
Medical and Pharmacy Renewal Guarantee

Year 2 Medical and Pharmacy Rate Cap Guarantee

We are willing to guarantee that the per member per month plan renewal premium for the July 1, 2023 through June 30, 2024 period will not increase by more than 15.0% over the per member per month plan premium that is effective March 1, 2022 through June 30, 2023, for the OA MC, MC and OA EC plans subject to the conditions below.

Each plan will be renewed separately but will be reviewed in aggregate against the maximum 15.0% overall rate increase. Aetna's renewal for the July 1, 2023 through June 30, 2024 period will be produced using claims through 01/01/23.

- This offer does not contemplate the changes in costs, utilization, risk or any form or type of testing associated with **novel conditions or circumstances affecting broad populations that place a significant strain on the health care system and/or your plan(s)**. These conditions include but are not limited to COVID-19. We reserve the right to adjust the terms and factors of this guarantee in response to these conditions and/or circumstances if necessary.
- We reserve the right to adjust base year/gap claims used in the development of our experience and rate projection to account for the **anticipated impact of novel conditions, as stated above**. These adjustments would be applied to normalize the experience for the projected impact of these conditions.
- A total of 838 employees are expected to be enrolled in the quoted medical product.
- Of the assumed enrollment, the combined enrolled COBRA employees does not vary by more than two percent of the total Aetna covered group from the originally assumed enrollment. In addition, we assume that the combined enrolled COBRA employees will not comprise more than five percent of the total Aetna covered group.

Conditions

We reserve the right to review and possibly modify or terminate the guarantee if any of the following occur during or prior to the guarantee period:

- a) We do not receive complete mature claims experience for all current plans including enrollment by month and by plan incurred to March 1, 2022 and paid through June 30, 2022.
- b) A change of greater than 10% from the assumed enrollment in total or by plan.

Medical and Pharmacy Renewal Guarantee

- c) Material changes to the quoted plan designs. We reserve the right to adjust the renewal premium by the value, as determined by Aetna, of the plan changes which would be added to the 15.0% overall rate increase guarantee and subject to conditions stated herein.
- d) A change of greater than 10% from the current employee contributions.
- e) We are no longer the sole medical and pharmacy carrier including any self-funded plans you offer.
- f) Failure to make your required premium payments in accordance with contract provisions.
- g) The plan is no longer fully credible and experience rated.
- h) Material changes required by legislative or regulatory action or initiated by you to the plan of benefits offered, claim payment requirements or procedures, changes in state premium taxes or assessments, or any other change affecting the manner or cost of providing coverage.
- i) Filing changes that affect our ability to offer this guarantee or exercise underwriter judgement.
- j) Multi-Line/Cross Sell discounts will not apply to the second year. Premium/Rates prior to the application of any first year Multi-Line/Cross Sell discounts will be used as the basis for calculating the second year rates.

02



An Aetna Renewal
Presented to

Township Of Union Board Of Education

Financial Renewal Overview: July 01, 2023 through June 30, 2024
Control Number: 00181124

Alicia Ryan
Account Executive
Phone: 212-457-0317
Email: RyanA1@aetna.com

John Cantillo
Exec Dir, Underwriting
Phone: 305-735-1748
Email: jxcantillo@aetna.com

March 14, 2023

Township Of Union Board Of Education
Donna Carlin
2369 Morris Avenue
Union, NJ 07083

Dear Donna Carlin:

Thank you for allowing us to serve your health insurance and health benefit needs during the past year.

This package provides information to help you develop the future benefits program for Township Of Union Board Of Education. As we approach the anniversary of our relationship in the journey to better health, we are pleased to present you with your medical renewal for the July 01, 2023 through June 30, 2024 policy period.

It's important to understand the full financial picture of your benefit plan. Therefore, the enclosed package provides the following important information about the cost of your current program and the value we bring to you and your company.

- **Future Program Costs**
This section illustrates the cost projections to operate your current benefit program.
- **Fully Insured Medical Plans**
The cost to operate your current medical plan(s) will increase by 15.0 percent.
This renewal reflects both the premium and commission.
- **Programs and Services**
This section provides a summary of programs and services included in your plan of benefits.
- **Caveats**
Our renewal offer is contingent upon the parameters outlined here. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments on our Medical quotations. Please review this section thoroughly.

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your Renewal Package prevails.
<https://www.aetna.com/document-library/lg-insured-medical-uw-disclosures-01-01-2022.pdf>

Your renewal package remains in effect until June 30, 2024.

If there are no changes that impact the conditions of this renewal as outlined in our Caveats section, the rates will remain in effect through June 30, 2024. This renewal package is considered an amendment to your existing

policy. Continuance of your benefit plan and payment of rates constitutes your acceptance of this renewal. If you'd like to make any plan changes or if you have any questions, please contact me by June 01, 2023 at 212-457-0317. It's been a pleasure working with you and I look forward to our continued relationship.

Sincerely,



Alicia Ryan
Account Executive

John Cantillo
Exec Dir, Underwriting

Each insurer has sole financial responsibility for its own products.

Health benefits and health insurance plans contain limitations and exclusions.

Township Of Union Board Of Education

Why Aetna?

Effective Date: July 01, 2023

We're more than products and programs. **We offer a health care experience that's more caring, more** connected and closer to home. With a holistic approach we join members on their personal health journey, removing barriers along the way. And we work proactively to help every member achieve their goals and stay on a path to better health.

Because you have unique needs we offer customized, tailored solutions. And we have a plan to take care of each of your employees, helping to increase engagement, improve outcomes and boost productivity.

We know health care can be overwhelming. So we work together with you to help make each member of your team a stronger individual. Stronger individuals lead to a stronger workforce. And when you have a stronger workforce, you can achieve stronger results.

You can learn more about Aetna here:

<https://www.aetna.com/about-us.html>

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

The Aetna companies include:

Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company; Aetna Life Insurance Company; Aetna Dental Inc.; and/or Aetna Dental of California Inc.; Aetna Health of Utah Inc. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Managed care plans may not cover all health care expenses. Contracts should be read carefully to determine which health care services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's program compensating producers is also available at:

www.aetna.com

The information contained in this proposal is confidential and should not be shared with anyone other than your broker or benefit plan consultant.

