

WALL TOWNSHIP PUBLIC SCHOOLS
OFFICE OF THE BUSINESS ADMINISTRATOR/BOARD SECRETARY
PO Box 1199
Wall, New Jersey 07719-1199

Brian J. Smyth
Custodian of Records

Phone: 732-556-2016
FAX: 732-556-2102

December 5, 2023

Betsy Cross

Re: OPRA 24-040

opra+request-55475-919b6dee@requests.opramachine.com

Good afternoon,

The Wall Township Board of Education is in receipt of your emailed request for records dated November 22, 2023, wherein you requested records as follows:

“May I please have the Broker Presentations for 19/20, 20/21, 21/22 and 22/23, Health and RX given to the Wall BOE members, business office and super.”

Attached please find health benefit renewal recommendations (Broker Presentations) for third party administrative services, dental, and stop-loss insurance for the requested four years consisting of 86 pages.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Wall Township Board of Education to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, be-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,



Brian J. Smyth
Custodian of Records

BJS/dc

2019-20



March 29, 2019

Mr. Brian Smyth
Business Administrator/Board Secretary
Wall Township Board of Education
1620 18th Avenue
Wall, NJ 07719

Re: July 1, 2019 Health Benefits Renewal Recommendations

Dear Brian:

The following coverages/services are scheduled to renew as of July 1, 2019:

- Medical TPA services with Horizon BCBS of New Jersey
- Delta Dental insurance coverage
- COBRA administration services with Benefit Allocation Systems (BAS)
- Brown & Brown Metro's broker services agreement

Enclosed please find summary exhibits pertaining to our renewal recommendations for July 1, 2019. In summary, please note the following:

Medical/Rx TPA Services with Horizon BCBS of New Jersey

- The District is scheduled to enter into year two of a three year service fee agreement (TPA) with Horizon BCBS of New Jersey.
- The base administration fee, including the charge for claims fiduciary services, is increasing to a PEPM rate of \$41.00, from \$40.68; this equates to an annual increase of \$1,935 or 0.8%.
- The proposed working capital amount is scheduled to increase to \$1,621,776 for medical and \$421,771 for prescription drug; this is an increase of \$279,928, or 15.9% (Brown & Brown has requested a reduction to this amount)
- Prescription drug rebates will increase to \$57.85/\$173.00 (retail/mail order) from \$44.65/\$140.95.
- A wellness fund credit of \$10,000.
- Our recommendation is to accept the Horizon BCBS proposal as outlined above; the District will be required to sign an updated Schedule A for July 1, 2019.

Delta Dental Renewal for July 1, 2019

- Delta Dental renewal proposal consists of an overall cost reduction, with options for a one-year contract or two-year contract.
- The Flagship plan does renew annually, and is not eligible for two-year rates.
- The one-year contract consists of a total premium cost of \$485,631, which is a \$23,675, or 4.6% cost reduction, from the current cost of \$509,306.
- The two-year contract consists of a total premium cost of \$500,220, which is a \$9,086, or 1.8% cost reduction, from the current cost of \$509,306.

Brown & Brown Metro, Inc.
56 Livingston Avenue
Roseland, NJ 07068
Phone: (973) 549-1900 Fax: (973) 549-1000



- Based on Delta Dental's proposed cost reduction, our recommendation is to renew all three plans with Delta Dental for July 1, 2019, at the two-year rates for the PPO plans.

COBRA Administration Services with Benefits Allocations Systems (BAS)

- The contract with BAS has an auto renewal feature, which imposes an annual renewal fee of \$250.
- It is our recommendation to accept the renewal with BAS for July 1, 2019.

Brown & Brown Metro Broker Services Agreement

- The broker services agreement with Brown & Brown Metro is set to expire on July 1, 2019.
- The proposed annual fee effective July 1, 2019 – June 30, 2020 is \$58,000, which is \$3,000 increase over the current fee.
- We can further discuss the fee agreement, and our scope of services, at your convenience

In addition to the above renewal points, there are several other benefit plan considerations for the July 1, 2019 plan year:

- Based on our recommended budget figures for the July 1, 2019 plan year, we have calculated an increase to the current premium equivalents in the amount of \$1,389,801 or 13%
 - This represents a total premium equivalent cost of \$12,052,757 versus a current cost of \$10,662,956.
 - Cost components include administration fees, stop-loss premium, expected medical and prescription drug claims, projected A-4 surcharge, PCORI fees and broker services fee.
- Realizing that the District is currently negotiating with various union groups, we realize that plan design changes and/or changes to employee cost-sharing may be negotiated for the July 1, 2019 plan year
- Due to the fact a Health Savings Account (HSA)/High Deductible Health Plan (HDHP) is a current plan offering (currently with zero enrollment), we would recommend implementing a limited-purpose FSA under the current FSA arrangement with Discovery Benefits.
- The BenAware benefits administration platform was implemented for the July 1, 2018 open enrollment
 - If the platform is utilized for the 2019 open enrollment, program components such as plan design and rate changes for July 1, 2019 will have to be updated; therefore, the District would be subject to BenAware's programming fees, which are based on an hourly rate, as outlined in their service agreement
 - Individual, employee-paid products, offered through Chubb and Gettysburg, are available for purchase via this platform; products include High Deductible Buffer, Term Life, Accident, Critical Illness, Telemedicine, Identity Theft and Discount Card.
- Implementation of an EAP program; Horizon BCBS has provided a proposal of various options which we can further discuss at your convenience.

Brian, I am available at your convenience to further discuss the above points, and any other health benefits concerns you may have. Please let us know if you need any additional information, or if we can further assist with the Board approval process.

We very much appreciate the District's partnership over the past year.

Sincerely,

Karen A. Lewandowski

Karen A. Lewandowski
Account Vice President
Brown & Brown Metro, LLC

Brown & Brown Metro, Inc.
56 Livingston Avenue
Roseland, NJ 07068
Phone: (973) 549-1900 Fax: (973) 549-1000

WALL TOWNSHIP BOARD OF EDUCATION

Self-Funded Medical/Rx Administration Renewal Summary for July 1, 2019

		CURRENT	RENEWAL
NETWORK		Horizon BCBS NJ	Horizon BCBS NJ
THIRD PARTY ADMINISTRATOR		Horizon BCBS NJ	Horizon BCBS NJ
MONTHLY ADMINISTRATIVE FEES			
Medical/Rx Administration		\$39.68	\$40.00
Claims Fiduciary		\$1.00	\$1.00
Chronic Care		-	-
Nurseline		-	-
Standard Reporting Package		-	-
Disease Management		-	-
Total Base Fee	504	\$40.68	\$41.00
OMNIA (PEPM)	0	\$15.00	\$15.00
Annualized Administrative Fees*	504	\$246,033	\$247,968
Annual \$ Difference			\$1,935
Annual % Difference			0.8%

SINGLE:	179
FAMILY:	325
TOTAL ENROLLEES:	504

OTHER COST FACTORS		CURRENT	RENEWAL
Medical Working Capital		\$1,392,192	\$1,621,776
Rx Working Capital		\$371,427	\$421,771
Rx Rebates			
Brand Retail		(\$44.65)	(\$57.85)
Brand Mail Order		(\$140.95)	(\$173.00)
Wellness Fund Credit		\$10,000	\$10,000
Consulting Fee Paid to B&B Metro (annual)		\$55,000	\$58,000

WALL TOWNSHIP BOARD OF EDUCATION
FINAL Stop-Loss Renewal & Marketing Results for January 1, 2019

Current & Renewal					Proposed					
\$125,000 Specific	Lives	Current January 1, 2018	Renewal - ~~201701~~ January 1, 2019	Renewal - ~~201801~~ January 1, 2019	Great Midwest (AmWINS - MGU) January 1, 2019	Great Midwest (AmWINS - MGU) January 1, 2019	Liberty Insurance Underwriters, Inc. (AmWINS - MGU) January 1, 2019	Liberty Insurance Underwriters, Inc. (AmWINS - MGU) January 1, 2019	SunLife January 1, 2019	SunLife January 1, 2019
Medical/Rx Administration (TPA)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ
Carrier (Stop-Loss)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Great Midwest Insurance Company	Great Midwest Insurance Company	Liberty Insurance Underwriters, Inc.	Liberty Insurance Underwriters, Inc.	SunLife Assurance Company of Canada	SunLife Assurance Company of Canada
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	24/12	24/12	24/12	24/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	24/12	24/12	24/12	24/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$150,000	\$125,000	\$150,000	\$125,000	\$150,000
Specific Rates										
Single	211	\$109.56	\$118.32	\$118.32	\$59.73	\$53.35	\$48.12	\$38.41	\$71.09	\$58.83
Family	289	\$109.56	\$118.32	\$118.32	\$193.32	\$175.71	\$146.23	\$117.72	\$191.60	\$162.54
Composite	500	\$109.56	\$118.32	\$118.32	\$136.95	\$124.07	\$104.83	\$84.25	-	-
Aggregate Rate		\$5.23	\$5.23	\$5.23	\$7.12	\$7.12	\$5.16	\$6.00	\$4.22	\$4.56
Aggregate Factors		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	211	\$1,786.26	\$2,234.89	\$2,154.03	\$1,179.18	\$1,179.18	\$1,032.00	\$1,044.21	\$2,371.17	\$2,402.19
Family	289	\$1,786.26	\$2,234.89	\$2,154.03	\$3,141.62	\$3,141.62	\$2,758.48	\$2,791.12	\$2,371.17	\$2,402.19
Composite	500	\$1,786.26	\$2,234.89	\$2,154.03	\$2,313.47	\$2,313.47	\$2,029.91	\$2,053.92	\$2,371.17	\$2,402.19
Annual Stoploss Cost+Premium		\$688,740	\$741,300	\$741,300	\$864,420	\$787,140	\$659,940	\$541,500	\$844,469	\$712,646
% Increase/decrease		-	7.63%	7.63%	25.51%	14.29%	-4.18%	-21.38%	22.6%	3.5%
Dollar Increase		-	\$52,560	\$52,560	\$175,680	\$98,400	-\$28,800	-\$147,240	\$155,728.68	\$23,906.28
Administration Renewals 7 18		\$260,580	\$260,580	\$260,580	\$292,080	\$292,080	\$292,080	\$292,080	\$292,080	\$292,080
% Increase/decrease		-	0.00%	0.00%	12.09%	12.09%	12.09%	12.09%	12.09%	12.09%
Dollar Increase		-	\$0	\$0	\$31,500	\$31,500	\$31,500	\$31,500	\$31,500	\$31,500
Total Fixed Cost		\$949,320	\$1,001,880	\$1,001,880	\$1,156,500	\$1,079,220	\$952,020	\$833,580	\$1,136,549	\$1,004,726
% Increase/decrease		-	5.54%	5.54%	21.82%	13.68%	0.28%	-12.19%	19.72%	5.84%
Dollar Increase		-	\$52,560	\$52,560	\$207,180	\$129,900	\$2,700	-\$115,740	\$187,229	\$55,406
Annual Claims @ Max		\$10,717,560	\$13,409,340	\$12,924,180	\$13,880,822	\$13,880,822	\$12,179,433	\$12,323,544	\$14,227,020	\$14,413,140
Annual Claim @ Expected		\$8,574,048	\$10,727,472	\$10,339,344	\$11,104,658	\$11,104,658	\$9,743,546	\$9,858,835	\$11,381,616	\$11,530,512
% Increase/decrease		-	25.12%	20.59%	29.51%	29.51%	13.64%	14.98%	32.74%	34.48%
Dollar Increase		-	\$2,691,780	\$1,765,296	\$3,163,262	\$3,163,262	\$1,169,498	\$1,284,787	\$2,807,568	\$2,956,464
Total Fixed Costs + Max Claims		\$11,666,880	\$14,411,220	\$13,926,060	\$15,037,322	\$14,960,042	\$13,131,453	\$13,157,124	\$15,363,569	\$15,417,866
% Increase/decrease		-	23.52%	19.36%	28.89%	28.23%	12.55%	12.77%	31.7%	32.2%
Dollar Increase		-	\$2,744,340	\$2,259,180	\$3,370,442	\$3,293,162	\$1,464,573	\$1,490,244	\$3,696,689	\$3,750,986
Total Fixed Costs + Expected Claims		\$9,523,368	\$11,729,352	\$11,341,224	\$12,261,158	\$12,183,878	\$10,695,566	\$10,692,415	\$12,518,165	\$12,535,238
% Increase/decrease		-	23.16%	19.09%	28.75%	27.94%	12.31%	12.28%	31.4%	31.6%
Dollar Increase		-	\$2,205,984	\$1,817,856	\$2,737,790	\$2,660,510	\$1,172,198	\$1,169,047	\$2,994,797	\$3,011,870

WALL TOWNSHIP BOARD OF EDUCATION

Medical/Rx Budget Projection for July 1, 2019 - June 30, 2020: Projected as of January 16, 2019

Projected Lives	504
Administrative Fees	\$247,968
Stop-Loss	\$784,592
Expected Claims	\$10,711,712
A-4 Surcharge	\$246,369
PCORI Fees	\$3,611
Broker Fee	<u>\$58,000</u>
	\$12,052,757

	Enrollment	Current 7/1/2018 - 6/30/2019	Proposed 7/1/2019 - 6/30/2020
Direct Access \$10			
Employee	5	\$796.91	\$900.78
Employee + Spouse	3	\$1,587.53	\$1,794.45
Employee + Child	2	\$1,274.95	\$1,441.13
Family	15	\$2,071.80	\$2,341.84
Dep to 31	<u>0</u>	<u>\$484.52</u>	<u>\$547.67</u>
	25	\$42,374	\$47,897
Direct Access \$15			
Employee	166	\$744.22	\$841.22
Employee + Spouse	67	\$1,480.55	\$1,673.52
Employee + Child	29	\$1,191.81	\$1,347.15
Family	200	\$1,936.74	\$2,189.17
Dep to 31	<u>0</u>	<u>\$452.48</u>	<u>\$511.46</u>
	462	\$644,648	\$728,671
Direct Access \$20/\$40			
Employee	4	\$701.58	\$793.02
Employee + Spouse	1	\$1,403.16	\$1,586.05
Employee + Child	0	\$1,227.07	\$1,387.01
Family	0	\$1,928.24	\$2,179.57
Dep to 31	<u>0</u>	<u>\$426.56</u>	<u>\$482.16</u>
	5	\$4,209	\$4,758
EPO			
Employee	4	\$541.14	\$611.67
Employee + Spouse	0	\$1,205.82	\$1,362.99
Employee + Child	4	\$699.63	\$790.82
Family	4	\$1,351.79	\$1,527.98
Dep to 31	<u>0</u>	<u>\$329.01</u>	<u>\$371.89</u>
	12	\$10,370	\$11,722

	Enrollment	Current 7/1/2018 - 6/30/2019	Proposed 7/1/2019 - 6/30/2020
Health Savings Account			
Employee	0	\$706.98	\$799.13
Employee + Spouse	0	\$1,413.96	\$1,598.25
Employee + Child	0	\$1,237.21	\$1,398.47
Family	0	\$1,944.19	\$2,197.59
Dep to 31	<u>0</u>	<u>\$429.85</u>	<u>\$485.88</u>
	0	\$0	\$0
OMNIA			
Employee	0	\$741.12	\$837.72
Employee + Spouse	0	\$1,476.40	\$1,668.83
Employee + Child	0	\$1,185.70	\$1,340.24
Family	0	\$1,926.76	\$2,177.89
Dep to 31	<u>0</u>	<u>\$450.60</u>	<u>\$509.33</u>
	0	\$0	\$0
Rx \$3/\$10			
Employee	6	\$222.51	\$251.51
Employee + Spouse	3	\$487.01	\$550.49
Employee + Child	5	\$330.71	\$373.81
Family	25	\$535.64	\$605.45
Dep to 31	<u>0</u>	<u>\$135.28</u>	<u>\$152.91</u>
	39	\$17,841	\$20,166
Rx \$10/\$20			
Employee	172	\$204.32	\$230.95
Employee + Spouse	67	\$447.18	\$505.47
Employee + Child	30	\$303.67	\$343.25
Family	193	\$491.83	\$555.93
Dep to 31	<u>0</u>	<u>\$124.23</u>	<u>\$140.42</u>
	462	\$169,137	\$191,183

single
family

179
325
504

Current 7/1/2018	Renewal 7/1/2019
\$10,662,956	\$12,052,757
	1.13034

WALL TOWNSHIP BOARD OF EDUCATION

July 1, 2019 Dental Renewal & Market Assessment - Proposal Financial Summary

	Delta Dental CURRENT - July 1, 2018	Delta Dental RENEWAL - July 1, 2019 Proposed ONE YEAR CONTRACT	Delta Dental RENEWAL - July 1, 2019 Proposed TWO YEAR CONTRACT
PPO Plus Premier \$1,000	\$385,809	\$364,681	\$377,406
PPO Plus Premier \$2,000	\$56,436	\$53,343	\$55,206
Flagship	\$67,061	\$67,608	\$67,608
Total Annual Cost	\$509,306	\$485,631	\$500,220
Variance (from current)			
\$	N/A	(\$23,675)	(\$9,086)
%	N/A	-4.6%	-1.8%
Rate Guarantee	N/A	12 months	24 months
Notes			Proposed two-year rates for PPO Plus Premier plans only; Flagship renews annually.

