 65)	\$1,886.86	\$2,056.68
Family (Over 65)	\$2,096.51	\$2,285.20
P & C (Over 65)	\$1,174.03	\$1,279.69

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____ (PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Horizon POS
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 30-31-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
11	0	8	3	22

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$571.32	\$622.74
2Adults	\$1,285.48	\$1,401.17
Family	\$1,428.31	\$1,556.86
P & C	\$799.86	\$871.85

<u>CARVEOUT</u>		
Single (Over 65)	\$571.32	\$622.74
2Adults (Over 65)	\$1,285.48	\$1,401.17
Family (Over 65)	\$1,428.31	\$1,556.86
P & C (Over 65)	\$799.86	\$871.85

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____ (PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Prescription
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 30-31-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
11	0	8	3	22

<u>NON-CARVEOUT</u>	<u>Current Rate</u>	<u>Renewal Rates</u>
Single	\$400.43	\$400.43
2Adults	\$900.95	\$900.95
Family	\$1,001.07	\$1,001.07
P & C	\$560.60	\$560.60

Percentage Change: 0.00%

The above rates include a 0.43% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 90-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
1	0	0	0	1

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$1,058.51	\$1,153.78
2Adults	\$2,307.53	\$2,515.21
Family	\$2,625.07	\$2,861.33
P & C	\$1,481.91	\$1,615.28
<u>CARVEOUT</u>		
Single (Over 65)	\$1,058.51	\$1,153.78
2Adults (Over 65)	\$2,307.53	\$2,515.21
Family (Over 65)	\$2,625.07	\$2,861.33
P & C (Over 65)	\$1,481.91	\$1,615.28

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____ (PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 91-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
0	0	0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$1,008.25	\$1,098.99
2Adults	\$2,197.98	\$2,395.80
Family	\$2,500.45	\$2,725.49
P & C	\$1,411.55	\$1,538.59
<u>CARVEOUT</u>		
Single (Over 65)	\$1,008.25	\$1,098.99
2Adults (Over 65)	\$2,197.98	\$2,395.80
Family (Over 65)	\$2,500.45	\$2,725.49
P & C (Over 65)	\$1,411.55	\$1,538.59

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____ (PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Horizon POS
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 92-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
0	0	0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$686.49	\$748.27
2Adults	\$1,496.56	\$1,631.25
Family	\$1,702.52	\$1,855.75
P & C	\$961.10	\$1,047.60
<u>CARVEOUT</u>		
Single (Over 65)	\$686.49	\$748.27
2Adults (Over 65)	\$1,496.56	\$1,631.25
Family (Over 65)	\$1,702.52	\$1,855.75
P & C (Over 65)	\$961.10	\$1,047.60

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____ (PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Prescription
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 92-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
0	0	0	0	0

<u>NON-CARVEOUT</u>	<u>Current Rate</u>	<u>Renewal Rates</u>
Single	\$400.43	\$400.43
2Adults	\$900.95	\$900.95
Family	\$1,001.07	\$1,001.07
P & C	\$560.60	\$560.60

Percentage Change: 0.00%

The above rates include a 0.43% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 95-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	Family	Total
4	0	4

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$535.59	\$583.79
Percentage Change:	9.00%	

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 96-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	Family	Total
0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$509.89	\$555.78
Percentage Change:	9.00%	

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Horizon POS
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 97-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	Family	Total
0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$347.37	\$378.63

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Prescription
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 97-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	Family	Total
0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$243.47	\$243.47
Percentage Change:	0.00%	

The above rates include a 0.43% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
 Group Number: 10-11-93-086332
 Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
268	134	314	75	791

<u>NON-CARVEOUT</u>	<u>Current Rate</u>	<u>Renewal Rates</u>
Single	\$872.91	\$951.47
2Adults	\$1,964.00	\$2,140.76
Family	\$2,182.24	\$2,378.64
P & C	\$1,222.06	\$1,332.05

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
 Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Horizon Advantage EPO
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 40-41-94-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
0	0	0	0	0

<u>NON-CARVEOUT</u>	<u>Current Rate</u>	<u>Renewal Rates</u>
Single	\$739.98	\$806.58
2Adults	\$1,664.91	\$1,814.75
Family	\$1,849.92	\$2,016.41
P & C	\$1,035.96	\$1,129.20

Percentage Change: 9.00%

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Direct Access
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 98-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	Family	Total
1	0	1

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$530.73	\$578.50
Percentage Change:	9.00%	

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

**Prospective Rating
Horizon Advantage EPO
Renewal Summary of Rates**

Group Name: Township of Union Board of Education
Group Number: 99-086332
Renewal Period: 03/01/2016 to: 02/28/2017

Average Monthly Contract Exposure

Single	Family	Total
0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>
<u>NON-CARVEOUT</u>		
Single	\$449.91	\$490.40
Percentage Change:	9.00%	

The above rates include a 1.11% broker commission which includes adjustments for ACA taxes, assessments and fees. This may differ slightly from the standard commission due to the required ACA taxes, assessments and fees which are not included in the commission calculation.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not received within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

These rates are contingent upon Horizon's receipt and review of the Renewal Participation Audit Form. Rates are also contingent upon the renewal of all products currently with Horizon.

The rates and other information set forth in this renewal are subject to final approval and acceptance by Horizon BCBSNJ.

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: _____
(PLEASE PRINT)

Group Official Signature & Date: _____

***Growing evidence suggests that good oral health helps prevent serious medical conditions.
Ask me how you can add low-cost Horizon BCBSNJ Dental coverage to your existing medical policy.***

Horizon BlueCross BlueShield of New Jersey

Township of Union Board of Education #86332

Prescription Retention Exhibit

Renewal Period: 03/01/2016 to 02/28/2017

RENEWAL PREMIUM NEEDED**	165,267
TOTAL NET PROJECTED CLAIMS	155,438

RETENTION:

Administration Charge	1,560
ACA Taxes, Assessments, and Fees	4,119
Reserve Charge	2,223
State Tax	1,927
Broker Commission	711
TOTAL RETENTION	<u>10,540</u>

**Excludes Broker Commission

Horizon BlueCross BlueShield of New Jersey

Township of Union Board of Education #86332

Health Retention Exhibit

Renewal Period: 03/01/2016 to 02/28/2017

RENEWAL PREMIUM NEEDED** 22,800,310

TOTAL NET PROJECTED CLAIMS 20,546,418

RETENTION:

Administration Charge 690,307

ACA Taxes, Assessments, and Fees 632,831

Reserve Charge 141,771

State Tax 254,776

Broker Commission 232,443

TOTAL RETENTION 1,952,128

NJ STATE BOE ASSESSMENT (A4) 534,207

**Excludes Broker Commission