Township Of Union Board Of Education

Contact Information

Account Manager: Alicia Ryan Email: RyanA1@aetna.com
 Telephone Number: 212-457-0317

Assumptions

Contract State: NJ Lives: 866
 Pooling Level: \$250,000 Sic Code: 9411
 Commissions: 0.00% Mem/EE Ratio: 2.55
 Rx Formulary: Aetna Standard Formulary Opt Out

Proposed Rates **Effective Date:** July 1, 2023 **End Date:** June 30, 2024

Coverage	Lives	Current Rates	Proposed Rates	% Change
AWH NJ NNJ MC C FI OA POS (Managed Choice)				
GSHP AWH OA MC DEPS31				
EE	1	\$614.66	\$706.86	15.00%
Family	0	\$614.66	\$706.86	15.00%
Total	1	\$614.66	\$706.86	15.00%
NNJ SavPlus OAEC OA EPO (Elect Choice)				
OA EC Savings +				
EE	7	\$845.48	\$972.30	15.00%
EE + SP	3	\$1,904.62	\$2,190.31	15.00%
EE + Children	2	\$1,184.39	\$1,362.05	15.00%
Family	4	\$2,116.48	\$2,433.95	15.00%
Total	16	\$22,466.92	\$25,836.93	15.00%
OA EPO (Elect Choice)				
OA EC 10				
EE	3	\$1,075.69	\$1,237.04	15.00%
EE + SP	2	\$2,422.58	\$2,785.97	15.00%
EE + Children	1	\$1,506.70	\$1,732.70	15.00%
Family	3	\$2,692.01	\$3,095.81	15.00%
Total	9	\$17,654.96	\$20,303.19	15.00%
OA POS (Managed Choice)				
NJ EDUC OA MC				
EE	203	\$1,128.50	\$1,297.78	15.00%
EE + SP	41	\$2,541.46	\$2,922.68	15.00%
EE + Children	54	\$1,580.61	\$1,817.70	15.00%
Family	218	\$2,824.05	\$3,247.66	15.00%
Total	516	\$1,034,281.20	\$1,189,424.90	15.00%
OA POS (Managed Choice)				
OA MC 15				
EE	88	\$1,219.31	\$1,402.21	15.00%
EE + SP	72	\$2,745.80	\$3,157.67	15.00%
EE + Children	30	\$1,707.75	\$1,963.91	15.00%
Family	128	\$3,051.10	\$3,508.76	15.00%
Total	318	\$746,770.18	\$858,785.30	15.00%
OA POS (Managed Choice)				
OA MC 20				
EE	2	\$1,269.26	\$1,459.65	15.00%
EE + SP	1	\$2,858.12	\$3,286.84	15.00%
EE + Children	0	\$1,777.71	\$2,044.37	15.00%
Family	3	\$3,175.93	\$3,652.32	15.00%
Total	6	\$14,924.43	\$17,163.10	15.00%
MC (Managed Choice)				
POS 10				
EE	0	\$1,238.27	\$1,424.01	15.00%
EE + SP	0	\$2,788.48	\$3,206.75	15.00%

Township Of Union Board Of Education

Contact Information

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 Telephone Number: 212-457-0317

Assumptions

Contract State: NJ Lives: 866
 Pooling Level: \$250,000 Sic Code: 9411
 Commissions: 0.00% Mem/EE Ratio: 2.55
 Rx Formulary: Aetna Standard Formulary Opt Out

Proposed Rates **Effective Date:** July 1, 2023 **End Date:** June 30, 2024

Coverage	Lives	Current Rates	Proposed Rates	% Change
EE + Children	0	\$1,734.36	\$1,994.51	15.00%
Family	0	\$3,098.53	\$3,563.31	15.00%
Total	0	\$0.00	\$0.00	0.00%

AWH OA MC (Aetna Whole Health Open access Managed Choice)				
Garden State Health Plan				
EE	0	\$1,010.95	\$1,162.59	15.00%
EE + SP	0	\$2,276.98	\$2,618.53	15.00%
EE + Children	0	\$1,416.05	\$1,628.46	15.00%
Family	0	\$2,530.20	\$2,909.73	15.00%
Total	0	\$0.00	\$0.00	0.00%

Total Medical Lives	866
Current Monthly Total Amount Due	\$1,836,712
Proposed Monthly Total Amount Due	\$2,112,220
Total % Change	15.00%
Proposed Total Contract Period Amount Due	\$25,346,643

Clarifications

The Medical Pooling Level indicated in the assumptions above represents what was used in your pricing based on company standards for your market and case size. This may be subject to change.

Township Of Union Board Of Education

Experience Exhibit

Effective Date: July 01, 2023

- This exhibit displays the historical experience used in the development of the rates.
- Claims displayed are incurred claims and have been completed.
- Claims experience includes National Advantage Program access fees (for savings achieved on covered claims with non-network providers and on high dollar, in-network facility claims).
- Claims may include adjustments for Value Based Contracts.
- This exhibit may include information from other carriers.

Current Year's Experience - Experience Group 1

Month	Members	Premium	Total Medical FFS/Caps	Rx Claims
202203	2,196	\$1,826,635	\$1,497,129	\$378,255
202204	2,202	\$1,830,395	\$1,604,630	\$442,613
202205	2,203	\$1,837,384	\$1,422,731	\$498,417
202206	2,214	\$1,842,089	\$1,239,699	\$423,930
202207	2,208	\$1,836,803	\$1,272,588	\$489,492
202208	2,210	\$1,838,574	\$1,448,683	\$543,971
202209	2,191	\$1,823,470	\$1,317,483	\$560,684
202210	2,202	\$1,833,960	\$1,453,268	\$588,421
202211	2,201	\$1,836,816	\$1,415,946	\$555,654
TOTALS	19,827	\$16,506,125	\$12,672,157	\$4,481,438
	Current Year Incurred Claims PMPM		\$639.14	\$226.03

Premium Development

Current Monthly Amount Due	\$1,836,712
Current Subscribers	866
Current Members	2,210
Current Premium PMPM	\$831.09

Township Of Union Board Of Education

Rate Change Development

Effective Date: July 01, 2023

- The components of your renewal rate change are detailed below.
- The current Net Adjusted Incurred Claims Per Member Per Month (PMPM) are trended forward to the Renewal Rate Period.
- Based on customer size by experience rating group, claims over a certain threshold are removed to normalize the claims experience in order to minimize large yearly fluctuations.
- A large claim adjustment is added to the Incurred Claims PMPM, and blended with Manual Claims PMPM, if applicable, to develop a blended expected claim PMPM. An adjustment for renewal benefit change is added if applicable.
- The Underwriting Adjustment includes a factor to modify the claims during the months affected by COVID-19.
- State taxes, commissions, and other adjustments are then added resulting in the final required premium PMPM.
- This exhibit may include information from other carriers.

Experience Grouping:		Experience Group 1		Current Year Experience		
Next Contract Period:	7/1/2023 - 6/30/2024	Claim Basis:	Incurred			
		Year Experience Period:	3/1/2022 - 11/30/2022			
		Paid Through:	1/31/2023			
		Subscriber Months:	7,612			
		Member Months:	19,827			
		Experience Period Average Members:	2,203			