**STOP LOSS RENEWAL FOR: Wall Township BOE**

Renewal Date: 1/1/2020 through 12/31/2020

Account Manager: Ira Zucker

SPECIFIC STOP LOSS :	CURRENT	RENEWAL
Coverage:	*Medical & Rx Card	*Medical & Rx Card
Contract Type:	36/12	36/12
Specific Stop Loss Attachment Point:	\$125,000	\$125,000
Maximum Lifetime Reimbursement:	Unlimited	Unlimited
Maximum Policy Period Reimbursement:	Unlimited	Unlimited

AGGREGATE STOP LOSS:		
Coverage:	*Medical & Rx Card	*Medical & Rx Card
Contract Type:	36/12	36/12
Aggregate Corridor:	125%	125%
Aggregate Benefit Maximum:	\$2,000,000	\$2,000,000

TOTAL ENROLLMENT:	503	503
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PREMIUM:	PCPM	ANNUAL COST	PCPM	ANNUAL COST
Specific Stop Loss Composite Rate:	\$118.32	\$714,180	\$125.07	\$754,923
Aggregate Composite Rate:	<u>\$5.23</u>	<u>\$31,568</u>	<u>\$3.45</u>	<u>\$20,824</u>
FIXED COSTS:	\$123.55	\$745,748	\$128.52	\$775,747
Projected Claims Cost:	\$1,723.22	\$10,401,380	\$1,714.42	\$10,348,263
MAXIMUM AGGREGATE ATTACH. POINT:	\$2,154.03	\$13,001,725	\$2,143.03	\$12,935,329
MAXIMUM LIABILITY:	\$2,277.58	\$13,747,473	\$2,271.55	\$13,711,076
MINIMUM AGGREGATE ATTACH. POINT:	\$11,701,553		\$11,641,796	

RENEWAL TERMS AND CONDITIONS:

*Prescription Drug Claims must be administered through Horizon BCBSNJ to be eligible for coverage under the Specific Benefit Contract and Aggregate Benefit Contract.

(1) The above rates and benefits were based on the information in place at the time this renewal was evaluated. Horizon BCBSNJ reserves the right to re-evaluate our proposed renewal rates and benefits 60 days prior to the effective date, as a result of any changes, such as:

- A. The receipt of additional information, including updated claims experience and a Disclosure Statement, which could have an impact on the rates and/or benefits offered.
- B. A change in benefit levels and/or other terms of the contract or administration agreement.
- C. A +/- 10% size change and/or shift in enrollment or estimated claim levels.
- D. Participation of 75% of all eligible enrollees is required under an underlying contributory medical plan. Participation of 100% of all eligible enrollees is required under an underlying noncontributory medical plan.
- E. Rates are based on the enrollment of 503 lives.
- F. Aggregate Stop Loss is only offered when purchased with Specific Stop Loss coverage.
- G. This quote is valid only if Horizon is the sole stop loss carrier.
- H. No special enrollment can occur following issuance of this renewal.
- I. Retirees are covered. Retirees over 65 are included.

**STOP LOSS RENEWAL FOR: Wall Township BOE**

Renewal Date: 1/1/2020 through 12/31/2020

Account Manager: Ira Zucker

SPECIAL RISK LIMITATIONS:**(a) Specific Stop Loss Exclusions:**

The following Covered Person(s) will be excluded from the Specific Stop Loss insurance: None

The following Covered Person(s) will have a separate Specific Attachment Point: None

(b) Aggregate Stop Loss Exclusions:

Claims for Covered Person(s) noted above under the Specific Stop Loss Exclusions are also excluded from Aggregate Stop Loss insurance. —

COMMISSION:

The above rates do not include any broker commission.

REQUIRED SIGNATURE:

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 is an independent licensee of the Blue Cross and Blue Shield Association. 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. © 2018 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2020

<i>Current & Renewal</i>					<i>Proposed</i>			
\$125,000 Specific	Lives	Current January 1, 2019	Renewal January 1, 2020	Renewal - <i>FINAL</i> January 1, 2020	Berkshire Hathaway (AmWINS - MGU) January 1, 2020	United States Fire Insurance Company (AmWINS - MGU) January 1, 2020	Unum Insurance Company (AmWINS - MGU) January 1, 2020	SunLife January 1, 2020
Medical/Rx Administration (TPA)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ
Carrier (Stop-Loss)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Berkshire Hathaway	United States Fire Insurance Company	Unum	SunLife
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	24/12	24/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	24/12	24/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates								
Single	211	\$118.32	\$131.31	\$125.07	\$116.21	\$124.53	\$67.74	\$145.87
Family	289	\$118.32	\$131.31	\$125.07	\$116.21	\$124.53	\$217.40	\$145.87
Composite	500	\$118.32	\$131.31	\$125.07	\$116.21	\$124.53	\$154.24	\$145.87
Aggregate Rate		\$5.23	\$3.45	\$3.45	\$6.25	\$5.91	\$5.94	\$4.22
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	211	\$2,154.03	\$2,143.03	\$2,143.03	\$2,365.08	\$2,232.78	\$1,219.77	\$2,311.82
Family	289	\$2,154.03	\$2,143.03	\$2,143.03	\$2,365.08	\$2,232.78	\$3,031.12	\$2,311.82
Composite	500	\$2,154.03	\$2,143.03	\$2,143.03	\$2,365.08	\$2,232.78	\$2,266.73	\$2,311.82
Annual Stoploss Cost+Premium		\$741,300	\$808,560	\$771,120	\$734,760	\$782,640	\$933,895	\$875,220
% Increase/decrease		-	9.07%	4.02%	-0.88%	5.6%	25.98%	18.1%
Dollar Increase		-	\$67,260	\$29,820	-\$6,540	\$41,340	\$192,595	\$133,920
Administration Renews 7 19		\$260,580	\$260,580	\$260,580	\$260,580	\$260,580	\$260,580	\$260,580
% Increase/decrease		-	0.00%	0.00%	0.00%	0.0%	0.0%	0.0%
Dollar Increase		-	\$0	\$0	\$0	\$0	\$0	\$0
Total Fixed Cost		\$1,001,880	\$1,069,140	\$1,031,700	\$995,340	\$1,043,220	\$1,194,475	\$1,135,800
% Increase/decrease		-	6.71%	2.98%	-0.65%	4.1%	19.22%	13.4%
Dollar Increase		-	\$67,260	\$29,820	-\$6,540	\$41,340	\$192,595	\$133,920
Annual Claims @ Max		\$12,924,180	\$12,858,180	\$12,858,180	\$14,190,480	\$13,396,680	\$13,600,382	\$13,870,920
Annual Claim @ Expected		\$10,339,344	\$10,286,544	\$10,286,544	\$11,352,384	\$10,717,344	\$10,880,305	\$11,096,736
% Increase/decrease		-	-0.51%	-0.51%	9.80%	3.66%	5.23%	7.3%
Dollar Increase		-	-\$66,000	-\$52,800	\$1,266,300	\$378,000	\$540,961	\$757,392
Total Fixed Costs + Max Claims		\$13,926,060	\$13,927,320	\$13,889,880	\$15,185,820	\$14,439,900	\$14,794,857	\$15,006,720
% Increase/decrease		-	0.01%	-0.26%	9.05%	3.69%	6.24%	7.8%
Dollar Increase		-	\$1,260	-\$36,180	\$1,259,760	\$513,840	\$868,797	\$1,080,660
Total Fixed Costs + Expected Claims		\$11,341,224	\$11,355,684	\$11,318,244	\$12,347,724	\$11,760,564	\$12,074,780	\$12,232,536
% Increase/decrease		-	0.13%	-0.20%	8.87%	3.70%	6.47%	7.9%
Dollar Increase		-	\$14,460	-\$22,980	\$1,006,500	\$419,340	\$733,556	\$891,312

Disclaimer Information

The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.

The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.

If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown Metro, LLC.

This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.

This presentation is the proprietary work product of Brown & Brown Metro, LLC. and is not authorized for further use or distribution.

All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown & Brown Metro, LLC representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.

Brown & Brown Metro, LLC representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.

The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown Metro LLC representative at any time.

You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Questions and Information Requests: Should you have any questions, or require additional information, please contact this office at 973-549-1900 or, if you prefer, submit your question or request on line at: www.bbinsurance.com/customerinquiry.shtml.

**DISCLOSURE OF A FINANCIAL INTEREST
IN THE SALE OF HEALTH INSURANCE POLICIES**

New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three.

The per employee dollar amount(s) or percentage(s) of premium are in the table below. All amounts and/or percentages are additive. If something does not apply, it is marked "None" or "NA". If there is compensation, whether or not in addition to the compensation shown, whose amount cannot be determined, enter "CBD" (cannot be determined) on the appropriate line. Use the "Other" line for all other compensation, whether or not the amount is determinable.

	Percentage (%)	Amount in Dollars (\$) (per employee basis)
Commission of Issuing Agent	0%	
Commission of General Agent		
Consultant Fee		
Brokerage Fee		
Other:		

PRODUCER INFORMATION

Agent Name: _____Karen Lewandowski_____

General Agent Name: _____N/A_____

CARRIER INFORMATION

Company

Name: _____Horizon HealthCare Services, Inc_____

10/25/2019

Date

Karen A. Lewandowski

Agent Producer Signature

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown Metro, LLC, and its parent company, Brown & Brown, Inc. (collectively "Brown & Brown") do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer entity. We endeavored to place your coverage with an insurance carrier with an A.M. Best Company financial rating of "A-" or better.* While Brown & Brown cannot certify, warrant or guarantee the financial soundness or stability of a company or otherwise predict whether the financial condition of a company might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of insurance coverage. Accordingly, this will serve as notice of the following with regard to the placement of the insurance indicated below and with regard to any subsequent renewal of such insurance:

Brown & Brown may have other options for your insurance placement, including quotations with insurance carriers holding an "A-" or better rating from A.M. Best Company. Alternative quotes may be available with an A- or better rated carrier upon your request.

Insurance coverage is being renewed through Horizon Healthcare Services Inc., which is currently not rated by A.M. Best Company.

The financial condition of insurance companies may change rapidly and that such changes are beyond the control of Brown & Brown.

You have had the ability to review the financial information for this carrier as found in one or more of the following sources: a state department of insurance website, A.M. Best Company website, carrier or a carrier website.

You have had an opportunity to consider the information provided regarding your insurance quote and insurance placement and review it with your accountants, legal counsel and advisors.

Named Insured: Wall Township Board of Education

Policy Number: 86321

Policy Period: January 1, 2020 - December 31, 2020

Date of Notice: October 25, 2019

*** A.M. Bes Rating for Stability: A++ to D = Highest to lowest rating**

Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating

CURRENT GUIDE TO BEST'S RATINGS**Best's Rating:**

Represents an opinion based on a company's financial strength, operating performance and market profile

Secure Best's Ratings: A++ to B+ (Superior to Very Good)

Vulnerable Best's Ratings: B to D (Fair to Poor)

Financial Performance Rating:

Represents an opinion based primarily on a quantitative evaluation of a company's financial strength and operating performance for companies that do not meet A.M. Best's minimum requirements in size and/or operating experience

Secure FPR Ratings: 5 - 9 (Good to Very Strong)

Vulnerable FPR Ratings: 1 - 4 (Poor to Fair)

Not Rated Companies:

NR-1 = Insufficient Data

NR-2 = Insufficient Size and/or Operating Experience

NR-3 = Rating Procedure Inapplicable

NR-4 = Company Request

NR-5 = Not Formally Followed

Rating Modifiers:

u = Under Review (change in financial condition)

pd = Public Data (Insurers do not subscribe to Best's rating process)

s = Syndicate (operating at Lloyds)

Financial Size Categories:

Reflects the company's size based on its capital surplus and conditional reserve funds in millions of U.S. dollars, using the scale below:

FSC I	less than 1 million	FSC IX	250 to 500 million
FSC II	1 to 2 "	FSC X	500 to 750 "
FSC III	2 to 5	FSC XI	750 to 1,000
FSC IV	5 to 10	FSC XII	1,000 to 1,250
FSC V	10 to 25	FSC XIII	1,250 to 1,500
FSC VI	25 to 50	FSC XIV	1,500 to 2,000
FSC VII	50 to 100	FSC XV	greater than 2,000
FSC VIII	100 to 250	" -- "	unknown / not rated

A.M. BEST'S INSURANCE RATINGS

The insurance company providing coverage has the following A.M. Best Financial Rating:

Brown & Brown makes every attempt to place coverage with carriers rated A- or better through A.M. Best, a national credit rating agency with a specific focus on the insurance industry. Additional information, including carrier ratings can be found at www.ambest.com. Carriers included in this presentation that have a rating less than A- (or are not rated) are shown on the attached schedule and have been highlighted in yellow.

Brown & Brown cannot certify the financial soundness or stability of a company, so we encourage you to review the financial information for each carrier as found in one or more of the following sources before making a decision as to where to place your coverage: a state department of insurance website, A.M. Best Company website, or a carrier website.

