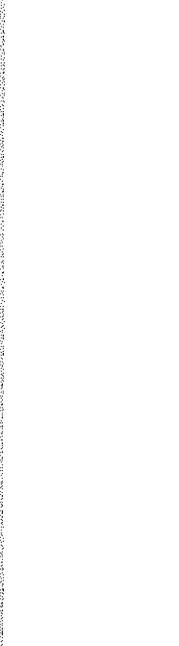
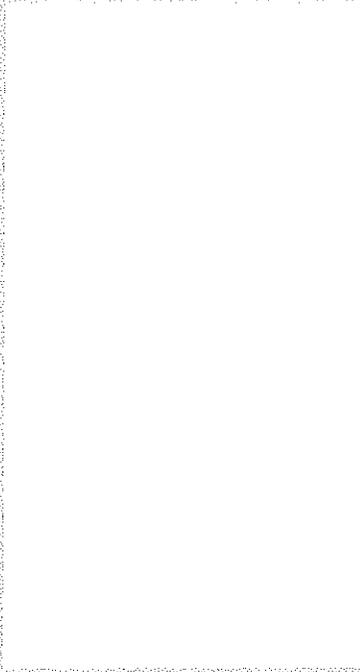


Willis Towers Watson Disclosure



Disclosure

Alongside this Disclosure, you have been provided with a detailed summary and analysis of the incumbent quote(s) (and any recommended or alternate quotes, if applicable) based on what most aligns with the strategic direction you gave us in our pre-renewal strategy discussion. Below is a high level summary of the incumbent and recommended markets we approached on your behalf and any compensation included with those quotes. If you would like a copy of any proposal received, please let us know and we will provide it to you.

| RECOMMENDED CARRIERS | | | | | |
|----------------------|---------------------|------------------------|--------------------------|--------------------------|-------------------------|
| Carrier Name | Line(s) of Business | Response | Sub-broker/ Intermediary | Standard Compensation | Additional Compensation |
| Horizon BCBSNJ | Medical | Renewal Offer at +6.5% | N/A | Net of commission | N/A |
| NJSEHBP | Medical | NJ State Rates | N/A | Net of commission | N/A |
| | | | | | |
| | | | | Fee Agreement: \$115,000 | |

* Indicates that Client's written authorization is necessary for placement since the insurer does not meet Willis Towers Watson's standards or falls outside of our evaluation process.

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Disclosure

The proposals are presented in conjunction with the Brokerage Terms, Conditions and Disclosures document which was previously provided to you.

Please review the details of the proposals included to ensure that these meet your expectations.

The proposals may differ from your current policy, so we recommend that you read the specifications from the carrier in their entirety and compare them to your current policy. We have highlighted certain key areas in the enclosed analysis.

Should you have any questions about the proposals or concerns about what is included in this summary, please let us know at once. Please provide us with your selection of coverage. We will confirm the details of this selection in writing with you and the carrier.

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Township of Union Board of Education
March 2020 Medical Marketing Analysis - SEBHP Comparison

| CURRENT PLANS | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|---------------|--------------------------|---------------|----------------|---------------|------------------|---------------|------------|---------------|------------|------------|----|--------------|--------------|
| Horizon BCBSNJ | | | | | | | | | | | | | | | |
| PREMIUM ANALYSIS | Direct Access \$15 Copay | | Direct Access \$20 Copay | | POS \$10 Copay | | Omnia 3 \$5/\$15 | | EPO | | | | | | |
| | Current | Final Renewal | Current | Final Renewal | Current | Final Renewal | Current | Final Renewal | Current | Final Renewal | | | | | |
| Single Employee | 215 | \$1,130.42 | \$1,198.02 | 21 | \$1,176.67 | \$1,247.03 | 1 | \$1,170.56 | \$1,216.61 | 37 | \$795.12 | \$831.29 | 22 | \$997.48 | \$1,057.13 |
| Employee & Spouse | 116 | \$2,543.45 | \$2,695.55 | 11 | \$2,647.42 | \$2,805.74 | 0 | \$2,633.75 | \$2,737.37 | 4 | \$1,788.95 | \$1,870.32 | 6 | \$2,244.26 | \$2,378.47 |
| Employee & Children | 87 | \$1,582.56 | \$1,677.20 | 6 | \$1,647.32 | \$1,745.83 | 1 | \$1,638.80 | \$1,703.28 | 6 | \$1,113.14 | \$1,163.77 | 3 | \$1,395.45 | \$1,479.96 |
| Family | 307 | \$2,828.05 | \$2,995.05 | 24 | \$2,941.60 | \$3,117.51 | 2 | \$2,926.40 | \$3,041.53 | 15 | \$1,987.76 | \$2,078.17 | 15 | \$2,493.65 | \$2,642.77 |
| Total Enrollment (899) | 725 | | | 62 | | | 4 | | | 62 | | | 46 | | |
| Monthly Premium | | \$1,543,361 | \$1,635,655 | | \$134,314 | \$142,346 | | \$8,662 | \$9,003 | | \$73,070 | \$76,394 | | \$77,004 | \$81,609 |
| Annualized Premium | | \$18,520,327 | \$19,627,858 | | \$1,611,768 | \$1,708,152 | | \$103,946 | \$108,035 | | \$876,846 | \$916,730 | | \$924,051 | \$979,309 |
| Combined Monthly Premium | | | | | | | | | | | | | | \$1,836,411 | \$1,945,007 |
| Combined Annual Premium | | | | | | | | | | | | | | \$22,036,937 | \$23,340,085 |