	Current Subscribers:	866	Current Year Experience		
			Med + Cap PMPM	Rx PMPM	Total PMPM
Current Members:	2,210				
1	Incurring Claims		\$639.14	\$226.03	\$865.16
2	Deductible Suppression		1.0000		1.0000
3	Incurring Claims x Deductible Suppression Factor		\$639.14	\$226.03	\$865.16
4	Pooled Claims		\$19.01	\$11.02	\$30.02
5	Pooling Charge				
	a. Pooling Point		\$250,000	\$250,000	\$250,000
	b. Pooling Factor (non-capitated Med & Rx claims only)		7.50%	7.50%	
	c. Pooling Charge		\$46.44	\$16.14	\$62.57
6	Incurring Claims w/ Pooling (3 - 4 + 5c)		\$666.57	\$231.14	\$897.71
7	Adjustment for Change in Network		1.0000	1.0000	1.0000
8	Adjustment for Change in Plan		0.9979	0.9966	0.9976
9	Adjustment for Change in Demographics		1.0056	1.0139	1.0077
10	Underwriting Adjustment		0.9941	1.0000	0.9957
11	Adjusted Incurred Claims (6 x 7 x 8 x 9 x 10)		\$664.97	\$233.58	\$898.55
12	Trend				
	a. Annual Trend Factor		9.80%	10.90%	10.09%
	b. # of Months of Trend		17.5	17.5	17.5
	c. Projection Factor		1.1461	1.1629	1.1504
13	Exp. Based Projected Claims (11 x 12c)		\$762.11	\$271.62	\$1,033.73
14	Experience Weighting		100%	100%	100%
			Blended Results		
			Med + Cap	Rx	Total
15	Experience Blended Projected Claims		\$762.11	\$271.62	\$1,033.73
16	Experience Credibility		100.0%	100.0%	100.0%
17	Manual (CRC) Projected Claims		\$1,058.37	\$188.37	\$1,246.75
18	Blended Projected Claims		\$762.11	\$271.62	\$1,033.73
19	Large Claim Adjustment				\$0.00
20	Retention Charges			Total	Total
	a. Administrative Component			9.77%	\$119.06
	b. Broker Commission Component			0.00%	\$0.00
	c. Premium Tax Component			2.89%	\$35.20
	d. Health Insurance Assessment			2.50%	\$30.46
	e. Total Retention Charges (a + b + c + d)			15.16%	\$184.73
21	Projected Premium				\$1,218.45
22	Bundle up Discount (Newly Added Products)			0.00%	\$0.00
23	Rate Adjustment				(\$262.70)
24	Proposed Premium				\$955.76
25	Estimated Current Premium				\$831.09
26	Required Rate Change (excludes 22 & 23)				46.61%
27	Proposed Rate Change (26 / 27 - 1)				15.00%

Township Of Union Board Of Education

Large Claim Listing

Effective Date: July 01, 2023

- This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their can be met without identifiers and also to comply with state and federal health information needs privacy regulations.

Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 1	\$1,640	\$557,568	\$559,208	CUTANEOUS ABSCESS OF LEFT LOWER LIMB
Claimant 2	\$442,898	\$506	\$443,405	OTH COMPLICATIONS OF PROCEDURES NEC INIT
Claimant 3	\$335,901	\$3,709	\$339,610	END STAGE RENAL DISEASE
Claimant 4	\$229,447	\$23,630	\$253,077	INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY LUMBAR REGION
Claimant 5	\$195,805	\$39,028	\$234,833	SEPSIS UNSPECIFIED ORGANISM
Claimant 6	\$173,619	\$60,142	\$233,761	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST
Claimant 7	\$40,498	\$190,820	\$231,318	INTESTINAL ADHESIONS BANDSY WITH PARTIAL OBSTRUCTION
Claimant 8	\$228,884	\$278	\$229,162	CONGENITAL SUBGLOTTIC STENOSIS
Claimant 9	\$148,408	\$4,822	\$153,230	OTH FX LOWER END OF RIGHT TIBIA INIT FOR OPN FX TYPE 3A/B/C
Claimant 10	\$115,745	\$22,156	\$137,901	NEOPLASM OF UNCERTAIN BEHAVIOR OF CEREBRAL MENINGES
Claimant 11	\$24,274	\$106,460	\$130,735	TRACTION DETACHMENT OF RETINA RIGHT EYE
Claimant 12	\$120,830	\$3,973	\$124,803	HEMIPLGA FOL NTRM INTCRBL HEMOR AFF RIGHT DOMINANT SIDE
Claimant 13	\$109,712	\$14,668	\$124,380	SCOLIOSIS UNSPECIFIED
Claimant 14	\$90,091	\$24,856	\$114,947	PYONEPHROSIS
Claimant 15	\$112,926	\$1,305	\$114,231	MULTIPLE SCLEROSIS
Claimant 16	\$106,585	\$4,563	\$111,148	CALCULUS OF GB AND BILE DUCT W ACUTE CHOLECYST W OBSTRUCTION
Claimant 17	\$1,386	\$104,590	\$105,976	Restricted Diagnosis
Claimant 18	\$12,835	\$92,361	\$105,196	MYOCARDITIS UNSPECIFIED

Township Of Union Board Of Education

Large Claim Listing

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Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 19	\$90,616	\$10,259	\$100,875	Restricted Diagnosis
Claimant 20	\$96,177	\$3,021	\$99,198	OTHER INSTABILITY LEFT SHOULDER
Claimant 21	\$91,623	\$4,798	\$96,421	MALIG NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST
Claimant 22	\$32,759	\$63,569	\$96,329	SECONDARY MALIGNANT NEOPLASM OF BRAIN
Claimant 23	\$92,526	\$2,189	\$94,715	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSP COMPLICATIONS
Claimant 24	\$48,473	\$41,893	\$90,366	CEREBRAL INFRC DUE TO UNSP OCCLS OR STENOSIS OF R VERTEB ART
Claimant 25	\$47,971	\$39,032	\$87,003	HERPESVIRAL INFECTION UNSPECIFIED
Claimant 26	\$27,744	\$58,116	\$85,860	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST
Claimant 27	\$84,484	\$999	\$85,483	BENIGN NEOPLASM OF PITUITARY GLAND
Claimant 28	\$84,340	\$0	\$84,340	BICIPITAL TENDINITIS RIGHT SHOULDER
Claimant 29	\$12,615	\$70,988	\$83,603	ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS
Claimant 30	\$61,555	\$16,822	\$78,376	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE
Claimant 31	\$21,813	\$51,651	\$73,464	BUNION OF LEFT FOOT
Claimant 32	\$71,124	\$2,151	\$73,275	Restricted Diagnosis
Claimant 33	\$20,430	\$49,421	\$69,851	FEMALE INFERTILITY OF OTHER ORIGIN
Claimant 34	\$912	\$66,962	\$67,874	Restricted Diagnosis
Claimant 35	\$4,106	\$62,872	\$66,978	ESSENTIAL (PRIMARY) HYPERTENSION
Claimant 36	\$63,841	\$1,947	\$65,788	PAIN IN RIGHT SHOULDER

Township Of Union Board Of Education

Large Claim Listing

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Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 37	\$5,492	\$59,273	\$64,764	UNSPECIFIED INJURY OF LEFT FOOT INITIAL ENCOUNTER
Claimant 38	\$54,170	\$9,778	\$63,948	Restricted Diagnosis
Claimant 39	\$815	\$60,752	\$61,567	PAIN IN RIGHT KNEE
Claimant 40	\$13,497	\$46,040	\$59,537	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT
Claimant 41	\$58,673	\$524	\$59,197	Restricted Diagnosis
Claimant 42	\$8,709	\$49,698	\$58,406	Restricted Diagnosis
Claimant 43	\$56,626	\$1,338	\$57,964	MALIG NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST
Claimant 44	\$50,736	\$6,834	\$57,571	Other persistent atrial fibrillation
Claimant 45	\$53,400	\$2,774	\$56,174	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE
Claimant 46	\$53,245	\$1,957	\$55,201	Restricted Diagnosis
Claimant 47	\$2,404	\$51,497	\$53,900	Restricted Diagnosis
Claimant 48	\$7,437	\$45,729	\$53,166	CONTUSION OF RIGHT KNEE INITIAL ENCOUNTER
Claimant 49	\$48,570	\$3,711	\$52,281	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
Claimant 50	\$44,907	\$6,970	\$51,877	Restricted Diagnosis
Claimant 51	\$45,340	\$3,609	\$48,949	ACUTE KIDNEY FAILURE UNSPECIFIED
Claimant 52	\$39,173	\$9,773	\$48,946	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS
Claimant 53	\$40,102	\$7,574	\$47,675	LOCAL-REL SYMPTC EPI W SIMPLE PART SEIZ NTRCT W/O STAT EPI
Claimant 54	\$47,370	\$198	\$47,568	CALCULUS OF GB W ACUTE AND CHRONIC CHOLECYST W/O OBSTRUCTION