Financial Performance Rating:

FPR9 - FPR1 = Very Strong to Poor Rating

Carrier	A++ to C- = Highest to Lowest Rating XV to I = Largest to Smallest Rating	Best's Rating for Stability	FSC Rating for Assets/Surplus
Access Dental Plan	NR	NR	
ACE American Insurance Company	A++	XV	
Aetna Better Health Inc. (a New Jersey Corporation)	NR	NR	
Aetna Dental Inc.	A u	XV	
Aetna Dental of California Inc	A u	XV	
Aetna Health & Life Insurance Company	A u	XV	
Aetna Health Inc	A u	XV	
Aetna Health Insurance Company	A u	XV	
Aetna Health of California Inc.	A u	XV	
Aetna Life Insurance Co	A u	XV	
AIU Insurance Company	A	XV	
Allianz Ins Co	A+	XV	
All Savers Life Insurance Company	A	XV	
Allstate Life Insurance Co of New York	A+	XV	
Alpha Dental Programs, Inc.	NR	NR	
American Alternative Ins. Corp.	A+	XV	
American Family Life Assurance Co of Columbus	A+	XV	
American General Life Ins Co	A	XV	
American Heritage Life Insurance Company	A+	XV	
American Home Assurance Co.	A	XV	
American National Insurance Company	A	XV	
American Safety Casualty Ins Co	A	VI	
AmeriFlex	TPA	NA	
Amerihealth Ins Co of NJ	NR	NA	
Ameritas Life Insurance Corp	A	XIV	
AMWins Group Benefits	TPA	NA	
Anthem Blue Cross Life and Health Ins Co	A	XV	
Anthem Life/Anthem BCBS	A	VIII	
Arch Insurance Co	A+	XI	
Assurant, Inc	bbb+	N/A	
Avesis Insurance Inc	NR	NR	
AXA Equitable Life Insurance Company	A	XV	
AXIS Surplus Insurance Company	A+	XV	
Banner Life Insurance Company	A+	IX	
Benecard Services Inc -	NR	NR	
Berkley Life and Health Insurance Company	A+	VII	
Berkshire Hathaway Specialty Insurance Co	A++	XV	
Block Vision	NR	NR	
BlueCross BlueShield Florida	A+	XV	
BlueCross BlueShield of NC	NR	NR	
Blue Shield of California Life & Health Ins. Co	A	XV	
Boston Mutual Life Insurance Company	A	VIII	
California Dental Network	NR	NR	
Capital Blue Cross	NR	NA	
Caremark Rx LLC	TPA	NA	
Central Jersey Health Insurance Fund	NR	NA	
Choice Strategies	TPA	NA	
CIGNA Dental Health of Kentucky Inc.	NR		
CIGNA Health and Life Ins. Co.	A u	XV	
CIGNA Life Insurance Company of New York	A u	XV	
CIGNA Worldwide Insurance Company	A u	XV	
CNA Financial Corporation	bbb	NR	
Colonial Insurance Company	A	XV	
Colonial Life & Accident Insurance Co	A	XV	
Combined Insurance Company of America	A+	VII	
Combined Life Insurance Company of New York	A+	VII	
Companion Life Insurance Company	A+	VIII	
CompBenefits Company	A-	VIII	
CompBenefits Dental Inc.	A-	VIII	
CompBenefits Insurance Company	A-	VIII	
Connecticut General life Ins Co	A	XV	
Continental Assurance Company	A	XV	

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Dearborn National Life Insurance Company	A	IX
Dearborn National Life Co of NY	A	X
Delta Dental of New York	A	XIV
Delta Dental Insurance Company	A	XIV
Delta Dental of Kentucky Inc.	A-	VII
Delta Dental of New Jersey Inc.	NR	NR
Delta Dental of Pennsylvania	A	XIV
Delta Dental of Washington	NR	NR
Dental Concern Inc.	A-	VIII
Discovery Benefits	NR	NR
Empire BlueCross BlueShield	A	XV
Empire Health Care	A	XV
Empire HealthChoice Assurance, Inc.	A	XV
EmpiRx Health	TPA	NA
Express Scripts Inc	TPA	NA
EyeMed Vision Care	TPA	NA
Eyemed Vision Care HMO TX Ins	NR	NR
Federal Insurance Co	A++	XV
Fidelity Security Life Insurance Company	A-	VIII
Fidelity Security Life Insurance Company of New York	A-	VIII
First Colony Life Insurance Co	NR	NR
First Penn-Pacific Life Ins	A	VIII
First Rehab Life Ins	A-	VIII
First Reliance Standard Life Insurance Company	A+	XIII
First Symetra National Life Insurance Company of New York	A	XV
First UNUM Life Insurance Company	A	XV
Flagship Health Systems Inc	NR	NA
Garden State Life Insurance Company	A	VII
Garden State Municipal JIF	NR	NA
Genworth Life Ins Co	B-	XV
Genworth Life and Annuity Insurance Company	B+	XV
Gerber Life Insurance Company	A	IX
Great Midwest Insurance Company	A	VIII
Group Dental Health	NR	NR
Group Health Incorporated	C+	IX
Guardian Life Ins Co of America	A++	XV
Harleysville Life Ins. Co.	A-	VI
Hartford Accident & Indemnity Co..	A+	XV
Hartford Casualty Ins. Co.	A+	XV
Hartford Fire Ins Co	A+	XV
Hartford Insurance Company of the SE	A+	XV
Hartford Life and Accident Insurance Company	A	XV
Hartford Life Insurance Company (Canada)	B++	XV
HCC Life Insurance Company	A++	X
Health Care Service Corp	A	XV
Health Plex/International	NR	NR
Health Republic Ins of NY	NR	NR
Healthplex of NJ	NR	NA
Heartland Fidelity Insurance Company	A-	VI
Highmark Casualty Ins Co	A-	VIII
HIP Insurance Company of New York	C+	IX
HM Health Insurance Company	A	XV
HM Life Insurance Company	A	XV
HM Life Insurance Company of New York	A	XV
Horizon Insurance Company	NR	NR
Horizon Blue Cross Blue Shield of New Jersey	NR	NR
Horizon Healthcare Dental Inc	NR	NR
Horizon Healthcare of NJ (HMO)	NR	NA
Horizon Healthcare Services Inc. (BCBS)	NR	NR
Humana Health Plan Inc.	A-	XV
Humana Insurance Company of NY	A-	XV
Humana Medical Plan Inc.	A-	XV

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Independence Blue Cross	NR	NA
Investors Life Insurance Company of NA	B+	VII
Ironshore Indemnity Inc	A	XV
Jackson National Life	A+	XV
John Hancock	A+	XV
Kaiser Foundation Group of Health Plans (G)	NR	NR
Kaiser Foundation Health Plan Inc	NR	NR
Kaiser Foundation Health Plan Mid-Atlantic States	NR	NR
Kaiser Foundation Health Plan of CO	NR	NR
Kaiser Foundation Health Plan of Georgia	NR	NR
Kaiser Foundation Health Plan of NW	NR	NR
Kaiser Permanente Insurance Company	NR	NR
Keystone Health Plan East, Inc.	NR	NA
Legal Club of America	NR	NR
Liazon	TPA	NA
Liberty Insurance Underwriters, Inc.	A	XV
Liberty Life Assurance Company of Boston	A	XIII
Liberty Mutual Ins Company	A	XV
Life Insurance Company of North America	A	XV
Lincoln Benefit Life Company	A-	IX
Lincoln Financial	A-	XV
Lincoln Heritage Life Ins. Co.	A-	VIII
The Lincoln National Life Insurance Company	A+	XV
Magellan Health Services	NR	NR
MagnaCare Admin Serv	NR	NR
Managed Dental Care of California	NR	NR
Managed DentalGuard, Inc.	NR	NR
Markel Insurance Co	A	XIV
Massachusetts Mutual Life Ins Co	A++	XV
MaxorPlus, Ltd.	TPA	NA
MedTrakRx	TPA	NA
Metropolitan Life Insurance Company	A+	XV
Metropolitan P&C Ins. Co.	A	XV
Monumental Life Insurance Company	NR	NR
Mutual of Omaha Insurance Company	A+	XV
National Guardian Life Insurance Co.	A-	IX
National Life Insurance Company	A+	XV
National Union Fire Insurance Co. of Pittsburgh PA	A	XV
National Vision Administrator	NR	NR
Nationwide Life Insurance Company	A+	XV
Navitus Health Solutions	TPA	NR
New Jersey Intergovernmental Insurance Fund	NR	NA
New Jersey School Insurance Group	NR	NA
Nippon Life Ins Co of America	A-	VIII
North Jersey Municipal Employee Benefits Fund	NR	NA
Optum RX	TPA	NA
Oxford Benefit Management	NR	NR
Oxford Health Insurance	A	XV
Oxford Health Plans (NJ), Inc.	A	XV
Pan-American Life Ins Co	A	IX
PartnerRe America Insurance Company	A	XV
Paul Revere Life Insurance Company	A	XV
Phoenix Benefits Management	TPA	NA
Physicians Mutual Ins Co	A	XI
Premiera Blue Cross	A-	XIII
Premier Access Insurance Company	NR	NR
Principal Financial Grp	A-	XV
Principal Life Insurance Co	A+	XV
ProAct Inc.	TPA	NA
Protective Life Insurance	A+	XV
Provident Life & Accident Insurance Co.	A	XV
Provident Life & Casualty Ins. Co.	A	XV

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Pruco Life Insurance Company	A+	XV
The Prudential Insurance Company of America	A+	XV
QCC Insurance Company	NR	NA
Regence BlueShield	A	XV
Reliance Standard Life	A+	XI
ReliaStar Life Insurance Company	A	XV
ReliaStar Life Insurance Company of New York	A	XIV
School Alliance Insurance Fund	NR	NA
School Health Insurance Fund	NR	NA
Selective Insurance	A	XIII
ShelterPoint Life Insurance Company(Formerly First Rehab Life	A-	VII
Sirius America Insurance Company	A u	XIV
Solstice Benefits, Inc	NR	NR
Solstice Health Insurance Company	NR	NR
Southern Jersey Fund	NR	NA
Standard Insurance Company	A	XII
Standard Life Insurance Company of New York	A	XII
Standard Security Life Insurance Company of New York	A-	IX
Star Indemnity & Liability Company	A	XIV
State Health Benefits Plan NJ	NR	NR
State Insurance Fund of NY	NR	NR
Statewide Ins. Fund	NR	NA
Sun Life and Health Insurance Company	A+	I
Sun Life Assurance Company of Canada	A+	XV
Sun Life of Canada	A+	XV
Symetra Life Insurance Co	A	XV
TASC	NR	NR
Transamerica Life Insurance Company	A+	XV
Transamerica Occidental Life	A+	XV
Transamerica Premier Life Insurance Company	A+	XV
Travelers Insurance Co	A++	XV
Trustmark Insurance Company	A-	IX
UMR	TPA	NA
Unimerica Insurance Company	A	XV
The Union Labor Life Insurance Company	B++	VII
Unimerica Life Insurance Company of New York	A	XV
Union Security Insurance Company	A-	X
Union Security Life Insurance Company of New York	A-	IX
United Concordia Dental Plans Inc	A-	IX
United Concordia Insurance Company	A	IX
United Concordia Insurance Company of New York	A	IX
United Group Programs, Inc.	TPA	NA
United of Omaha Life Insurance Company	A+	XV
United States Fire Insurance Company	A	XII
UnitedHealthcare Insurance Company	A	XV
UnitedHealthcare Insurance Company of New York	A	XV
UnitedHealthcare Life Insurance Company	A	XV
UnitedHealthcare of KY Ltd.	A	XV
UnitedHealthcare of the Mid-Atlantic Inc.	A	XV
UnitedHealthcare of the Midwest Inc.	A	XV
UNUM Life Insurance Company of America	A	XV
US Life Ins Co in the CityOfNY	NR	NR
USable Life	A	VIII
Valley Forge Insurance Co	A	XV
Vision Service Plan	A	XI
Wesco Insurance Company	A-	XV
Westport Insurance Corporation	A+	XV
Willamette Dental of Washington Inc	NR	NR
William Penn Life Ins Co	A+	IX
William Penn Life Ins Co NY	A+	VIII
Zurich American Insurance Co	A+	XV

WALL TOWNSHIP BOARD OF EDUCATION

July 1, 2019 Delta Dental Renewal

				Delta Dental Current/Renewal							
				Flagship Complete		PPO Plus Premier \$1000 Annual Max			PPO Plus Premier 100 \$2000 Annual Max		
<u>In-Network Benefits</u>											
Deductible (Single/Family)						N/A			N/A		
Waived for Preventive											
Calendar Year Maximum Per Person						\$1,000			\$2,000		
Preventive Services				Fee Schedule		100%			100%		
Basic Services						70%			100%		
Major Services						50%			100%		
Orthodontia Maximum (child)						50% up to \$800			100% up to \$4,000		
<u>Out-of-Network Benefits</u>											
Provider Reimbursement Basis						MAC			MAC		
Deductible (Single/Family)				NO OON BENEFITS		N/A			N/A		
Calendar Year Maximum Per Person						\$1,000			\$2,000		
Preventive Services						100%			100%		
Basic Services						70%			100%		
Major Services						50%			100%		
Orthodontia Maximum (child)						50% up to \$800			100% up to \$4,000		
				Current	1 Year	Current	1 Year	2 Years	Current	1 Year	2 Years
Members	Flagship	PPO \$1000	PPO \$2000	Flagship Complete		PPO \$1000 Annual Max			PPO \$2000 Annual Max		
One Party	43	136	2	\$34.20	\$34.49	\$36.34	\$34.35	\$35.55	\$84.16	\$79.55	\$82.33
Two Party	21	75	4	\$65.71	\$66.28	\$71.42	\$67.51	\$69.86	\$165.46	\$156.39	\$161.85
Three Party	24	183	14	\$114.08	\$114.96	\$119.41	\$112.87	\$116.81	\$276.63	\$261.47	\$270.60
Total Subscribers	88	394	20	88		394			20		
Monthly Cost				\$5,588.43	\$5,633.99	32,150.77	30,390.06	31,450.53	4,702.98	4,445.24	4,600.46
Annual Cost				\$67,061.16	\$67,607.88	385,809.24	364,680.72	377,406.36	56,435.76	53,342.88	55,205.52
Increase \$				\$546.72		(\$21,128.52)		(\$8,402.88)	(\$3,092.88)		(\$1,230.24)
Increase %				0.8%		-5.5%		-2.2%	-5.5%		-2.2%
Total Current Annual Cost				\$509,306.16							
Total Renewal Annual Cost				w/1 year PPO Renewal			\$485,631.48	w/2 years PPO Renewal			\$500,219.76
Variance (from Current)\$				(\$23,674.68)					(\$9,086.40)		
Variance (from Current)%				-4.6%					-1.8%		

**STOP LOSS RENEWAL FOR: Wall Township BOE**

Renewal Date: 1/1/2020 through 12/31/2020

Account Manager: Ira Zucker

SPECIFIC STOP LOSS :		CURRENT	RENEWAL	
Coverage:		*Medical & Rx Card	*Medical & Rx Card	
Contract Type:		36/12	36/12	
Specific Stop Loss Attachment Point:		\$125,000	\$125,000	
Maximum Lifetime Reimbursement:		Unlimited	Unlimited	
Maximum Policy Period Reimbursement:		Unlimited	Unlimited	
AGGREGATE STOP LOSS:				
Coverage:		*Medical & Rx Card	*Medical & Rx Card	
Contract Type:		36/12	36/12	
Aggregate Corridor:		125%	125%	
Aggregate Benefit Maximum:		\$2,000,000	\$2,000,000	
TOTAL ENROLLMENT:		503	503	
PREMIUM:	PCPM	ANNUAL COST	PCPM	ANNUAL COST
Specific Stop Loss Composite Rate:	\$118.32	\$714,180	\$125.07	\$754,923
Aggregate Composite Rate:	<u>\$5.23</u>	<u>\$31,568</u>	<u>\$3.45</u>	<u>\$20,824</u>
FIXED COSTS:	\$123.55	\$745,748	\$128.52	\$775,747
Projected Claims Cost:	\$1,723.22	\$10,401,380	\$1,714.42	\$10,348,263
MAXIMUM AGGREGATE ATTACH. POINT:	\$2,154.03	\$13,001,725	\$2,143.03	\$12,935,329
MAXIMUM LIABILITY:	\$2,277.58	\$13,747,473	\$2,271.55	\$13,711,076
MINIMUM AGGREGATE ATTACH. POINT:	\$11,701,553		\$11,641,796	

RENEWAL TERMS AND CONDITIONS:

*Prescription Drug Claims must be administered through Horizon BCBSNJ to be eligible for coverage under the Specific Benefit Contract and Aggregate Benefit Contract.