| PROPOSED PLANS | | | | | | | | | | | | | | | |
|--|--|---------------|---------------------------------------|---------------|--|---------------|----------------------------|---------------|---------------------------------|---------------|-------------|-------------|----|--------------|--------------|
| State Employee Benefits Health Plan - Horizon BCBSNJ | | | | | | | | | | | | | | | |
| PREMIUM ANALYSIS | Horizon NJ Direct \$15 Copay with MMRX | | Horizon NJ Direct \$20/\$30 with MMRX | | Horizon NJ Direct \$10 Copay with MMRX | | Horizon HMO \$10 with MMRX | | Horizon HMO \$20/\$30 with MMRX | | | | | | |
| | Current | Final Renewal | Current | Final Renewal | Current | Final Renewal | Current | Final Renewal | Current | Final Renewal | | | | | |
| Single Employee | 215 | \$1,002.64 | \$917.50 | 21 | \$917.50 | \$1,053.23 | 1 | \$1,007.28 | \$1,007.28 | 37 | \$1,007.28 | \$1,007.28 | 22 | \$889.80 | \$889.80 |
| Employee & Spouse | 116 | \$2,005.28 | \$1,835.00 | 11 | \$1,835.00 | \$2,106.46 | 0 | \$2,014.56 | \$2,014.56 | 4 | \$2,014.56 | \$2,014.56 | 6 | \$1,779.60 | \$1,779.60 |
| Employee & Children | 87 | \$1,864.91 | \$1,706.55 | 6 | \$1,706.55 | \$1,959.01 | 1 | \$1,873.54 | \$1,873.54 | 6 | \$1,873.54 | \$1,873.54 | 3 | \$1,655.03 | \$1,655.03 |
| Family | 307 | \$2,867.55 | \$2,624.05 | 24 | \$2,624.05 | \$3,012.24 | 2 | \$2,880.62 | \$2,880.62 | 15 | \$2,880.62 | \$2,880.62 | 15 | \$2,544.83 | \$2,544.83 |
| Monthly Premium - 2020 (10 mths) | | \$1,490,765 | \$1,112,669 | | \$112,669 | \$9,037 | | \$99,778 | \$99,778 | | \$99,778 | \$99,778 | | \$73,391 | \$73,391 |
| Monthly Premium - 2021 (2 mths +10%) | | \$1,639,842 | \$1,233,936 | | \$123,936 | \$9,940 | | \$109,756 | \$109,756 | | \$109,756 | \$109,756 | | \$80,730 | \$80,730 |
| Annualized Premium (assumes +10% for 2021) | | \$18,187,334 | \$13,744,562 | | \$1,374,562 | \$110,248 | | \$1,217,293 | \$1,217,293 | | \$1,217,293 | \$1,217,293 | | \$895,367 | \$895,367 |
| Combined Monthly Premium | | | | | | | | | | | | | | \$1,815,400 | \$1,815,400 |
| Combined Annual Premium | | | | | | | | | | | | | | \$21,784,804 | \$21,784,804 |

| COST SUMMARY | | Horizon | | Horizon SEHBP | |
|---|--------------|---------------|--------------|---------------|--------------|
| | Current | Final Renewal | Current | Final Renewal | Proposed |
| Monthly Premium | \$1,836,411 | \$1,945,007 | \$1,836,411 | \$1,945,007 | \$1,815,400 |
| Annual Premium | \$22,036,937 | \$23,340,085 | \$22,036,937 | \$23,340,085 | \$21,784,804 |
| \$ Difference over Current 2019 Horizon | | | | \$1,303,148 | -252,133 |
| % Difference over Current 2019 Horizon | | | | 5.9% | -1.1% |

Enrollment used is from Horizon's November 2019 enrollment roster.

This comparison is for illustrative purposes only and is not a guarantee of rates or of how benefits will be paid. The contract issued will prevail.

This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. This information is proprietary and should not be distributed.

**Township of Union Board of Education
2020 Horizon BCBSNJ Medical & Dental Cost Summary**

| MEDICAL | Current | Renewal | Final Renewal |
|--------------------------------------|---------------------|---|---|
| Plan 1 - Direct Access \$15 | \$1,543,361 | \$1,644,912 | \$1,635,655 |
| Plan 2 - Direct Access \$20 | \$134,314 | \$143,152 | \$142,346 |
| Plan 3 - POS \$10 | \$8,662 | \$9,037 | \$9,003 |
| Plan 4 - Omnia | \$73,070 | \$76,727 | \$76,394 |
| Plan 5 - EPO | \$77,004 | \$82,071 | \$81,609 |
| Monthly Cost | \$1,836,411 | \$1,955,899 | \$1,945,007 |
| Annual Cost | \$22,036,937 | \$23,470,791 | \$23,340,085 |
| \$ Difference over Current | | \$1,433,853 | \$1,303,148 |
| % Difference over Current | | 6.5% | 5.9% |
| DENTAL | Current | Within Rate Guarantee Until 2021 | Within Rate Guarantee Until 2021 |
| Plan 1 - PPO | \$61,271 | \$61,271 | \$61,271 |
| Plan 2 - DHMO | \$53 | \$53 | \$53 |
| Monthly Cost | \$61,324 | \$61,324 | \$61,324 |
| Annual Cost | \$735,892 | \$735,892 | \$735,892 |
| \$ Difference over Current | | \$0 | \$0 |
| % Difference over Current | | 0% | 0% |
| Medical & Dental Combined | | | |
| Total Monthly Cost | \$1,897,736 | \$2,017,224 | \$2,006,331 |
| Total Annual Cost | \$22,772,829 | \$24,206,682 | \$24,075,977 |
| \$ Difference over Current | | \$1,433,853 | \$1,303,148 |
| % Difference over Current | | 6.3% | 5.7% |

Above costs include A-4 surcharge.

This comparison is for illustrative purposes only and is not a guarantee of rates or of how benefits will be paid. The contract issued will prevail. The enrollment numbers utilized are based upon carrier's November 2019 enrollment.