Township Of Union Board Of Education

Large Claim Listing

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Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 55	\$46,126	\$777	\$46,903	CROHN'S DISEASE UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS
Claimant 56	\$42,397	\$4,108	\$46,505	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE
Claimant 57	\$14,800	\$31,646	\$46,447	GLOSSODYNIA
Claimant 58	\$1,454	\$44,959	\$46,414	PLANTAR FASCIAL FIBROMATOSIS
Claimant 59	\$6,285	\$39,009	\$45,294	ENCOUNTER FOR STERILIZATION
Claimant 60	\$43,656	\$1,566	\$45,222	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)
Claimant 61	\$11,979	\$32,714	\$44,693	MULTIPLE SCLEROSIS
Claimant 62	\$12,178	\$32,232	\$44,410	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES
Claimant 63	\$43,298	\$726	\$44,024	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE
Claimant 64	\$41,556	\$989	\$42,545	Restricted Diagnosis
Claimant 65	\$42,253	\$268	\$42,521	Restricted Diagnosis
Claimant 66	\$39,775	\$981	\$40,756	Restricted Diagnosis
Claimant 67	\$39,559	\$1,142	\$40,701	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP
Claimant 68	\$5,391	\$34,934	\$40,326	MASTODYNIA
Claimant 69	\$40,149	\$17	\$40,166	Restricted Diagnosis
Claimant 70	\$39,481	\$511	\$39,992	PLANTAR FASCIAL FIBROMATOSIS
Claimant 71	\$33,843	\$5,797	\$39,640	COMPLETE ROTATR-CUFF TEAR/RUPTR OF R SHOULDER NOT TRAUMA
Claimant 72	\$37,745	\$1,713	\$39,458	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE

Township Of Union Board Of Education

Large Claim Listing

Effective Date: July 01, 2023

- This report is designed to meet your need for data in evaluating your benefit plan. We have removed individual member identifiers (e.g., name, ID number, etc.) because most plan sponsors find that their can be met without identifiers and also to comply with state and federal health information needs privacy regulations.

Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 73	\$26,416	\$12,440	\$38,856	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
Claimant 74	\$15,700	\$23,087	\$38,787	NONTOXIC MULTINODULAR GOITER
Claimant 75	\$3,072	\$34,633	\$37,704	SLEEP APNEA UNSPECIFIED
Claimant 76	\$30,809	\$6,320	\$37,129	LACERATION W FOREIGN BODY OF OTH PART OF HEAD INIT ENCNR
Claimant 77	\$4,183	\$32,901	\$37,084	ENCNTR FOR OBS FOR SUSP EXPSR TO OTH BIOLG AGENTS RULED OUT
Claimant 78	\$36,532	\$422	\$36,953	PATENT DUCTUS ARTERIOSUS
Claimant 79	\$34,915	\$1,360	\$36,275	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION
Claimant 80	\$36,000	\$153	\$36,153	Restricted Diagnosis
Claimant 81	\$32,648	\$2,865	\$35,513	Restricted Diagnosis
Claimant 82	\$35,443	\$5	\$35,448	Restricted Diagnosis
Claimant 83	\$34,864	\$532	\$35,396	FAILED OR DIFFICULT INTUBATION INITIAL ENCOUNTER
Claimant 84	\$6,417	\$28,794	\$35,211	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
Claimant 85	\$31,500	\$2,779	\$34,280	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT
Claimant 86	\$32,388	\$1,555	\$33,943	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS
Claimant 87	\$30,519	\$2,897	\$33,415	Restricted Diagnosis
Claimant 88	\$1,664	\$31,528	\$33,192	Restricted Diagnosis
Claimant 89	\$31,982	\$1,159	\$33,141	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP
Claimant 90	\$32,030	\$596	\$32,627	Restricted Diagnosis

Township Of Union Board Of Education

Large Claim Listing

Effective Date: July 01, 2023

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Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 91	\$32,589	\$0	\$32,589	Restricted Diagnosis
Claimant 92	\$13,028	\$19,134	\$32,162	DEVIATED NASAL SEPTUM
Claimant 93	\$406	\$31,738	\$32,144	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS
Claimant 94	\$13,154	\$18,540	\$31,694	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
Claimant 95	\$26,980	\$3,227	\$30,207	END STAGE RENAL DISEASE
Claimant 96	\$22,082	\$7,384	\$29,466	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST
Claimant 97	\$27,172	\$2,192	\$29,364	EPIDIDYMO-ORCHITIS
Claimant 98	\$29,068	\$52	\$29,120	FISTULA OF VAGINA TO LARGE INTESTINE
Claimant 99	\$18,423	\$10,442	\$28,865	LOCAL-REL IDIO EPI W SEIZ OF LOC ONST NOT NTRCT W/O STAT EPI
Claimant 100	\$9,733	\$19,031	\$28,764	Restricted Diagnosis
Claimant 101	\$28,587	\$135	\$28,722	Restricted Diagnosis
Claimant 102	\$27,776	\$47	\$27,823	Restricted Diagnosis
Claimant 103	\$479	\$27,215	\$27,694	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAM W ABNORMAL FINDINGS
Claimant 104	\$3,801	\$23,760	\$27,561	Restricted Diagnosis
Claimant 105	\$23,943	\$3,087	\$27,031	Restricted Diagnosis
Claimant 106	\$26,803	\$0	\$26,803	Restricted Diagnosis
Claimant 107	\$26,364	\$23	\$26,387	Restricted Diagnosis
Claimant 108	\$11,809	\$14,527	\$26,336	DIARRHEA UNSPECIFIED

Township Of Union Board Of Education

Large Claim Listing

Effective Date: July 01, 2023

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Total Group

Claimants with over \$25,000 in claims from 03/01/2022 - 11/30/2022

Claimant	Medical	Rx	Total	ICD-10 Code Description
Claimant 109	\$2,931	\$23,074	\$26,006	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
Claimant 110	\$24,608	\$1,274	\$25,883	Restricted Diagnosis
Claimant 111	\$25,828	\$25	\$25,853	DISPLACED COMMINUTED FRACTURE OF SHAFT OF RIGHT TIBIA INIT
Claimant 112	\$24,676	\$679	\$25,354	CONSTIPATION UNSPECIFIED
Claimant 113	\$24,238	\$882	\$25,120	Restricted Diagnosis
Claimant 114	\$16,961	\$8,049	\$25,009	SACROILIITIS NOT ELSEWHERE CLASSIFIED