(1) The above rates and benefits were based on the information in place at the time this renewal was evaluated. Horizon BCBSNJ reserves the right to re-evaluate our proposed renewal rates and benefits 60 days prior to the effective date, as a result of any changes, such as:

- A. The receipt of additional information, including updated claims experience and a Disclosure Statement, which could have an impact on the rates and/or benefits offered.
- B. A change in benefit levels and/or other terms of the contract or administration agreement.
- C. A +/- 10% size change and/or shift in enrollment or estimated claim levels.
- D. Participation of 75% of all eligible enrollees is required under an underlying contributory medical plan. Participation of 100% of all eligible enrollees is required under an underlying noncontributory medical plan.
- E. Rates are based on the enrollment of 503 lives.
- F. Aggregate Stop Loss is only offered when purchased with Specific Stop Loss coverage.
- G. This quote is valid only if Horizon is the sole stop loss carrier.
- H. No special enrollment can occur following issuance of this renewal.
- I. Retirees are covered. Retirees over 65 are included.

**STOP LOSS RENEWAL FOR: Wall Township BOE**

Renewal Date: 1/1/2020 through 12/31/2020

Account Manager: Ira Zucker

SPECIAL RISK LIMITATIONS:**(a) Specific Stop Loss Exclusions:**

The following Covered Person(s) will be excluded from the Specific Stop Loss insurance: None

The following Covered Person(s) will have a separate Specific Attachment Point: None

(b) Aggregate Stop Loss Exclusions:

Claims for Covered Person(s) noted above under the Specific Stop Loss Exclusions are also excluded from Aggregate Stop Loss insurance. _

COMMISSION:

The above rates do not include any broker commission.

REQUIRED SIGNATURE:

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 is an independent licensee of the Blue Cross and Blue Shield Association. 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. © 2018 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2020

<i>Current & Renewal</i>					<i>Proposed</i>			
\$125,000 Specific	Lives	Current January 1, 2019	Renewal January 1, 2020	Renewal - <i>FINAL</i> January 1, 2020	Berkshire Hathaway (AmWINS - MGU) January 1, 2020	United States Fire Insurance Company (AmWINS - MGU) January 1, 2020	Unum Insurance Company (AmWINS - MGU) January 1, 2020	SunLife January 1, 2020
Medical/Rx Administration (TPA)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ
Carrier (Stop-Loss)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Berkshire Hathaway	United States Fire Insurance Company	Unum	SunLife
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	24/12	24/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	24/12	24/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates								
Single	211	\$118.32	\$131.31	\$125.07	\$116.21	\$124.53	\$67.74	\$145.87
Family	289	\$118.32	\$131.31	\$125.07	\$116.21	\$124.53	\$217.40	\$145.87
Composite	500	\$118.32	\$131.31	\$125.07	\$116.21	\$124.53	\$154.24	\$145.87
Aggregate Rate		\$5.23	\$3.45	\$3.45	\$6.25	\$5.91	\$5.94	\$4.22
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	211	\$2,154.03	\$2,143.03	\$2,143.03	\$2,365.08	\$2,232.78	\$1,219.77	\$2,311.82
Family	289	\$2,154.03	\$2,143.03	\$2,143.03	\$2,365.08	\$2,232.78	\$3,031.12	\$2,311.82
Composite	500	\$2,154.03	\$2,143.03	\$2,143.03	\$2,365.08	\$2,232.78	\$2,266.73	\$2,311.82
Annual Stoploss Cost+Premium		\$741,300	\$808,560	\$771,120	\$734,760	\$782,640	\$933,895	\$875,220
% Increase/decrease		-	9.07%	4.02%	-0.88%	5.6%	25.98%	18.1%
Dollar Increase		-	\$67,260	\$29,820	-\$6,540	\$41,340	\$192,595	\$133,920
Administration Renews 7 19		\$260,580	\$260,580	\$260,580	\$260,580	\$260,580	\$260,580	\$260,580
% Increase/decrease		-	0.00%	0.00%	0.00%	0.0%	0.0%	0.0%
Dollar Increase		-	\$0	\$0	\$0	\$0	\$0	\$0
Total Fixed Cost		\$1,001,880	\$1,069,140	\$1,031,700	\$995,340	\$1,043,220	\$1,194,475	\$1,135,800
% Increase/decrease		-	6.71%	2.98%	-0.65%	4.1%	19.22%	13.4%
Dollar Increase		-	\$67,260	\$29,820	-\$6,540	\$41,340	\$192,595	\$133,920
Annual Claims @ Max		\$12,924,180	\$12,858,180	\$12,858,180	\$14,190,480	\$13,396,680	\$13,600,382	\$13,870,920
Annual Claim @ Expected		\$10,339,344	\$10,286,544	\$10,286,544	\$11,352,384	\$10,717,344	\$10,880,305	\$11,096,736
% Increase/decrease		-	-0.51%	-0.51%	9.80%	3.66%	5.23%	7.3%
Dollar Increase		-	-\$66,000	-\$52,800	\$1,266,300	\$378,000	\$540,961	\$757,392
Total Fixed Costs + Max Claims		\$13,926,060	\$13,927,320	\$13,889,880	\$15,185,820	\$14,439,900	\$14,794,857	\$15,006,720
% Increase/decrease		-	0.01%	-0.26%	9.05%	3.69%	6.24%	7.8%
Dollar Increase		-	\$1,260	-\$36,180	\$1,259,760	\$513,840	\$868,797	\$1,080,660
Total Fixed Costs + Expected Claims		\$11,341,224	\$11,355,684	\$11,318,244	\$12,347,724	\$11,760,564	\$12,074,780	\$12,232,536
% Increase/decrease		-	0.13%	-0.20%	8.87%	3.70%	6.47%	7.9%
Dollar Increase		-	\$14,460	-\$22,980	\$1,006,500	\$419,340	\$733,556	\$891,312

Disclaimer Information

The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.

The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.

If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown Metro, LLC.

This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.

This presentation is the proprietary work product of Brown & Brown Metro, LLC. and is not authorized for further use or distribution.

All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown & Brown Metro, LLC representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.

Brown & Brown Metro, LLC representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.

The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown Metro LLC representative at any time.

You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

Questions and Information Requests: Should you have any questions, or require additional information, please contact this office at 973-549-1900 or, if you prefer, submit your question or request on line at: www.bbinsurance.com/customerinquiry.shtml.

**DISCLOSURE OF A FINANCIAL INTEREST
IN THE SALE OF HEALTH INSURANCE POLICIES**

New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three.

The per employee dollar amount(s) or percentage(s) of premium are in the table below. All amounts and/or percentages are additive. If something does not apply, it is marked "None" or "NA". If there is compensation, whether or not in addition to the compensation shown, whose amount cannot be determined, enter "CBD" (cannot be determined) on the appropriate line. Use the "Other" line for all other compensation, whether or not the amount is determinable.

	Percentage (%)	Amount in Dollars (\$) (per employee basis)
Commission of Issuing Agent	0%	
Commission of General Agent		
Consultant Fee		
Brokerage Fee		
Other:		

PRODUCER INFORMATION

Agent Name: _____Karen Lewandowski_____

General Agent Name: _____N/A_____

CARRIER INFORMATION

Company

Name: _____Horizon HealthCare Services, Inc_____

10/25/2019

Date

Karen A. Lewandowski

Agent Producer Signature

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown Metro, LLC, and its parent company, Brown & Brown, Inc. (collectively "Brown & Brown") do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer entity. We endeavored to place your coverage with an insurance carrier with an A.M. Best Company financial rating of "A-" or better.* While Brown & Brown cannot certify, warrant or guarantee the financial soundness or stability of a company or otherwise predict whether the financial condition of a company might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of insurance coverage. Accordingly, this will serve as notice of the following with regard to the placement of the insurance indicated below and with regard to any subsequent renewal of such insurance:

Brown & Brown may have other options for your insurance placement, including quotations with insurance carriers holding an "A-" or better rating from A.M. Best Company. Alternative quotes may be available with an A- or better rated carrier upon your request.

Insurance coverage is being renewed through Horizon Healthcare Services Inc., which is currently not rated by A.M. Best Company.

The financial condition of insurance companies may change rapidly and that such changes are beyond the control of Brown & Brown.

You have had the ability to review the financial information for this carrier as found in one or more of the following sources: a state department of insurance website, A.M. Best Company website, carrier or a carrier website.

You have had an opportunity to consider the information provided regarding your insurance quote and insurance placement and review it with your accountants, legal counsel and advisors.

Named Insured: Wall Township Board of Education

Policy Number: 86321

Policy Period: January 1, 2020 - December 31, 2020

Date of Notice: October 25, 2019

*** A.M. Bes Rating for Stability: A++ to D = Highest to lowest rating**

Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating

CURRENT GUIDE TO BEST'S RATINGS

Best's Rating:

Represents an opinion based on a company's financial strength, operating performance and market profile

Secure Best's Ratings: A++ to B+ (Superior to Very Good)

Vulnerable Best's Ratings: B to D (Fair to Poor)

Financial Performance Rating:

Represents an opinion based primarily on a quantitative evaluation of a company's financial strength and operating performance for companies that do not meet A.M. Best's minimum requirements in size and/or operating experience

Secure FPR Ratings: 5 - 9 (Good to Very Strong)

Vulnerable FPR Ratings: 1 - 4 (Poor to Fair)

Not Rated Companies:

NR-1 = Insufficient Data

NR-2 = Insufficient Size and/or Operating Experience

NR-3 = Rating Procedure Inapplicable

NR-4 = Company Request

NR-5 = Not Formally Followed

Rating Modifiers:

u = Under Review (change in financial condition)

pd = Public Data (Insurers do not subscribe to Best's rating process)

s = Syndicate (operating at Lloyds)

Financial Size Categories:

Reflects the company's size based on its capital surplus and conditional reserve funds in millions of U.S. dollars, using the scale below:

FSC I	less than 1 million	FSC IX	250 to 500 million
FSC II	1 to 2 "	FSC X	500 to 750 "
FSC III	2 to 5	FSC XI	750 to 1,000
FSC IV	5 to 10	FSC XII	1,000 to 1,250
FSC V	10 to 25	FSC XIII	1,250 to 1,500
FSC VI	25 to 50	FSC XIV	1,500 to 2,000
FSC VII	50 to 100	FSC XV	greater than 2,000
FSC VIII	100 to 250	" -- "	unknown / not rated

A.M. BEST'S INSURANCE RATINGS

The insurance company providing coverage has the following A.M. Best Financial Rating:

Brown & Brown makes every attempt to place coverage with carriers rated A- or better through A.M. Best, a national credit rating agency with a specific focus on the insurance industry. Additional information, including carrier ratings can be found at www.ambest.com. Carriers included in this presentation that have a rating less than A- (or are not rated) are shown on the attached schedule and have been highlighted in yellow.

Brown & Brown cannot certify the financial soundness or stability of a company, so we encourage you to review the financial information for each carrier as found in one or more of the following sources before making a decision as to where to place your coverage: a state department of insurance website, A.M. Best Company website, or a carrier website.

Financial Performance Rating:

FPR9 - FPR1 = Very Strong to Poor Rating

Carrier	A++ to C- = Highest to Lowest Rating XV to I = Largest to Smallest Rating	Best's Rating for Stability	FSC Rating for Assets/Surplus
Access Dental Plan	NR	NR	
ACE American Insurance Company	A++	XV	
Aetna Better Health Inc. (a New Jersey Corporation)	NR	NR	
Aetna Dental Inc.	A u	XV	
Aetna Dental of California Inc	A u	XV	
Aetna Health & Life Insurance Company	A u	XV	
Aetna Health Inc	A u	XV	
Aetna Health Insurance Company	A u	XV	
Aetna Health of California Inc.	A u	XV	
Aetna Life Insurance Co	A u	XV	
AIU Insurance Company	A	XV	
Allianz Ins Co	A+	XV	
All Savers Life Insurance Company	A	XV	
Allstate Life Insurance Co of New York	A+	XV	
Alpha Dental Programs, Inc.	NR	NR	
American Alternative Ins. Corp.	A+	XV	
American Family Life Assurance Co of Columbus	A+	XV	
American General Life Ins Co	A	XV	
American Heritage Life Insurance Company	A+	XV	
American Home Assurance Co.	A	XV	
American National Insurance Company	A	XV	
American Safety Casualty Ins Co	A	VI	
AmeriFlex	TPA	NA	
Amerihealth Ins Co of NJ	NR	NA	
Ameritas Life Insurance Corp	A	XIV	
AMWins Group Benefits	TPA	NA	
Anthem Blue Cross Life and Health Ins Co	A	XV	
Anthem Life/Anthem BCBS	A	VIII	
Arch Insurance Co	A+	XI	
Assurant, Inc	bbb+	N/A	
Aveis Insurance Inc	NR	NR	
AXA Equitable Life Insurance Company	A	XV	
AXIS Surplus Insurance Company	A+	XV	
Banner Life Insurance Company	A+	IX	
Benecard Services Inc -	NR	NR	
Berkley Life and Health Insurance Company	A+	VII	
Berkshire Hathaway Specialty Insurance Co	A++	XV	
Block Vision	NR	NR	
BlueCross BlueShield Florida	A+	XV	
BlueCross BlueShield of NC	NR	NR	
Blue Shield of California Life & Health Ins. Co	A	XV	
Boston Mutual Life Insurance Company	A	VIII	
California Dental Network	NR	NR	
Capital Blue Cross	NR	NA	
Caremark Rx LLC	TPA	NA	
Central Jersey Health Insurance Fund	NR	NA	
Choice Strategies	TPA	NA	
CIGNA Dental Health of Kentucky Inc.	NR		
CIGNA Health and Life Ins. Co.	A u	XV	
CIGNA Life Insurance Company of New York	A u	XV	
CIGNA Worldwide Insurance Company	A u	XV	
CNA Financial Corporation	bbb	NR	
Colonial Insurance Company	A	XV	
Colonial Life & Accident Insurance Co	A	XV	
Combined Insurance Company of America	A+	VII	
Combined Life Insurance Company of New York	A+	VII	
Companion Life Insurance Company	A+	VIII	
CompBenefits Company	A-	VIII	
CompBenefits Dental Inc.	A-	VIII	
CompBenefits Insurance Company	A-	VIII	
Connecticut General life Ins Co	A	XV	
Continental Assurance Company	A	XV	