Township Of Union Board Of Education

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2023			
Program Summary	GSHP AWH OA MC DEPS31	OA EC Savings +	OA EC 10	NJ EDUC OA MC	
Implementation/Account Management					
Designated Account Management Team	Yes	Yes	Yes	Yes	
Designated Service Center	Yes	Yes	Yes	Yes	
Open Enrollment Marketing Material	Yes	Yes	Yes	Yes	
ID Cards	Yes	Yes	Yes	Yes	
Network Services					
Institutes of Excellence™	Yes	Yes	Yes	Yes	
No Cost/Low Cost Designated Walk In Clinic (MinuteClinic®)	Yes	Yes	Yes	Yes	
National Advantage™ Program	Yes	Yes	Yes	Yes	
National Medical Excellence Program®	Yes	Yes	Yes	Yes	
Teladoc®	Yes	Yes	Yes	Yes	
Care Management					
Aetna Enhanced Maternity Program	Yes	Yes	Yes	Yes	
Aetna One® Choice	Yes	Yes	Yes	Yes	
Enhanced Clinical Review	Yes	Yes	Yes	Yes	
MedQuery® with Member Messaging	Yes	Yes	Yes	Yes	
Utilization Management	Yes	Yes	Yes	Yes	
Member Resources					
Member Services	Yes	Yes	Yes	Yes	
Member Website and Mobile Experience	Yes	Yes	Yes	Yes	
Wellness Programs and Services					
Aetna Healthy Commitments™ - Enhanced Biometric	Yes	Yes	Yes	Yes	
Simple Steps (Aetna or Redbrick HRA)	Yes	Yes	Yes	Yes	
Personal Health Record	Yes	Yes	Yes	Yes	
Reporting					
Utilization Management Reporting	Yes	Yes	Yes	Yes	
Behavioral Health					
AbleTo Network – member cost share may apply	Yes	Yes	Yes	Yes	
Applied Behavioral Analysis (ABA)	Yes	Yes	Yes	Yes	
Behavioral Health Condition Mgmt - Standard	Yes	Yes	Yes	Yes	
Managed Behavioral Health	Yes	Yes	Yes	Yes	

Programs and Services - Fully Insured Funding		#REF!		
Program Summary	OA MC 15	OA MC 20		

Township Of Union Board Of Education

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2023			
Implementation/Account Management					
Designated Account Management Team	Yes	Yes			
Designated Service Center	Yes	Yes			
Open Enrollment Marketing Material	Yes	Yes			
ID Cards	Yes	Yes			
Network Services					
Institutes of Excellence™	Yes	Yes			
No Cost/Low Cost Designated Walk In Clinic (MinuteClinic®)	Yes	Yes			
National Advantage™ Program	Yes	Yes			
National Medical Excellence Program®	Yes	Yes			
Teladoc®	Yes	Yes			
Care Management					
Aetna Enhanced Maternity Program	Yes	Yes			
Aetna One® Choice	Yes	Yes			
Enhanced Clinical Review	Yes	Yes			
MedQuery® with Member Messaging	Yes	Yes			
Utilization Management	Yes	Yes			
Member Resources					
Member Services	Yes	Yes			
Member Website and Mobile Experience	Yes	Yes			
Wellness Programs and Services					
Aetna Healthy Commitments™ - Enhanced Biometric	Yes	Yes			
Personal Health Record	Yes	Yes			
Simple Steps (Aetna or Redbrick HRA)	Yes	Yes			
Reporting					
Utilization Management Reporting	Yes	Yes			
Behavioral Health					
AbleTo Network – member cost share may apply	Yes	Yes			
Applied Behavioral Analysis (ABA)	Yes	Yes			
Behavioral Health Condition Mgmt - Standard	Yes	Yes			
Managed Behavioral Health	Yes	Yes			

Your benefit plans may include access to Teladoc® for telemedicine services. Where available and based on state filing approval, your benefit plans may also include access to CVS Health Virtual Primary Care™, as well as CVS Health Virtual Care™.

Township Of Union Board Of Education

Caveats - Fully Insured Funding

Effective Date: July 01, 2023

We are relying on information from the Plan Sponsor and its representatives in establishing the rates and terms of this proposal. If any of this information is inaccurate or incomplete and has a material impact on the cost of the programs, we reserve the right to adjust our rates and terms. For example, but without limitation, Aetna may change rates if there is a material deviation from the rate quotation assumptions, manufacturer Rebate contracts, or if the Plan Sponsor is unable to provide us with the requested information. As another example, if additional information related to this quotation is made available to us at a later date, we reserve the right to reassess, and potentially revise, this quotation based upon analysis of that information. For states that require approval of rate filings, your final rate may be different if the quoted rates are not approved by the effective date of coverage.

Documentation
<p>Summary of Renewal Rates, Experience and Rate Change Development</p> <p>The attached Summary of Renewal Rates exhibit outlines your premium rates for the upcoming policy period. The Experience exhibit(s) displays your experience for the most recent 12 months and adjusts for any plan change (if applicable). The Rate Change Development takes the current experience, and adds on trend, a large claim adjustment factor, expenses, taxes and/or producer service fees/commissions to develop the required premium.</p>

Assumptions
<p>Prospective Quoting</p> <p>The quoted insured medical rates are offered on a prospectively rated basis. No policy year accounting balance will be calculated for these coverages.</p>
<p>Billing and Payment of Premium</p> <p>Amount due is payable on the first day of the month covered by the invoice. If the amount due is not paid in full within 30 days, we reserve the right to terminate the contract and/or assess late premium payment charges.</p>
<p>Claim Fiduciary</p> <p>Aetna will be the ERISA claim fiduciary for medical coverages. As claim fiduciary, Aetna will be responsible for final claim determination and the legal defense of disputed benefit payments for medical.</p>
<p>Producer Compensation</p> <p>We are not serving as billing and collection agent for producer service fee, therefore such fee is not included in this renewal and commissions have also been excluded from our quoted rates.</p>
<p>Contributions</p> <p>Our rates assume compliance with our standard guidelines on employer contribution strategy. We standardly require that the employer contribute 75% of the employee cost, or 50% of the total employee and dependent cost. Employer contributions may not favor other medical plans over that of the Aetna plans. Our plan will have neutral to favorable employer contributions after adjusting for plan design, compared to other medical plans, including consumer directed plans (HRA and/or HSA models). In option situations, employer contributions must not disadvantage our offering.</p>
<p>Financial Condition</p> <p>Plan Sponsor is a legitimate business and meets underwriting approval for acceptable financial strength. We reserve the right to request additional supporting information in order to evaluate financial status.</p>
<p>Mandates</p> <p>Benefit provisions are subject to state, local, and federal mandates. Future mandates will be incorporated in the plan(s) as of the date required by law and may require rate adjustments.</p>
<p>Plan Design</p> <p>This renewal is based on the current benefit plan designs, plus any noted deviations. Our standard provisions, contract wording and claim settlement practices will apply for items not specifically outlined.</p>
<p>Plan Design</p> <p>For our fully insured products, all applicable government regulations and state mandates will apply.</p>
<p>Prescription Drug Benefits</p> <p>Prescription drug benefits are included and will be provided through Aetna Integrated Pharmacy Solutions.</p>
<p>Aetna Specialty Pharmacy™ Program</p> <p>The Aetna Specialty Pharmacy™ program covers specialty prescription drugs when filled through a network retail or specialty pharmacy, including CVS Specialty® Pharmacy. CVS Specialty is an ideal specialty pharmacy for members needing injectable and specialty medications. Members receive the full support of CVS Specialty's clinical staff, including pharmacists, registered nurses, certified pharmacy technicians and regional clinical liaisons. In addition to providing convenient access to specialty medications, CVS Specialty provides educational support to help members, their family members and caregivers manage self-injectable medications. CVS Specialty also offers enhanced care coordination and access to health care providers, so care delivery is streamlined and effective.</p> <p>Each prescription is limited to a maximum supply. Depending on plan design, members may be required to fill specialty drug prescriptions at a network specialty pharmacy, unless an emergency exists.</p>

Township Of Union Board Of Education

Caveats - Fully Insured Funding

Effective Date: July 01, 2023

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Point of Service Rebates

This proposal may include point of service rebates ("POS Rebates") favorable to, and shared with, eligible subscribers and dependents. However, Aetna reserves the right to make appropriate changes to the premium offered hereunder in the event POS Rebates are discontinued, in whole or in part, on account of any material changes made to (i) the laws, rules and/or regulations applicable to POS Rebates or (ii) any material drug manufacturer rebate contracts providing the source for POS Rebates.