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Dearborn National Life Insurance Company	A	IX
Dearborn National Life Co of NY	A	X
Delta Dental of New York	A	XIV
Delta Dental Insurance Company	A	XIV
Delta Dental of Kentucky Inc.	A-	VII
Delta Dental of New Jersey Inc.	NR	NR
Delta Dental of Pennsylvania	A	XIV
Delta Dental of Washington	NR	NR
Dental Concern Inc.	A-	VIII
Discovery Benefits	NR	NR
Empire BlueCross BlueShield	A	XV
Empire Health Care	A	XV
Empire HealthChoice Assurance, Inc.	A	XV
EmpiRx Health	TPA	NA
Express Scripts Inc	TPA	NA
EyeMed Vision Care	TPA	NA
Eyemed Vision Care HMO TX Ins	NR	NR
Federal Insurance Co	A++	XV
Fidelity Security Life Insurance Company	A-	VIII
Fidelity Security Life Insurance Company of New York	A-	VIII
First Colony Life Insurance Co	NR	NR
First Penn-Pacific Life Ins	A	VIII
First Rehab Life Ins	A-	VIII
First Reliance Standard Life Insurance Company	A+	XIII
First Symetra National Life Insurance Company of New York	A	XV
First UNUM Life Insurance Company	A	XV
Flagship Health Systems Inc	NR	NA
Garden State Life Insurance Company	A	VII
Garden State Municipal JIF	NR	NA
Genworth Life Ins Co	B-	XV
Genworth Life and Annuity Insurance Company	B+	XV
Gerber Life Insurance Company	A	IX
Great Midwest Insurance Company	A	VIII
Group Dental Health	NR	NR
Group Health Incorporated	C+	IX
Guardian Life Ins Co of America	A++	XV
Harleysville Life Ins. Co.	A-	VI
Hartford Accident & Indemnity Co..	A+	XV
Hartford Casualty Ins. Co.	A+	XV
Hartford Fire Ins Co	A+	XV
Hartford Insurance Company of the SE	A+	XV
Hartford Life and Accident Insurance Company	A	XV
Hartford Life Insurance Company (Canada)	B++	XV
HCC Life Insurance Company	A++	X
Health Care Service Corp	A	XV
Health Plex/International	NR	NR
Health Republic Ins of NY	NR	NR
Healthplex of NJ	NR	NA
Heartland Fidelity Insurance Company	A-	VI
Highmark Casualty Ins Co	A-	VIII
HIP Insurance Company of New York	C+	IX
HM Health Insurance Company	A	XV
HM Life Insurance Company	A	XV
HM Life Insurance Company of New York	A	XV
Horizon Insurance Company	NR	NR
Horizon Blue Cross Blue Shield of New Jersey	NR	NR
Horizon Healthcare Dental Inc	NR	NR
Horizon Healthcare of NJ (HMO)	NR	NA
Horizon Healthcare Services Inc. (BCBS)	NR	NR
Humana Health Plan Inc.	A-	XV
Humana Insurance Company of NY	A-	XV
Humana Medical Plan Inc.	A-	XV

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Independence Blue Cross	NR	NA
Investors Life Insurance Company of NA	B+	VII
Ironshore Indemnity Inc	A	XV
Jackson National Life	A+	XV
John Hancock	A+	XV
Kaiser Foundation Group of Health Plans (G)	NR	NR
Kaiser Foundation Health Plan Inc	NR	NR
Kaiser Foundation Health Plan Mid-Atlantic States	NR	NR
Kaiser Foundation Health Plan of CO	NR	NR
Kaiser Foundation Health Plan of Georgia	NR	NR
Kaiser Foundation Health Plan of NW	NR	NR
Kaiser Permanente Insurance Company	NR	NR
Keystone Health Plan East, Inc.	NR	NA
Legal Club of America	NR	NR
Liazon	TPA	NA
Liberty Insurance Underwriters, Inc.	A	XV
Liberty Life Assurance Company of Boston	A	XIII
Liberty Mutual Ins Company	A	XV
Life Insurance Company of North America	A	XV
Lincoln Benefit Life Company	A-	IX
Lincoln Financial	A-	XV
Lincoln Heritage Life Ins. Co.	A-	VIII
The Lincoln National Life Insurance Company	A+	XV
Magellan Health Services	NR	NR
MagnaCare Admin Serv	NR	NR
Managed Dental Care of California	NR	NR
Managed DentalGuard, Inc.	NR	NR
Markel Insurance Co	A	XIV
Massachusetts Mutual Life Ins Co	A++	XV
MaxorPlus, Ltd.	TPA	NA
MedTrakRx	TPA	NA
Metropolitan Life Insurance Company	A+	XV
Metropolitan P&C Ins. Co.	A	XV
Monumental Life Insurance Company	NR	NR
Mutual of Omaha Insurance Company	A+	XV
National Guardian Life Insurance Co.	A-	IX
National Life Insurance Company	A+	XV
National Union Fire Insurance Co. of Pittsburgh PA	A	XV
National Vision Administrator	NR	NR
Nationwide Life Insurance Company	A+	XV
Navitus Health Solutions	TPA	NR
New Jersey Intergovernmental Insurance Fund	NR	NA
New Jersey School Insurance Group	NR	NA
Nippon Life Ins Co of America	A-	VIII
North Jersey Municipal Employee Benefits Fund	NR	NA
Optum RX	TPA	NA
Oxford Benefit Management	NR	NR
Oxford Health Insurance	A	XV
Oxford Health Plans (NJ), Inc.	A	XV
Pan-American Life Ins Co	A	IX
PartnerRe America Insurance Company	A	XV
Paul Revere Life Insurance Company	A	XV
Phoenix Benefits Management	TPA	NA
Physicians Mutual Ins Co	A	XI
Premiera Blue Cross	A-	XIII
Premier Access Insurance Company	NR	NR
Principal Financial Grp	A-	XV
Principal Life Insurance Co	A+	XV
ProAct Inc.	TPA	NA
Protective Life Insurance	A+	XV
Provident Life & Accident Insurance Co.	A	XV
Provident Life & Casualty Ins. Co.	A	XV

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Pruco Life Insurance Company	A+	XV
The Prudential Insurance Company of America	A+	XV
QCC Insurance Company	NR	NA
Regence BlueShield	A	XV
Reliance Standard Life	A+	XI
ReliaStar Life Insurance Company	A	XV
ReliaStar Life Insurance Company of New York	A	XIV
School Alliance Insurance Fund	NR	NA
School Health Insurance Fund	NR	NA
Selective Insurance	A	XIII
ShelterPoint Life Insurance Company(Formerly First Rehab Life	A-	VII
Sirius America Insurance Company	A u	XIV
Solstice Benefits, Inc	NR	NR
Solstice Health Insurance Company	NR	NR
Southern Jersey Fund	NR	NA
Standard Insurance Company	A	XII
Standard Life Insurance Company of New York	A	XII
Standard Security Life Insurance Company of New York	A-	IX
Star Indemnity & Liability Company	A	XIV
State Health Benefits Plan NJ	NR	NR
State Insurance Fund of NY	NR	NR
Statewide Ins. Fund	NR	NA
Sun Life and Health Insurance Company	A+	I
Sun Life Assurance Company of Canada	A+	XV
Sun Life of Canada	A+	XV
Symetra Life Insurance Co	A	XV
TASC	NR	NR
Transamerica Life Insurance Company	A+	XV
Transamerica Occidental Life	A+	XV
Transamerica Premier Life Insurance Company	A+	XV
Travelers Insurance Co	A++	XV
Trustmark Insurance Company	A-	IX
UMR	TPA	NA
Unimerica Insurance Company	A	XV
The Union Labor Life Insurance Company	B++	VII
Unimerica Life Insurance Company of New York	A	XV
Union Security Insurance Company	A-	X
Union Security Life Insurance Company of New York	A-	IX
United Concordia Dental Plans Inc	A-	IX
United Concordia Insurance Company	A	IX
United Concordia Insurance Company of New York	A	IX
United Group Programs, Inc.	TPA	NA
United of Omaha Life Insurance Company	A+	XV
United States Fire Insurance Company	A	XII
UnitedHealthcare Insurance Company	A	XV
UnitedHealthcare Insurance Company of New York	A	XV
UnitedHealthcare Life Insurance Company	A	XV
UnitedHealthcare of KY Ltd.	A	XV
UnitedHealthcare of the Mid-Atlantic Inc.	A	XV
UnitedHealthcare of the Midwest Inc.	A	XV
UNUM Life Insurance Company of America	A	XV
US Life Ins Co in the CityOfNY	NR	NR
USAbile Life	A	VIII
Valley Forge Insurance Co	A	XV
Vision Service Plan	A	XI
Wesco Insurance Company	A-	XV
Westport Insurance Corporation	A+	XV
Willamette Dental of Washington Inc	NR	NR
William Penn Life Ins Co	A+	IX
William Penn Life Ins Co NY	A+	VIII
Zurich American Insurance Co	A+	XV

2020-21



June 5, 2020

Mr. Brian Smyth
Business Administrator/Board Secretary
Wall Township Board of Education
1620 18th Avenue
Wall, NJ 07719

Re: July 1, 2020 Health Benefits Renewal Recommendations

Dear Brian:

The following coverages/services are scheduled to renew as of July 1, 2020:

- Medical/Rx TPA services with Horizon BCBS of New Jersey
- Delta Dental insurance coverage
- COBRA administration services with Benefit Allocation Systems (BAS)
- BenAware benefits administration contract
- Brown & Brown Metro's broker services agreement

Enclosed please find summary exhibits pertaining to our renewal recommendations for July 1, 2020. In summary, please note the following:

Medical/Rx TPA Services with Horizon BCBS of New Jersey

- The District is scheduled to enter into year two of a three year service fee agreement (TPA) with Horizon BCBS of New Jersey.
- The base administration fee, including the charge for claims fiduciary services, is increasing to a PEPM rate of \$42.00, from \$41.00, plus the addition of telemedicine at \$0.50 PEPM; this equates to an annual increase of \$9,000 or 3.7%.
- The proposed advance deposit is scheduled to decrease to \$177,407 for medical (from \$189,207) and \$49,658 (from \$50,109) for prescription drug; this is a decrease of \$12,251, or 5.1%
- Prescription drug rebates will increase to \$72.10/\$206.15 (retail/mail order) from \$57.85/\$173.00.
- A wellness fund credit of \$10,000; the 2019/2020 wellness fund credit of \$10,000 will be carried over to September 2020 (it was set to expire 6/30/2020)
- A market assessment was conducted for both medical and prescription drug TPA services;
 - Several proposals were submitted by other medical carriers, including Aetna, Amerihealth, and MagnaCare, in addition to several Pharmacy Benefit Managers (PBMs)
 - Based on the projected costs, and also taking into consideration a new stop-loss contract (which would be required due to a change in TPA services), the current contract with Horizon BCBS is the most competitive financially

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- Our recommendation is to accept the Horizon BCBS proposal as outlined above; the District will be required to sign an updated Schedule A for July 1, 2020.

Delta Dental Renewal for July 1, 2020

- A market assessment was conducted, and competitive proposals were received from The Guardian, United Concordia and Horizon
- Delta Dental's renewal proposal consists of an overall rate pass across both PPO plans and the Flagship plan, negotiated from an initial +4% increase; total approximate current and renewal premium is \$487,725
- While United Concordia and Horizon BCBS provided competitive proposals, our recommendation is to renew with Delta Dental for the July 1, 2020 – June 30, 2021 policy year; moving to either United Concordia and Horizon BCBS for dental would result in significant network disruption for employees
- Our recommendation is to renew with Delta Dental at a rate continue

COBRA Administration Services with Benefits Allocations Systems (BAS)

- BAS has not yet provided the renewal documentation for July 1, 2020; they have indicated a small increase, and we have requested a rate pass
- We will provide further information upon receipt as the expected release date of the renewal notification is Friday, May 15th.

Discovery Benefits Flexible Spending Account (FSA) Administration

- The current FSA administration contract with Discovery Benefits is under a fee guarantee through December 31, 2021
- We would recommend conducting a market assessment for January 1, 2022

Brown & Brown Metro Broker Services Agreement

- The broker services agreement with Brown & Brown Metro is set to expire on July 1, 2020.
- The proposed annual fee effective July 1, 2020 – June 30, 2021 is \$55,000, which is \$0 increase over the current fee.
- We can further discuss the fee agreement, and our scope of services, at your convenience

In addition to the above renewal points, there are several other benefit plan considerations for the July 1, 2020 plan year:

- Based on our expected cost figures for the July 1, 2020 plan year, we have calculated an increase to the current premium equivalents in the amount of \$968,162, which equates to an increase of 8%
 - This represents a projected total premium equivalent cost of \$12,984,385 versus a current premium equivalent cost of \$12,016,224
 - Projected costs were calculated by using the following:

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- Horizon BCBS' estimates for medical claims, prescription claims and A-4 surcharge amount
- Administrative costs for the July 1, 2020 plan year
- Current stop-loss costs for 7/1/20 – 12/31/20, plus an estimated 10% increase for time period 1/1/21 – 6/30/21
- Health benefits consulting fee of \$55,000
- However, we realize that year-to-date premium equivalent costs (used for employee contribution amounts) are running higher than actual year-to-date spend;
- Further, we have had numerous discussions with Mr. Brian Smythe related to this topic; based on the fact that actual year-to-date spend is lower than the current premium equivalent rates, and lower claims experience is anticipated for the current quarter (based on lower utilization due to COVID-19), it is also his recommendation to continue the current rates as is for the 7/1/2 – 6/30/21 plan year
- We can provide further cost figures to the District to substantiate a rate continue for employees, if requested
- Due to the fact a Health Savings Account (HSA)/High Deductible Health Plan (HDHP) is a current plan offering (currently with zero enrollment), we would recommend implementing a limited-purpose FSA under the current FSA arrangement with Discovery Benefits.
- The BenAware benefits administration platform will not be utilized for the July 1, 2020 open enrollment; further, to continue their services, BenAware is imposing a Per Employee Per Month (PEPM) fee of \$4.00
 - Our recommendation is to terminate the contract with BenAware effective July 1, 2020
 - Individual, employee-paid products, offered through Chubb and Gettysburg, are available for purchase via this platform; products include High Deductible Buffer, Term Life, Accident, Critical Illness, Telemedicine, Identity Theft and Discount Card
 - Going direct with the carriers is one potential solution for maintaining these products for employees; we can help facilitate discussions with these carriers and will share any additional information upon receipt
- In response to the COVID-19 crisis, Brown & Brown has created a Relief Center accessible to the general public for a number of products and services, including, but not limited to: health and behavioral health services; family care and child learning; pet care; home and home office discounts; food and food delivery services; and general household and office supplies
- We have tentatively scheduled the passive Open Enrollment for 5/29/20 – 6/30/20 and are working to finalize the employee communication materials by the end of next week, subject to your approval

Brian, I am available at your convenience to further discuss the above points, and any other health benefits concerns you may have. Please let us know if you need any additional information, or if we can further assist with the Board approval process.

We very much appreciate the District's partnership over the past year, and look forward to a continued partnership.