Rate Mutualization

The enclosed rates are mutualized and assume that either our medical plans are offered on a sole replacement basis without competitor plan offerings, or that competitors' rates are mutualized over exactly the same service areas. Rate mutualization is also offered under the condition that the site specific contribution strategy does not financially disfavor us from any competitor plan offerings. The mutualized rates assume that the plan will be offered in all sites included in the mutualized rates. If actual site-specific enrollment differs significantly from that assumed during the mutualized rate calculation, we reserve the right to recalculate the mutualized rates based upon actual site-by-site enrollment.

Run-In Claim Processing

Expenses associated with run-in claims from any prior plan (claims incurred prior to the effective date of our plan) are excluded from the proposed rates.

Network Re-Contracting

In addition to standard fee-for-services rates, contracted rates with network providers may also be based on case and/or per diem rates and in some circumstances, include risk-adjustment calculations, quality incentives, pay-for-performance and other incentive and adjustment mechanisms. These mechanisms may include payments to organizations that may refer to themselves as accountable care organizations ("ACOs") and patient-centered medical homes ("PCMHs"), in the form of accountable care payments (ACP) and incentive arrangements based on clinical performance and cost-effectiveness. The ACP amount is based upon an assessment for each member who is already accessing providers in an ACO, and is assessed retrospectively on a quarterly basis and collected through established claim wire. Each ACO will have a different ACP based on the clinical efficiencies targeted and network negotiations. The ACP assists the ACO in funding transformation of the health care system to improve quality, reduce costs and enhance the patient experience by:

- Identifying and engaging patients at risk for health crises sooner through more data-sharing
- Increasing patient engagement in best-in-class care management programs through doctor-driven outreach
- Delivering better health outcomes through increased collaboration between the health plan and ACO providers

Aetna Intellectual Property

Under the Group Policy, you may have access to certain of Aetna's Customer reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Group Policy ("Aetna IP"). Aetna will grant you, as the Customer, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Group Policy. You agree not to modify, create derivative product from, copy, duplicate, decompile, disassemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Group Policy shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent or otherwise transfer or convey, the Aetna IP to you.

We reserve the right to revise the premium, modify the terms of the offer, or terminate if:

Member/Subscriber Ratio

The enrolled member to subscriber ratio increases or decreases by more than 10% from the 2.55 ratio assumed in this quote.

Enrollment

The actual enrollment in total or by plan changes by more than 10% compared with what was proposed.
The plan sponsor offers coverage to employees previously not eligible under the plan without prior notification.
(Change in census is based on additions and subtractions - a 60 life group who adds 3 people and takes away 3 others has a 6 person change in census even though they stay at 60 lives.)

Contract Provisions

The final benefit provisions, account structure, claim payment requirements or services change from those proposed.

Covered Lives, Demographics

A 5.0% percent change in the demographics and/or geographic mix of the enrolled group in aggregate or in any site with at least 100 enrolled subscribers. A 10 percent change in the total number of subscribers enrolled in each individual product or in aggregate, including the impact of new or terminating locations and/or groups.

Township Of Union Board Of Education

Caveats - Fully Insured Funding

Effective Date: July 01, 2023

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Retiree & COBRA Members

The premium rates assume that the pre-65 retirees, COBRA and non-Medicare disabled participants combined comprise less than five percent of the total Aetna covered group and that this group doesn't vary in size by more than two percent from the previous year. For option (slice) offerings, pre-65, COBRA and non-Medicare disabled participants must be eligible for the same benefits as the active population. Retirees are not included among the eligible population. We expect Medicare primary individuals to pursue such coverage. The premium rates assume that COBRA participants comprise less than ten percent of the total Aetna covered group. Include if customer covers Medicare eligible retirees which is non-standard - Medicare eligibles must participate in both Medicare Part A and Medicare Part B.

Quoted Benefits and Administration

A material change is a change that materially affects the cost of the plan. A material change includes, but is not limited to, changes caused by any legislative or regulatory requirement, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

Additional Products and Services

Costs for special services, that are not included or assumed in the rate guarantee will be direct-billed after such services have been rendered. For example, the Plan Sponsor will be subject to additional charges for customized communication materials. The costs for these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

Additional

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your package prevails.

<https://www.aetna.com/document-library/lg-insured-medical-uw-disclosures-01-01-2022.pdf>

Medical Disclosure Information

At the time of annual enrollment, your plan participants should be provided with the Medical Disclosure information related to their plan of benefits. Go to our corporate website and enter the state followed by the word 'Disclosure' in the search field. Please provide the applicable Medical Disclosure document and any required Addendum to your plan participants. If you have any questions, please contact your broker or account management team.

Affordable Care Act (ACA) Taxes and Fees

The Affordable Care Act (ACA) imposed several fees/assessments. The Health Insurance Provider Fee (HIF) was applicable in 2020, but a federal omnibus bill signed on December 20, 2019 repealed the HIF for 2021 and beyond.

Still applicable in 2023 is Patient-Centered Outcomes Research Trust Fund fee (PCORI). It applies to issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans. The fee was set to end in 2019, but it was extended for 10 years through 2029. The fee applies to policy or plan years ending on or after October 1, 2012, and before October 1, 2029.

This rate quote includes, as applicable, an estimate of the PCORI fee. We reserve the right to modify the rate, or otherwise recoup such fees, based on future regulatory guidance, subsequent state regulatory approvals, or if estimates are materially insufficient.


Township Of Union Board Of Education

Dental Financial Renewal

July 01, 2023 through
June 30, 2024

Customer Number - 181125





**Stronger workforce,
stronger results**

Eileen Reppy
Underwriting Director
National Accounts
Phone: 860-273-3881
Email: ReppyE@aetna.com

Aidan McCaffrey
Analyst, Underwriter
National Accounts
Phone: 215-775-9006
E-mail: MccaffreyA@aetna.com

Donna Carlin
Township Of Union Board Of Education
2369 Morris Avenue
Union, NJ 07083

Dear Donna Carlin:

Thank you for allowing us to serve your health insurance and health benefit needs during the past year. This collaboration has produced impactful results and savings. As a health company that appreciates your unique needs and resources, we curate experiences that are meaningful, inspiring and deliver results. This helps us amplify your ability to realize your full business potential. Enclosed is your Aetna dental renewal for the July 01, 2023 through June 30, 2024 contract year.

We go local to join your employees on their health care journeys. We help them achieve their goals and live their best lives. Because when your workforce is healthy, your company is healthy, too. Your costs decrease and your employees are more productive, driving greater success for your organization.

For additional details about your programs and services, please contact your Account Executive. Renewal information regarding other products insured with us will be provided in separate documents.

The Fully-Insured renewal includes the following:

- Rates
- Renewal Assumptions including Commissions
- Included Program & Services
- Plan Benefit Information

Summary of changes

- Your rates are changing by 5.0 percent.

Please notify your Account Executive with your acceptance of these terms by April 01, 2023. If we don't hear from you by this date, we'll assume the information in this renewal package is acceptable.

These terms remain in effect through June 30, 2024.

If there are no changes impacting this renewal as outlined in your Renewal Assumptions, the rates remain in effect through June 30, 2024. You can contact your Account Executive, Alicia Ryan

if you have any questions or need any additional information at 212-457-0317 or RyanA1@aetna.com.

We're equally committed to helping your people get healthy and making health care easy for you. By aligning member health with your business ambitions we can build a personalized plan that promotes a healthy culture and boosts your bottom line.

Sincerely,



Eileen Reppy
Underwriting Director



Aidan McCaffrey
Analyst, Underwriter

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefit coverage include: Aetna Health Inc., Aetna Health of California Inc., Aetna Dental Inc., Aetna Dental of California Inc., Aetna Health Insurance Company, Health Insurance Company of New York, Aetna Life Insurance Company (Aetna). In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156.

Each insurer has sole financial responsibility for its own products.

Health benefits and health insurance plans contain limitations and exclusions.

Policy form numbers include GR-9/GR-9N, GR-23, GR-29/GR-29N, GR-700-W, and/or GR-88435.

Township of Union Board of Education

Dental Renewal Rates

Effective July 01, 2023

Policyholder Number: 0181124

Control Number: 0181125

- Please refer to the Financial Assumptions for terms and conditions of this renewal.
- Please refer to the Financial Assumptions regarding an explanation of the Health Insurer Fee PEPM.

<i>DMO</i>				
Coverage Categories	Current/Assumed Employees	Current Rates	Renewal Rates	% Change
Employee	3	\$14.77	\$15.36	4.0%
Emp + Family	0	\$42.50	\$44.20	4.0%
Monthly Total	3	\$44.31	\$46.08	4.0%

<i>PPO</i>				
Coverage Categories	Current/Assumed Employees	Current Rates	Renewal Rates	% Change
Employee	326	\$37.60	\$39.48	5.0%
Emp + Family	573	\$100.17	\$105.18	5.0%
Monthly Total	899	\$69,655.01	\$73,139.95	5.0%

Monthly Totals	902	\$69,699.32	\$73,186.03	5.0%
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"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. PPO/PDN is underwritten by Aetna Life Insurance Company. DMO is underwritten by Aetna Life Insurance Company, except as follows: Arizona, Georgia: Aetna Health Inc. California: Aetna Dental of California Inc. Maryland, Missouri, North Carolina, Texas: Aetna Dental Inc. New Jersey: Aetna Dental Inc. and Aetna Life Insurance Company.

Township of Union Board of Education

Experience Exhibit

Effective July 01, 2023

Policyholder Number - 0181124

Control Number - 0181125

- This exhibit displays the historical experience used in the development of the rates.
- Claims displayed are incurred claims and have been adjusted and completed.
- Fully-insured DPPO or Indemnity Dental experience is provided with an average of 100 or more enrolled employees during the experience period where experience is used in the development of the renewal rates.

Historical Experience (excludes DMO)

<u>Month</u>	<u>Employees</u>	<u>Total Dental Claims</u>	<u>Adjusted Dental Claims</u>
Mar-22	867	\$69,902	\$69,902
Apr-22	877	\$71,065	\$71,065
May-22	880	\$61,733	\$61,733
Jun-22	880	\$67,940	\$67,940
Jul-22	877	\$85,375	\$85,375
Aug-22	878	\$102,714	\$102,714
Sep-22	842	\$56,995	\$56,995
Oct-22	851	\$65,637	\$65,637
Nov-22	891	\$74,473	\$74,473
Dec-22	898	\$80,990	\$80,990
TOTALS	8,741	\$736,824	\$736,824

Net Incurred Claims \$736,824

Net Adjusted Incurred Claims PEPM 84.30

Premium Development

	<u>Current Employees</u>		
Emp Only	326	Current Monthly Premium	\$69,655
Emp + Family	573	Current Subscribers	899
		Current Premium PEPM	\$77.48
TOTAL	899		

Township of Union Board of Education

Rate Change Development

Effective July 01, 2023

Policyholder Number - 0181124

Control Number - 0181125

- The components of your renewal rate change are detailed below.
- The current Net Adjusted Incurred Claims Per Employee Per Month (PEPM) are trended forward to the Renewal Rate Period.
- Administration Expenses, state premium taxes, and commissions are then added resulting in the final required premium PEPM.
- Refer to the Dental Renewal Assumptions - Financial & Administrative page regarding an explanation of the Health Insurer Fee PEPM.

<u>PPO (excluding DMO)</u>	<u>PPO Dental</u>
1. Net Adjusted Incurred Claims PEPM March 1, 2022 - January 1, 2023	\$84.30
2. Annual Trend	4.5%
3. Months to Trend Experience	17.0
Experience Period: March 1, 2022 - January 1, 2023	Midpoint--> 8/1/2022
Renewal Rate Period: July 1, 2023 - July 1, 2024	Midpoint--> 1/1/2024
4. Trended Experience Incurred Claims PEPM	\$89.72
5. Experience Credibility	100.0%
6. Manual Claims PEPM	\$0.00
7. Manual Weight (100% minus #5 above)	0.0%
8. Blended NET Expected Claims PEPM	\$89.72
9. Margin for Claim Fluctuation (only applies if retrospective)	Not Applicable
10. Expenses (includes 0.00% commissions and 5.28% premium taxes)	-\$8.36
11. Health Insurer Fee PEPM(0.00%)	\$0.00
12. RENEWAL Premium PEPM (#8 + #9 + #10 + #11) Current Employees 899	\$81.36
13. Current Premium PEPM	\$77.48
14. Calculated Rate Change (#12 / #13) - 1	5.0%
15. Needed Premium PEPM (#13 x (1 + #14))	\$81.36
16. Recommended Rate Change	5.0%
17. Recommended Premium PEPM ((1+#16) x #13)	\$81.36

Renewal Assumptions

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Aetna Life Insurance Company
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The objective of the following financial assumptions is to ensure the accuracy and integrity pertaining to the Dental benefits included in this renewal. We reserve the right to evaluate the risk if material changes have occurred from the original quote in one or more of the following financial conditions.

Unforeseen events during the renewal process may cause the risk profile of our plans to change. These events may occur during or after the open enrollment period, or Renewal Policy Year. We reserve the right to change our rates at any time during the policy year, effective on the date the change occurred, subject to state and federal mandates.

If your policy terminates, you will be billed and responsible for any outstanding amounts from the prior policy periods.