Sincerely,

Karen A. Lewandowski

Karen A. Lewandowski
Account Vice President

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November 19, 2020

Mr. Brian Smyth
Business Administrator/Board Secretary
Wall Township Board of Education
1620 18th Avenue
Wall, NJ 07719

Re: *January 1, 2021 Stop-Loss Renewal Recommendation*

Dear Brian:

The District's stop-loss policy with Horizon BCBS of New Jersey is scheduled to renew on January 1, 2021. Consequently, we conducted a thorough market assessment for the stop-loss coverage to confirm that the current policy offers the best pricing, terms and conditions. We released a Request for Proposal (RFP) to a number of carriers, including the following:

- American Fidelity Assurance Company
- AMWins
- Berkshire Hathaway
- Crum & Forster
- HM Life Insurance Company
- Medical Risk Managers
- Munich Re
- Partner Re
- SunLife
- Symetra
- Tokio Marine HCC
- Unum
- Voya

Based on the results of the market assessment, we are recommending that the District renew the policy with Horizon BCBS of New Jersey, based on the following:

- A proposed contract basis of 36/12; none of the bidding carriers were able to match this
- Maintaining an individual deductible amount of \$125k, with an a maximum aggregate policy reimbursement of \$2,000,000; none of the bidding carriers were able to match this at competitive pricing
- Horizon made a concession on the fixed costs (ISL premium amount) of approximately \$30,000, despite not having strong competitive data

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- The final increase on an expected basis is 10.8%, or \$1,187,515; this is comprised of the following:
 - o An increase of 5%, or \$37,345, to the fixed (premium) costs
 - o An increase of 11.6%, or \$1,150,170, to the expected claims

Brian, I am available at your convenience to further discuss the above points, and any other health benefits concerns you may have. Please let us know if you need any additional information, or if we can further assist with the Board approval process.

Sincerely,

Karen A. Lewandowski

Karen A. Lewandowski
Account Vice President
Brown & Brown Metro, LLC

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WALL TOWNSHIP BOARD OF EDUCATION**January 1, 2021 STOP-LOSS Renewal & Market Assessment - Carrier Bid Summary**

Carrier	Comments
Horizon BCBS NJ	Incumbent - Renewal (FINAL) - +10.8% over current (expected cost)
American Fidelity Assurance Company	Declined to quote
AMWins	No response
Berkshire Hathaway	Quoted; +15.4% over current (expected cost)
Crum & Forster	Quoted; 12.7% above current (expected cost)
HM Life Insurance Company	Quoted; 21.4% over current (expected cost)
Medical Risk Managers	No response
Munich Re	No response
Partner Re	Pending
SunLife	Declined to quote - not competitive
Symetra	No response
Tokio Marine HCC	Declined to quote
Unum	No response
Voya	No response

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2021

<i>Current & Renewal</i>					<i>Proposed</i>		
\$125,000 Specific	Lives	Current January 1, 2020	Renewal - <i>INITIAL</i> January 1, 2021	Renewal - <i>FINAL</i> January 1, 2021	Berkshire Hathaway January 1, 2020	Crum & Forster January 1, 2021	HM Life Insurance Company January 1, 2020
Medical/Rx Administration (TPA)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ
Carrier (Stop-Loss)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Berkshire Hathaway	Crum & Forster	HM Life Insurance Company
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	24/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	24/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates							
Single	153	\$125.07	\$136.75	\$131.50	-	-	-
Family	331	\$125.07	\$136.75	\$131.50	-	-	-
Composite	484	\$125.07	\$136.75	\$131.50	\$154.92	\$131.36	\$172.82
Aggregate Rate		\$3.45	\$3.45	\$3.45	\$9.12	\$6.16	\$9.50
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$1,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	153	\$2,143.03	\$2,390.57	\$2,390.57	-	\$2,431.13	-
Family	331	\$2,143.03	\$2,390.57	\$2,390.57	-	\$2,431.13	-
Composite	484	\$2,143.03	\$2,390.57	\$2,390.57	\$2,461.58	\$2,431.13	\$2,581.30
Annual Stoploss Premium		\$746,444	\$814,282	\$783,790	\$952,744	\$798,716	\$1,058,915
% Increase/decrease		-	9.09%	5.00%	27.6%	7.0%	41.9%
Dollar Increase		-	\$67,837	\$37,345	\$206,300	\$52,272	\$312,470
Administration (Renewal - 7/1/20)		\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840
% Increase/decrease		-	0.00%	0.00%	0.00%	0.00%	0.0%
Dollar Increase		-	\$0	\$0	\$0	\$0	\$0
Total Fixed Cost		\$993,284	\$1,061,122	\$1,030,630	\$1,199,584	\$1,045,556	\$1,305,755
% Increase/decrease		-	6.8%	3.8%	20.8%	5.3%	31.5%
Dollar Increase		-	\$67,837	\$37,345	\$206,300	\$52,272	\$312,470
Annual Claims @ Max		\$12,446,718	\$13,884,431	\$13,884,431	\$14,296,857	\$14,120,003	\$14,992,190
Annual Claim @ Expected		\$9,957,375	\$11,107,544	\$11,107,544	\$11,437,485	\$11,296,002	\$11,993,752
Total Fixed Costs + Max Claims		\$13,440,002	\$14,945,552	\$14,915,060	\$15,496,441	\$15,165,559	\$16,297,945
% Increase/decrease		-	11.2%	11.0%	15.3%	12.8%	21.3%
Dollar Increase		-	\$1,505,550	\$1,475,058	\$2,056,439	\$1,725,557	\$2,857,943
Total Fixed Costs + Expected Claims		\$10,950,659	\$12,168,666	\$12,138,174	\$12,637,070	\$12,341,559	\$13,299,507
% Increase/decrease		-	11.1%	10.8%	15.4%	12.7%	21.4%
Dollar Increase		-	\$1,218,007	\$1,187,515	\$1,686,411	\$1,390,900	\$2,348,848
Notes		Enrollment is based on September 2020 Horizon BCBS reporting.		FINAL Horizon renewal offer for 1/1/21	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2021

Current & Renewal					Proposed								
\$125,000 Specific	Lives	Current January 1, 2020	Renewal - ~~INITIAL~~ January 1, 2021	Renewal - ~~FINAL~~ January 1, 2021	Berkshire Hathaway January 1, 2020	Berkshire Hathaway January 1, 2020	Berkshire Hathaway January 1, 2020	Berkshire Hathaway January 1, 2020	Berkshire Hathaway January 1, 2020	Crum & Forster January 1, 2021	Crum & Forster January 1, 2021	Crum & Forster January 1, 2021	HM Life Insurance Company January 1, 2020
Medical/Rx Administration (TPA)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ
Carrier (Stop-Loss)		Horizon BCBS NJ	Horizon BCBS NJ	Horizon BCBS NJ	Berkshire Hathaway	Berkshire Hathaway	Berkshire Hathaway	Berkshire Hathaway	Berkshire Hathaway	Crum & Forster	Crum & Forster	Crum & Forster	HM Life Insurance Company
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	18/12	18/12	18/12	24/12	18/12	18/12	24/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	18/12	18/12	18/12	24/12	18/12	18/12	24/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$100,000	\$150,000	\$125,000	\$100,000	\$150,000	\$150,000	\$125,000	\$150,000	\$125,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates													
Single	153	\$125.07	\$136.75	\$131.50	-	-	-	-	-	-	-	-	\$172.82
Family	331	\$125.07	\$136.75	\$131.50	-	-	-	-	-	-	-	-	\$172.82
Composite	484	\$125.07	\$136.75	\$131.50	\$199.72	\$128.05	\$150.73	\$193.54	\$124.66	\$114.82	\$130.05	\$113.67	\$154.24
Aggregate Rate		\$3.45	\$3.45	\$3.45	\$8.00	\$10.17	\$9.12	\$8.00	\$10.17	\$6.70	\$6.01	\$6.66	\$9.50
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	153	\$2,143.03	\$2,390.57	\$2,390.57	-	-	-	-	-	-	-	-	\$2,581.30
Family	331	\$2,143.03	\$2,390.57	\$2,390.57	-	-	-	-	-	-	-	-	\$2,581.30
Composite	484	\$2,143.03	\$2,390.57	\$2,390.57	\$2,399.57	\$2,523.26	\$2,461.58	\$2,399.57	\$2,523.26	\$2,391.71	\$2,341.22	\$2,369.48	\$2,581.30
Annual Stoploss Premium		\$746,444	\$814,282	\$783,790	\$1,206,438	\$802,782	\$928,409	\$1,170,544	\$783,093	\$705,788	\$790,236	\$698,877	\$951,002
% Increase/decrease		-	9.09%	5.00%	61.6%	7.5%	24.4%	56.8%	4.9%	-5.4%	5.9%	-6.4%	27.4%
Dollar Increase		-	\$67,837	\$37,345	\$459,994	\$56,338	\$181,965	\$424,100	\$36,648	-\$40,656	\$43,792	-\$47,568	\$204,558
Administration (Renewal - 7/1/20)		\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840	\$246,840
% Increase/decrease		-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%
Dollar Increase		-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Fixed Cost		\$993,284	\$1,061,122	\$1,030,630	\$1,453,278	\$1,049,622	\$1,175,249	\$1,417,384	\$1,029,933	\$952,628	\$1,037,076	\$945,717	\$1,197,842
% Increase/decrease		-	6.8%	3.8%	46.3%	5.7%	18.3%	42.7%	3.7%	-4.1%	4.4%	-4.8%	20.6%
Dollar Increase		-	\$67,837	\$37,345	\$459,994	\$56,338	\$181,965	\$424,100	\$36,648	-\$40,656	\$43,792	-\$47,568	\$204,558
Annual Claims @ Max		\$12,446,718	\$13,884,431	\$13,884,431	\$13,936,703	\$14,655,094	\$14,296,857	\$13,936,703	\$14,655,094	\$13,891,052	\$13,597,806	\$13,761,940	\$14,992,190
Annual Claim @ Expected		\$9,957,375	\$11,107,544	\$11,107,544	\$11,149,362	\$11,724,075	\$11,437,485	\$11,149,362	\$11,724,075	\$11,112,841	\$10,878,245	\$11,009,552	\$11,993,752
Total Fixed Costs + Max Claims		\$13,440,002	\$14,945,552	\$14,915,060	\$15,389,980	\$15,704,716	\$15,472,105	\$15,354,087	\$15,685,027	\$14,843,680	\$14,634,882	\$14,707,656	\$16,190,032
% Increase/decrease		-	11.2%	11.0%	14.5%	16.9%	15.1%	14.2%	16.7%	10.4%	8.9%	9.4%	20.5%
Dollar Increase		-	\$1,505,550	\$1,475,058	\$1,949,978	\$2,264,713	\$2,032,103	\$1,914,084	\$2,245,024	\$1,403,677	\$1,194,880	\$1,267,654	\$2,750,030
Total Fixed Costs + Expected Claims		\$10,950,659	\$12,168,666	\$12,138,174	\$12,602,640	\$12,773,697	\$12,612,734	\$12,566,746	\$12,754,008	\$12,065,470	\$11,915,321	\$11,955,269	\$13,191,594
% Increase/decrease		-	11.1%	10.8%	15.1%	16.6%	15.2%	14.8%	16.5%	10.2%	8.8%	9.2%	20.5%
Dollar Increase		-	\$1,218,007	\$1,187,515	\$1,651,981	\$1,823,038	\$1,662,075	\$1,616,088	\$1,803,349	\$1,114,811	\$964,662	\$1,004,610	\$2,240,935
Notes			Enrollment is based on Horizon BCBS reporting for September 2020.		Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office	Brown & Brown Virtual Office

Disclaimer Information

The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.

The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.

If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown Metro, LLC.

This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.

This presentation is the proprietary work product of Brown & Brown Metro, LLC. and is not authorized for further use or distribution.

All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown & Brown Metro, LLC representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.

Brown & Brown Metro, LLC representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.

The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown Metro LLC representative at any time.

You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

Questions and Information Requests: Should you have any questions, or require additional information, please contact this office at 1-877-75ASKUS or, if you prefer, submit your question or request on line at: <http://www.bbinsurance.com/customerinquiry/>

**DISCLOSURE OF A FINANCIAL INTEREST
IN THE SALE OF HEALTH INSURANCE POLICIES**

New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three.

The per employee dollar amount(s) or percentage(s) of premium are in the table below. All amounts and/or percentages are additive. If something does not apply, it is marked "None" or "NA". If there is compensation, whether or not in addition to the compensation shown, whose amount cannot be determined, enter "CBD" (cannot be determined) on the appropriate line. Use the "Other" line for all other compensation, whether or not the amount is determinable.

	Percentage (%)	Amount in Dollars (\$) (per employee basis)
Commission of Issuing Agent	0%	
Commission of General Agent	N/A	
Consultant Fee	N/A	
Brokerage Fee	N/A	
Other:	N/A	

PRODUCER INFORMATION

Agent Name: Brown & Brown Metro, LLC

CARRIER INFORMATION

Company

Horizon Healthcare Services, Inc.

Date: 10/14/2020

Agent Producer Signature: *Karen A. Lewandowski*

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown Metro, LLC, and its parent company, Brown & Brown, Inc. (collectively "Brown & Brown") do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer entity. We endeavored to place your coverage with an insurance carrier with an A.M. Best Company financial rating of "A-" or better.* While Brown & Brown cannot certify, warrant or guarantee the financial soundness or stability of a company or otherwise predict whether the financial condition of a company might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of insurance coverage. Accordingly, this will serve as notice of the following with regard to the placement of the insurance indicated below and with regard to any subsequent renewal of such insurance:

Brown & Brown may have other options for your insurance placement, including quotations with insurance carriers holding an "A-" or better rating from A.M. Best Company. Alternative quotes may be available with an A- or better rated carrier upon your request.

Insurance coverage is being placed through Horizon Healthcare Services, Inc., which is currently not rated by A.M. Best Company.

The financial condition of insurance companies may change rapidly and that such changes are beyond the control of Brown & Brown.

You have had the ability to review the financial information for this carrier as found in one or more of the following sources: a state department of insurance website, A.M. Best Company website, carrier or a carrier website.

You have had an opportunity to consider the information provided regarding your insurance quote and insurance placement and review it with your accountants, legal counsel and advisors.