If any of the changes outlined below occur, we may recalculate your premium rates:

Covered Lives and Demographics

- There is a 15 percent change in the total number of subscribers enrolled in each individual Aetna product or in aggregate, including the impact of new or terminating locations and/or groups.
- A change in the demographic and/or geographic mix of the eligible group from that assumed at the time the guarantee is established.

Participation & Contribution Strategy

Our rates assume that will contribute 50 percent towards the cost of employee coverage and at least 50 percentage towards the cost of dependent coverage regardless of plan selected. Minimum participation requirement for this contribution structure is 75 percent of total eligible lives.

Plan Design

The renewal is based on the current plan design. Our standard provisions, contract wording and claim guidelines settlement practices will apply for items not specifically outlined. Our guidelines allow for a change in plan on the renewal date only, unless initiated by legislative actions. If a material change in the plan is initiated by and approved by us, an adjustment to the rates may apply.

Changes

We reserve the right to modify our products, services, rates and fees, in response to legislation, regulation or requests of government authorities resulting in changes to plan benefits and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

We also reserve the right to modify this proposal in the event of a material change in:

- The plan of benefits offered, including state mandates
- A change in claim payment requirements or procedures; or
- A change in federal or state premium taxes or assessments

Aetna Intellectual Property

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Under the Group Policy, you may have access to certain of Aetna's Customer reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Group Policy ("Aetna IP"). Aetna will grant you, as the Customer, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Group Policy. You agree not to modify, create derivative product from, copy, duplicate, decompile, disassemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Group Policy shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

Open Enrollment Opportunity

We expect equal access to potential and/or existing members when offered on an option basis for purposes of communication, enrollment, benefits fairs, etc. For new offerings and/or locations, our quote assumes an active open enrollment will occur.

Please provide us with open enrollment materials including employee contribution rates for all plan options, eligibility definitions for all plans (retiree, part-time designs for all sites where our insured product is offered. Our goal is to give you and your members accurate and reasonable offerings based on the most complete information we have available.

Inaccurate or Incomplete Information

We use the information you provide us to develop our rates. If any of this information is inaccurate or incomplete and has a material impact on the cost of the programs, we reserve the right to adjust our rates and terms. For example, your rates may change if there is a material deviation from the rate quotation assumptions or if you are unable to provide us with the requested information. As another example, if additional information related to this quotation is made available to us at a later date, we reserve the right to re-assess, and potentially revise, this quotation based upon analysis of that information.

Additional Financial Information

Listed below are brief descriptions of some of the important features of the dental plans quoted. Statements made in this package are based on facts, as they exist today. Our statements are not legal representations or warranties. This renewal is not a substitute for your Group Policy. Our obligation will be limited to the terms of the policy.

- **Renewal** – Our contract provides for automatic renewal upon the completion of each contract period unless either party terminates. This provision may be invoked in accordance with its terms at any time during the continuance of the contract (i.e., is not just limited to termination occurring on the renewal date). Under state insurance regulations, a group health insurance policy may be non-renewed for certain reasons. These may include us no longer offering coverage or a specific product in the market and the plan no longer meeting the contribution or participation requirements.
- **Premium Payments** – If you fail to make your required premium payments as outlined in the provisions of your contract, this will result in policy termination. The amount due is payable on the first day of the monthly coverage period covered by the invoice. If the amount due is not paid in full within 30 days, your contract and plan coverage may terminate. We have the right to assess late premium payment and costs of collection charges if the invoice is not paid in full within 30 days.
- **Dependent Eligibility** - Eligible dependents include an employee's spouse and children up to the limiting age of the plan. Individuals cannot be covered as an employee and dependent under the same plan, nor may both under the same plan cover children eligible for coverage through both parents. Dependents must enroll in same benefit option as the employee. Domestic partners may be covered as eligible

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dependents if the employer elects this designation at contract effective date or renewal date. Coverage is available to eligible dependents who are same sex or opposite sex partners. If the plan sponsor elects to cover domestic partners, the plan sponsor is responsible for determining whether the domestic partner is eligible.

- Plan eligibility - Our rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and children up to the limiting age of the plan. Our rates assume that temporary employees are not eligible for coverage.
- Dental Rates - The proposed dental renewal rates are contingent upon both medical and dental lines of coverage renewing with Aetna.
- Enrollment Assumptions - The quoted rates assume there will be one predetermined annual enrollment period when all eligible employees have a choice of enrolling in any of the available plans. During open enrollment our representatives will have the opportunity to provide plan information to your members. We have assumed that the plan of benefits will be extended to all groups included in our current eligibility files. Our renewal assumes that coverage will not be extended to any additional groups of employees without additional census and rate determination. A summary of assumed enrollment by plan option has been provided in the rate exhibit.
- Run-Off Claim Processing - Your rates include the expenses associated with the processing of run-off claims following cancellation.
- Disclosure Statement - We have various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your agent, broker, or consultant is eligible, payments (if any) which Aetna has made to your agent, broker, or consultant; or other material relationships your agent, broker, or consultant may have with us, you may contact your agent, broker, or consultant; or your account representative. Information regarding our programs for compensating agents, brokers, or consultants is also available at www.aetna.com.
- Additional Products and Services - Costs for special services rendered, which are not included or assumed in the pricing guarantee will be direct billed. For example, would be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, programming, etc. The costs for these types of services would depend upon the actual services performed and would be determined at the time the service is requested.

Compensation

We honor "Agent of Record" or "Broker of Record" letters when an agent, broker, or consultant takes over an Aetna case from another agent, broker, or consultant. Please have an appropriate representative from your organization sign the letter using your organization's letterhead. The change will become effective on the first day of the month after your payment unit receives the "Agent of Record" or "Broker of Record" letter, unless another future date is designated in the letter.

We have various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your agent, broker, or consultant is eligible, payments (if any) which Aetna has made to your agent, broker, or consultant, or other material relationships your agent, broker, or consultant may have with Aetna, you may contact your agent, broker or consultant, or Alicia Ryan in our Aetna Field Office. Information regarding our programs for compensating agents, brokers and consultants is also available at www.aetna.com.

Conformity with Law

We believe this renewal conforms to all applicable local, state and federal laws.

Renewal Assumptions

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Conclusion

Our offering assumes it will be accepted in its entirety. We also assume the current coverage, products and services you have will continue to be offered. Should there be a material change in these regards, we reserve the right to review and re-price this renewal. Prior to accepting the rates in this renewal, you shall notify us of any material deviation, current or expected, from these assumptions.

Programs & Services

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Your plan includes the following services and programs

General Administration

- Experienced Account Management
- Customer Team Services
- Communication Materials
- Aetna Claim Fiduciary
- External Review
- Eligibility

Claim and Member Services

- Claim Administration
- Member Services
- Aetna Voice Advantage®
- Enhanced Customer Servicing Framework

Network Information

- Network Management
- Dental PPO II
- ExtendSM Network
- Provider Relations
- Dental Out of Network Savings

Aetna Discount Program*

- at home products
- fitness
- hearing
- natural products and services
- oral health care
- vision
- weight management

Web tools

- Member website and mobile experience
- Claim Research/Forms/Contact Us
(English and Spanish Version)

*The Aetna Discount Programs are part of your health benefits and insurance plan. Please log into Aetna member website to see a list of the discounts that are available to use.

Programs and services may not be available in all service areas or under all benefit plans.