Named Insured: Wall Township Board of Education

Policy Number: 86321

Policy Period: January 1, 2020 - December 31, 2020

Date of Notice: October 14, 2020

*** A.M. Best Rating for Stability: A++ to D = Highest to lowest rating**

Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating

CURRENT GUIDE TO BEST'S RATINGS

Best's Rating:

Represents an opinion based on a company's financial strength, operating performance and market profile

Secure Best's Ratings: A++ to B+ (Superior to Very Good)

Vulnerable Best's Ratings: B to D (Fair to Poor)

Financial Performance Rating:

Represents an opinion based primarily on a quantitative evaluation of a company's financial strength and operating performance for companies that do not meet A.M. Best's minimum requirements in size and/or operating experience

Secure FPR Ratings: 5 - 9 (Good to Very Strong)

Vulnerable FPR Ratings: 1 - 4 (Poor to Fair)

Not Rated Companies:

NR-1 = Insufficient Data

NR-2 = Insufficient Size and/or Operating Experience

NR-3 = Rating Procedure Inapplicable

NR-4 = Company Request

NR-5 = Not Formally Followed

Rating Modifiers:

u = Under Review (change in financial condition)

pd = Public Data (Insurers do not subscribe to Best's rating process)

s = Syndicate (operating at Lloyds)

Financial Size Categories:

Reflects the company's size based on its capital surplus and conditional reserve funds in millions of U.S. dollars, using the scale below:

FSC I	less than 1 million	FSC IX	250 to 500 million
FSC II	1 to 2 "	FSC X	500 to 750 "
FSC III	2 to 5	FSC XI	750 to 1,000
FSC IV	5 to 10	FSC XII	1,000 to 1,250
FSC V	10 to 25	FSC XIII	1,250 to 1,500
FSC VI	25 to 50	FSC XIV	1,500 to 2,000
FSC VII	50 to 100	FSC XV	greater than 2,000
FSC VIII	100 to 250	" -- "	unknown / not rated

A.M. BEST'S INSURANCE RATINGS

The insurance company providing coverage has the following A.M. Best Financial Rating:

Brown & Brown makes every attempt to place coverage with carriers rated A- or better through A.M. Best, a national credit rating agency with a specific focus on the insurance industry. Additional information, including carrier ratings can be found at www.ambest.com. Carriers included in this presentation that have a rating less than A- (or are not rated) are shown on the attached schedule and have been highlighted in yellow.

Brown & Brown cannot certify the financial soundness or stability of a company, so we encourage you to review the financial information for each carrier as found in one or more of the following sources before making a decision as to where to place your coverage: a state department of insurance website, A.M. Best Company website, or a carrier website.

Financial Performance Rating:

FPR9 - FPR1 = Very Strong to Poor Rating

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Access Dental Plan	NR	NR
ACE American Insurance Company	A++	XV
Aetna Better Health Inc. (a New Jersey Corporation)	NR	NR
Aetna Dental Inc.	A	XV
Aetna Dental of California Inc	A	XV
Aetna Health & Life Insurance Company	A	XV
Aetna Health Inc	A	XV
Aetna Health Insurance Company	A	XV
Aetna Health of California Inc.	A	XV
Aetna Life Insurance Co	A	XV
AIU Insurance Company	A	XV
Allianz Ins Co	NR	
All Savers Life Insurance Company	A	XV
Allstate Life Insurance Co of New York	A+	XV
Alpha Dental Programs, Inc.	NR	NR
American Alternative Ins. Corp.	A+	XV
American Family Life Assurance Co of Columbus	A+	XV
American Fidelity Assurance Company	A+	X
American General Life Ins Co	A	XV
American Heritage Life Insurance Company	A+	XV
American Home Assurance Co.	A	XV
American National Insurance Company	A	XV
American Safety Casualty Ins Co	A	VI
AmeriFlex	TPA	NA
Amerihealth Ins Co of NJ	NR	NA
Ameritas Life Insurance Corp	A	XIV
AMWins Group Benefits	TPA	NA
Anthem Blue Cross Life and Health Ins Co	A	XV
Anthem Life/Anthem BCBS	A	VIII
Arch Insurance Co	A+	XI
Assurant, Inc	bbb+	N/A
Avesis Insurance Inc	NR	NR
AXA Equitable Life Insurance Company	A	XV
AXIS Surplus Insurance Company	A	XV
Banner Life Insurance Company	A+	IX
Benecard Services Inc -	NR	NR
Berkley Life and Health Insurance Company	A+	VII
Berkshire Hathaway Specialty Insurance Co	A++	XV
Block Vision	NR	NR
BlueCross BlueShield Florida	A+	XV
BlueCross BlueShield of NC	NR	NR
Blue Shield of California Life & Health Ins. Co	A	XV
Boston Mutual Life Insurance Company	A	IX
California Dental Network	NR	NR
Capital Blue Cross	NR	NA
Capital RX	NR	NR
Caremark Rx LLC	TPA	NA
Central Jersey Health Insurance Fund	NR	NA
Choice Strategies	TPA	NA
CIGNA Dental Health of Kentucky Inc.	NR	
CIGNA Health and Life Ins. Co.	A	XV
CIGNA Life Insurance Company of New York	A u	VIII
CIGNA Worldwide Insurance Company	A	XV
CNA Financial Corporation	bbb+	NR
Colonial Insurance Company	A	XV
Colonial Life & Accident Insurance Co	A	XV
Combined Insurance Company of America	A+	VIII
Combined Life Insurance Company of New York	A+	VIII
Companion Life Insurance Company	A+	XV
CompBenefits Company	A-	VIII
CompBenefits Dental Inc.	A-	VIII
CompBenefits Insurance Company	A-	VIII

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Davis Vision	TPA	NA
Dearborn National Life Insurance Company	A	XV
Dearborn National Life Co of NY	A	XV
Delta Dental of New York	A	XV
Delta Dental Insurance Company	A	XIV
Delta Dental of Kentucky Inc.	A-	VII
Delta Dental of New Jersey Inc.	NR	NR
Delta Dental of Pennsylvania	A	XV
Delta Dental of Washington	NR	NR
Dental Concern Inc.	A-	VIII
Discovery Benefits	NR	NR
Empire BlueCross BlueShield	A	XV
Empire Health Care	A	XV
Empire HealthChoice Assurance, Inc.	A	XV
EmpiRx Health	TPA	NA
Express Scripts Inc	TPA	NA
EyeMed Vision Care	TPA	NA
EyeMed Vision Care HMO TX Ins	NR	NR
Federal Insurance Co	A++	XV
Fidelity Security Life Insurance Company	A	IX
Fidelity Security Life Insurance Company of New York	A	IX
First Colony Life Insurance Co	NR	NR
First Penn-Pacific Life Ins	A	VIII
First Rehab Life Insurance	A-	VII
First Reliance Standard Life Insurance Company	A+	XIV
First Symetra National Life Insurance Company of New York	A	XV
First UNUM Life Insurance Company	A	XV
Flagship Health Systems Inc	NR	NA
Garden State Life Insurance Company	A	VII
Garden State Municipal JIF	NR	NA
Genworth Life Ins Co	C++	XV
Genworth Life and Annuity Insurance Company	B	XV
Gerber Life Insurance Company	A	X
Great Midwest Insurance Company	A-	IX
Group Dental Health	NR	NR
Group Health Incorporated	C+ u	IX
Guardian Life Ins Co of America	A++	XV
Harleysville Life Ins. Co.	A-	VII
Hartford Accident & Indemnity Co..	A+	XV
Hartford Casualty Ins. Co.	A+	XV
Hartford Fire Ins Co	A+	XV
Hartford Insurance Company of the SE	A+	XV
Hartford Life and Accident Insurance Company	A	XV
Hartford Life Insurance Company (Canada)	A+	XV
HCC Life Insurance Company	A++	X
Health Care Service Corp	A	XV
Health Plex/International	NR	NR
Health Republic Ins of NY	NR	NR
Healthplex of NJ	NR	NA
Heartland Fidelity Insurance Company	A-	VII
Highmark Casualty Ins Co	A-	VIII
HIP Insurance Company of New York	C+ u	IX
HM Health Insurance Company	A	XV
HM Life Insurance Company	A	XV
HM Life Insurance Company of New York	A	XV
Horizon Insurance Company	NR	NR
Horizon Blue Cross Blue Shield of New Jersey	NR	NR
Horizon Healthcare Dental Inc	NR	NR
Horizon Healthcare of NJ (HMO)	NR	NA
Horizon Healthcare Services Inc. (BCBS)	NR	NR
Humana Health Plan Inc.	A-	XV
Humana Insurance Company of NY	A-	XV

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Investors Life Insurance Company of NA	B+	VI
Ironshore Indemnity Inc	A	XV
Jackson National Life	A	XV
John Hancock	A	XV
Kaiser Foundation Group of Health Plans (G)	NR	NR
Kaiser Foundation Health Plan Inc	NR	NR
Kaiser Foundation Health Plan Mid-Atlantic States	NR	NR
Kaiser Foundation Health Plan of CO	NR	NR
Kaiser Foundation Health Plan of Georgia	NR	NR
Kaiser Foundation Health Plan of NW	NR	NR
Kaiser Permanent Insurance Company	NR	NR
Keystone Health Plan East, Inc.	NR	NA
Legal Club of America	NR	NR
Liazon	TPA	NA
Liberty Insurance Underwriters, Inc.	A	XV
Liberty Life Assurance Company of Boston	A+	XV
Liberty Mutual Ins Company	A	XV
Life Insurance Company of North America	A u	XV
Lincoln Benefit Life Company	A-	IX
Lincoln Financial	A-	XV
Lincoln Heritage Life Ins. Co.	A-	VIII
The Lincoln National Life Insurance Company	A+	XV
Magellan Health Services	NR	NR
MagnaCare Admin Serv	NR	NR
Managed Dental Care of California	NR	NR
Managed DentalGuard, Inc.	NR	NR
Markel Insurance Co	A	XV
Massachusetts Mutual Life Ins Co	A++	XV
MaxorPlus, Ltd.	TPA	NA
MedTrakRx	TPA	NA
Metropolitan Life Insurance Company	A+	XV
Metropolitan P&C Ins. Co.	A	XV
Monumental Life Insurance Company	NR	NR
Mutual of Omaha Insurance Company	A+	XV
National Guardian Life Insurance Co.	A-	IX
National Health Insurance Company	A-	XV
National Life Insurance Company	A+	XV
National Union Fire Insurance Co. of Pittsburgh PA	A	XV
National Vision Administrator	NR	NR
Nationwide Life Insurance Company	A+	XV
Navitus Health Solutions	TPA	NR
New Jersey Intergovernmental Insurance Fund	NR	NA
New Jersey School Insurance Group	NR	NA
Nippon Life Ins Co of America	A-	VIII
North Jersey Municipal Employee Benefits Fund	NR	NA
Optum RX	TPA	NA
Oxford Benefit Management	NR	NR
Oxford Health Insurance	A	XV
Oxford Health Plans (NJ), Inc.	A	XV
Pan-American Life Ins Co	A	IX
PartnerRe America Insurance Company	A+	XV
Paul Revere Life Insurance Company	A	XV
Phoenix Benefits Management	TPA	NA
Physicians Mutual Ins Co	A	XII
Premiera Blue Cross	A-	XIII
Premier Access Insurance Company	NR	NR
Principal Financial Grp	A	XV
Principal Life Insurance Co	A+	XV
ProAct Inc.	TPA	NA
Protective Life Insurance	A+	XV
Provident Life & Accident Insurance Co.	A	XV
Provident Life & Casualty Ins. Co.	A	XV

Carrier	Best's Rating for Stability	FSC Rating for Assets/Surplus
Pruco Life Insurance Company	A+	XV
The Prudential Insurance Company of America	A+	XV
QCC Insurance Company	NR	NA
Regence BlueShield	A	XV
Reliance Standard Life	A+	XIV
ReliaStar Life Insurance Company	A	XV
ReliaStar Life Insurance Company of New York	A	XIV
Renaissance Life and Health Insurance Company of America	A	VII
School Alliance Insurance Fund	NR	NA
School Health Insurance Fund	NR	NA
Selective Insurance	A	XIII
ShelterPoint Life Insurance Company(Formerly First Rehab Life	A-	VII
Sirius America Insurance Company	A- u	XIV
Solstice Benefits, Inc	NR	NR
Solstice Health Insurance Company	NR	NR
Southern Jersey Fund	NR	NA
Standard Insurance Company	A	XII
Standard Life Insurance Company of New York	A	XII
Standard Security Life Insurance Company of New York	A-	VIII
Star Indemnity & Liability Company	A	XV
Starmount Life Insurance Company	A-	VI
State Health Benefits Plan NJ	NR	NR
State Insurance Fund of NY	NR	NR
Statewide Ins. Fund	NR	NA
Sun Life and Health Insurance Company	A+	XV
Sun Life Assurance Company of Canada	A+	XV
Sun Life of Canada	A+	XV
Symetra Life Insurance Co	A	XV
TASC	NR	NR
Transamerica Life Insurance Company	A	XV
Transamerica Occidental Life	A+	XV
Transamerica Premier Life Insurance Company	A	XV
Travelers Insurance Co	A++	XV
Trustmark Insurance Company	A-	IX
UMR	TPA	NA
Unimerica Insurance Company	A	XV
The Union Labor Life Insurance Company	A-	VIII
Unimerica Life Insurance Company of New York	A	XV
Union Security Insurance Company	B++	VIII
Union Security Life Insurance Company of New York	B++	VIII
United Concordia Dental Plans Inc	A	IX
United Concordia Insurance Company	A	IX
United Concordia Insurance Company of New York	A	IX
United Group Programs, Inc.	TPA	NA
United of Omaha Life Insurance Company	A+	XV
United States Fire Insurance Company	A	XIII
UnitedHealthcare Insurance Company	A	XV
UnitedHealthcare Insurance Company of New York	A	XV
UnitedHealthcare Life Insurance Company	A	XV
UnitedHealthcare of KY Ltd.	A	XV
UnitedHealthcare of the Mid-Atlantic Inc.	A	XV
UnitedHealthcare of the Midwest Inc.	A	XV
UNUM Life Insurance Company of America	A	XV
US Life Ins Co in the CityOfNY	NR	NR
USable Life	A	IX
Valley Forge Insurance Co	A	XV
Vision Service Plan	A u	XIII
Wesco Insurance Company	A-	XV
Westport Insurance Corporation	A+	XV
Williamette Dental of Washington Inc	NR	NR
William Penn Life Ins Co	A+	IX
William Penn Life Ins Co NY	A+	IX

2021-22

**A Proposal of Employee Benefits
Coverage and Service
for:**

Wall Township BOE

**Presented by:
Dominick Cinelli
Senior Vice President**

**Jacob Krakower
Assistant Vice President**



EMPLOYEE BENEFITS

Effective Date: July 1, 2021

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Wall Board of Education

Self-Funded Medical/Rx Financial Summary for July 1, 2021

MEDICAL/RX VENDORS	RESPONSE
HORIZON BCBS NJ	Incumbent - Renewal
AETNA	Quoted
AMERIHEALTH	Quoted
CIGNA	Quoted
CITIZENS RX	Declined to Quote
Principal	Declined to Quote
Homestead Plans	No Response
MAGNACARE	No Response
Wellnet Healthcare	No Response

WALL BOARD OF EDUCATION

Self-Funded Medical/Rx Administration Renewal Summary for July 1, 2021

		CURRENT July 1, 2020	RENEWAL July 1, 2021 (3 years)			PROPOSED July 1, 2021 (3 years)		PROPOSED July 1, 2021 (3 years)			PROPOSED July 1, 2021 (3 years)
NETWORK		Horizon BCBS NJ	Horizon BCBSNJ			Aetna Choice POS II	Open Access Aetna Select	AmeriHealth Administrators	First Health	PHCS	Cigna
THIRD PARTY ADMINISTRATOR		Horizon BCBS NJ	Horizon BCBSNJ			Aetna	Aetna	Amerihealth	Amerihealth	Amerihealth	Cigna
MONTHLY ADMINISTRATIVE FEES			Year 1	Year 2	Year 3						
Medical/Rx Administration		\$42.50	\$42.50	\$43.81	\$45.15	\$28.63	\$28.15	\$41.39	\$38.69	\$38.69	\$39.45
Chronic Care		\$3.50	\$3.50	\$3.50	\$3.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Nurseline		\$0.50	\$0.50	\$0.50	\$0.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Standard Reporting Package		\$1.50	\$1.50	\$1.50	\$1.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Disease Management		-	-	-	-	-	-	-	-	-	
Total Base Fee	512	\$42.50	\$42.50	\$43.81	\$45.15	\$28.63	\$28.15	\$41.39	\$38.69	\$38.69	\$39.45
Installation Fee		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OMNIA (PEPM)	0	\$61.25	\$61.25	\$63.50	\$65.83						
Annualized Administrative Fees*		\$261,120	\$261,120	\$269,169	\$277,402	\$175,903	\$172,954	\$254,300	\$237,711	\$237,711	\$242,381
Annual \$ Difference			\$0	\$8,049	\$8,233	-\$85,217	-\$88,166	\$254,300	\$237,711	\$237,711	-\$18,739
Annual % Difference			0.0%	3.1%	3.1%	-32.6%	-33.8%	-2.6%	-9.0%	-9.0%	-7.2%
SINGLE:	184										
FAMILY:	328										
TOTAL ENROLLEES:	512										
OTHER COST FACTORS		CURRENT	RENEWAL (YEAR 1)	RENEWAL (YEAR 2)	RENEWAL (YEAR 3)	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
Medical Advance Deposit		\$329,132	\$177,407	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Rx Advance Deposit		\$88,714	\$49,658	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Rx Rebates											
Brand Retail		(\$167.00)	(\$167.00)	TBD	TBD	(\$146.63)	(\$146.63)	(\$185.00)	(\$185.00)	(\$185.00)	(\$229.29)
Brand Mail Order		(\$260.00)	(\$260.50)	TBD	TBD	(\$365.38)	(\$365.38)	(\$540.00)	(\$540.00)	(\$540.00)	(\$737.66)
Consulting Fee Paid to B&B Metro (annual)		\$60,000	\$60,000	TBD	TBD	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000

**Rx Rebates based on Premium Formulary. Select Formulary rebates are Retail - (\$125.00) and Mail Order - (\$375.00)

WALL BOARD OF EDUCATION

Self-Funded Medical/Rx Administration Renewal Summary for July 1, 2021

		Current - Horizon/ Prime Therapeutics	Aetna Rx Standard Opt-Out Formulary 3 Tier Qualifying			Amerihealth Rx Premium Formulary			Amerihealth Rx Select Formulary			Cigna Rx		
RETAIL (INCLUDING SPECIALTY FROM NON- PREFERRED SPECIALTY VENDORS)	Minimum AWP Discount Guarantees	Renewal	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Brands	18.10%	19.50%	19.60%	19.70%	18.65%	18.75%	18.85%	18.65%	18.75%	18.85%	18.50%	18.50%	18.50%
	Generics	81.65%	84.50%	84.70%	84.90%	83.25%	83.50%	83.75%	83.25%	83.50%	83.75%	81.75%	82.00%	82.25%
	Maximum Dispensing Fee per Paid Claim													
	Brands	\$0.95	\$0.70	\$0.70	\$0.70	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.85	\$0.85	\$0.85
	Generics	\$0.95	\$0.70	\$0.70	\$0.70	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.85	\$0.85	\$0.85
RETAIL 90 (INCLUDING SPECIALTY FROM NON-PREFERRED VENDORS)	Minimum AWP Discount Guarantees		Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Brands	22.80%	21.00%	21.10%	21.20%	22.00%	22.10%	22.20%	22.00%	22.10%	22.20%	23.50%	23.75%	24.00%
	Generics	81.65%	Included in Retail 30 pricing above			85.00%	85.25%	85.50%	85.00%	85.25%	85.50%	83.50%	83.75%	84.00%
	Maximum Dispensing Fee per Paid Claim													
	Brands	\$0.00	\$0.55	\$0.55	\$0.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Generics	\$0.00	\$0.55	\$0.55	\$0.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MAIL (EXCLUDING SPECIALTY)	Minimum AWP Discount Guarantees													
	Brands	26.20%	25.00%	25.10%	25.20%	25.50%	25.60%	25.70%	25.50%	25.60%	25.70%	24.00%	24.25%	24.50%
	Generics	85.45%	88.50%	88.70%	88.90%	86.75%	87.00%	87.25%	86.75%	87.00%	87.25%	84.50%	84.75%	85.00%
	Maximum Dispensing Fee per Paid Claim													
	Brands	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Generics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SPECIALTY (THROUGH PREFERRED VENDOR)	Minimum AWP Discount Guarantees													
	Brands	17.00%	19.00%	19.10%	19.20%	20.00%	20.10%	20.20%	20.00%	20.10%	20.20%	Specialty discounts on a combined basis (retail, mail, brand, and generic) will average an aggregate discount of 18%		
	Generics	17.00%	19.00%	19.10%	19.20%	20.00%	20.10%	20.20%	20.00%	20.10%	20.20%			
	Maximum Dispensing Fee per Paid Claim													
	Brands	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Generics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
REBATE GUARANTEED AMOUNTS	Guaranteed Minimum Rebate per Paid Claim													
	Per Retail Brand Claim (30 days)	\$167.00	\$146.63	\$161.91	\$177.62	\$185.00	\$195.00	\$205.00	\$170.00	\$180.00	\$190.00	\$229.29	\$253.78	\$277.39
	Per Retail Brand Claim (90 days)	\$167.00	\$365.38	\$410.94	\$455.90	\$540.00	\$560.00	\$580.00	\$500.00	\$520.00	\$540.00	\$737.66	\$795.97	\$857.90
	Per Mail Brand Claim (excluding Specialty)	\$260.50	\$405.98	\$456.60	\$506.56	\$540.00	\$560.00	\$580.00	\$500.00	\$520.00	\$540.00	\$1,512.92	\$1,652.47	\$1,784.25
	Per Retail Specialty Brand Claim (NP specialty vendor)	\$260.50	\$1,441.00	\$1,585.10	\$1,743.61	\$1,800.00	\$1,900.00	\$2,000.00	\$1,600.00	\$1,700.00	\$1,800.00	N/A	N/A	N/A
	Per Specialty Brand Claim (Preferred Specialty Pharmacy)	\$260.50	\$1,441.00	\$1,585.10	\$1,743.61	\$1,800.00	\$1,900.00	\$2,000.00	\$1,600.00	\$1,700.00	\$1,800.00	N/A	N/A	N/A
	Rebate Percentage shared with the Plan	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ADMIN FEES	Administrative Fee, if any	Current												
	Per Paid Claim, OR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Per Member Per Month	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Disclaimer Information

The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.



The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.

If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown Metro, LLC.

This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.

This presentation is the proprietary work product of Brown & Brown Metro, LLC. and is not authorized for further use or distribution.

All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown & Brown Metro, LLC representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.

Brown & Brown Metro, LLC representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.

The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown Metro LLC representative at any time.

You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

This proposal is for illustrative purposes and is not a complete explanation of the policies. It is intended to provide a brief, general description of the coverages quoted. Please remember that only the insurance policies can give you the actual insuring agreements, limits of coverage, definitions, exclusions, terms and conditions of the insurance shown in this proposal. Upon issue, please read your policy carefully. This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution. Executive summaries and proposals are created by Brown & Brown; neither Brown & Brown nor the carrier will be held responsible for typographical or clerical errors.



Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

Questions and Information Requests: Should you have any questions, or require additional information, please contact this office at 1-877-75ASKUS or, if you prefer, submit your question or request on line at: <http://www.bbinsurance.com/customerinquiry/>



EMPLOYEE BENEFITS

DISCLOSURE OF A FINANCIAL INTEREST IN THE SALE OF HEALTH INSURANCE POLICIES

New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three.

The per employee dollar amount(s) or percentage(s) of premium are in the table below. All amounts and/or percentages are additive. If something does not apply, it is marked "None" or "NA". If there is compensation, whether or not in addition to the compensation shown, whose amount cannot be determined, enter "CBD" (cannot be determined) on the appropriate line. Use the "Other" line for all other compensation, whether or not the amount is determinable.

	Agent/Producer	
	Percentage (%)	Amount in Dollars (\$) (per employee basis)
Commission of Issuing Agent		
Commission of General Agent	N/A	
Consultant Fee		
Brokerage Fee		\$55,000 in lieu of commission
Other:		

Producer Information

Agent Name: Jacob Krakower

General Agent Name: N/A

Carrier Information

Company Name: Horizon Healthcare Services

Date: 5/21/2021

Agent / Producer Signature: Jacob Krakower

PROPOSAL ASSUMPTIONS



- The rates and premiums shown are based on the employee lives and volumes contained in the most recent census information and renewal information received.
- The rates quoted are based on an effective date shown on cover page. Rates will be subject to change after this date and paperwork must be submitted prior to the effective date.
- To ensure all members are in the carrier's system for confirmation of benefits, forms must be received three weeks prior to effective date.
- It is imperative we be informed of any employee or dependent that is hospitalized or otherwise disabled and not actively at work on the effective date of any new contract. Coverage may not be available for these individuals.
- For Marketing Purposes: The rates shown are not guaranteed. Upon enrollment, carriers may require an Employer Medical Questionnaire be completed or Individual Medical Questionnaires be completed. Final rates will be based on the information released on this (these) form(s). The final rates for these plans may vary if the census changes.

ACRONYMS AND KEY DEFINITIONS

For the purposes of this proposal, the following acronyms may be used:

Type of Plan

DHMO - Dental Health Maintenance Organization

HMO - Health Maintenance Organization / POS - Point of Service

PPO - Preferred Provider Organization

Financial Arrangements

ASO - Administrative Services Only / FI - Full Insured

MP - Minimum Premium

PSF - Partially Self Funded

Self-Funded Policy Terms

ASL - Aggregate Stop Loss / ISL - Individual Stop Loss

MRA - Maximum Reimbursement Aggregate

Reimbursement / Saving Accounts

FSA - Flexible Spending Account / HSA - Health Savings Account

HRA - Health Reimbursement Account

Other

DED - Deductible

IND - Individual / FAM - Family

ER - Emergency Room / HOSP - Hospital

IN-NET - In-Network / OON - Out-of-Network

MAX - Maximum

N/A - Not Applicable

OV - Office Visit

PCP - Primary Care Physician / SPEC - Specialist

RX - Prescription Drug

EE - Employee Only, ES - Employee + Spouse, EC - Employee + Child(ren), EF - Employee + Family

Generic- A drug that is no longer covered by patent protection and may be produced and/or distributed by multiple drug companies (usually tier 1).

Preferred Drugs- Drugs included on a formulary or preferred drug list; for example, a brand name-drug without a generic substitute (usually tier 2).

Non-preferred Drugs- Drugs not included on a formulary or preferred drug list; for example, a brand-name drug with a generic substitute (usually tier 3).

Specialty Drugs: Specifically identified types of drugs, such as lifestyle drugs or biologics (usually tier 4).

Embedded- Once participant meets Individual Deductible, Co-insurance applies to that individual.

Aggregate- Family Deductible must be met before Co-insurance applies, to all family members.

This proposal is for illustrative purposes and is not a complete explanation of the policies. It is intended to provide a brief, general description of the coverages quoted. Please remember that only the insurance policies can give you the actual insuring agreements, limits of coverage, definitions, exclusions, terms and conditions of the insurance shown in this proposal. Upon issue, please read your policy carefully. This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution. Executive summaries and proposals are created by Brown & Brown; neither Brown & Brown nor the carrier will be held responsible for typographical or clerical errors.



NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the applicable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at 973-549-1900 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

AM BEST RATING GUIDELINES

General Rating:

These rating classifications reflect BEST's opinion of the relative position of each company in comparison with others, based upon averages within the insurance industry. They are reflective of overall company services and standing within the industry.

A++, A+	Superior		B++, B+	Good		C++, C+	Marginal
A, A-	Excellent		B, B-	Fair		C, C-	Weak

Financial Size Category:

The Financial Size Category is an indication of the size of an Insurer and is based on reported Policyholders' surplus plus conditional or Technical Reserve Funds, such as mandatory securities valuation reserve, other investment and operating contingency funds and/or miscellaneous voluntary reserves in liabilities.

Financial Size Category (in Thousands)			
Class I	Up to		\$1,000
Class II	\$1,000	to	\$2,000
Class III	\$2,000	to	\$5,000
Class IV	\$5,000	to	\$10,000
Class V	\$10,000	to	\$25,000
Class VI	\$25,000	to	\$50,000
Class VII	\$50,000	to	\$100,000
Class VIII	\$100,000	to	\$250,000
Class IX	\$250,000	to	\$500,000
Class X	\$500,000	to	\$750,000
Class XI	\$750,000	to	\$1,000,000
Class XII	\$1,000,000	to	\$1,250,000
Class XIII	\$1,250,000	to	\$1,500,000
Class XIV	\$1,500,000	to	\$2,000,000
Class XV	\$2,000,000	or	Greater

This information has been provided to you so that consideration is given to the financial condition of our proposed carriers. The financial information disclosed is the most recent available to **Brown & Brown Metro, LLC**. Brown & Brown does not guarantee financial condition of the insurers listed on the Market Summary.

**A Proposal of Employee Benefits
Coverage and Service
for:**

Wall Township BOE

**Presented by:
Dominick Cinelli
Senior Vice President**

**Jacob Krakower
Assistant Vice President**



EMPLOYEE BENEFITS

Effective Date: January 1, 2022

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Wall Board of Education**Self-Funded Medical/Rx Financial Summary for January 1, 2022**

STOP-LOSS VENDORS	RESPONSE
HORIZON BCBSNJ	Incumbent - Renewal
AETNA	Quoted with Aetna TPA
AMERIHEALTH	Declined to quote
BERKLEY LIFE	Declined to quote
CIGNA	Declined to quote
HM Life Insurance Company	Quoted
OPTUM	Declined to quote
PARTNER RE	Declined to quote
QBE	Declined to quote
SUNLIFE	Quoted with Horizon TPA and Aetna TPA
TOKIO MARINE HCC	Declined to quote

MEDICAL/ RX ADMINISTRATOR VENDORS	RESPONSE
HORIZON BCBSNJ	Incumbent - Renewal 7/1/2021
AETNA	Quoted
AMERIHEALTH	Quoted
CIGNA	Quoted

WALL BOARD OF EDUCATION

Self-Funded Medical/Rx Administration Renewal Summary for January 1, 2022

		RENEWAL July 1, 2021 (3 years)			PROPOSED January 1, 2022 (3 years)		PROPOSED July 1, 2021 (3 years)			PROPOSED July 1, 2021 (3 years)
NETWORK		Horizon BCBSNJ			Aetna Choice POS II	Open Access Aetna Select	AmeriHealth Administrators	First Health	PHCS	Cigna
THIRD PARTY ADMINISTRATOR		Horizon BCBSNJ			Aetna	Aetna	Amerihealth	Amerihealth	Amerihealth	Cigna
MONTHLY ADMINISTRATIVE FEES		Year 1	Year 2	Year 3						
Medical/Rx Administration		\$42.50	\$43.81	\$45.15	\$23.18	\$23.66	\$41.44	\$38.74	\$38.74	\$32.82
Chronic Care		\$3.50	\$3.50	\$3.50	\$5.60	\$5.60	\$0.00	\$0.00	\$0.00	\$0.00
Nurseline		\$0.50	\$0.50	\$0.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Standard Reporting Package		\$1.50	\$1.50	\$1.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Disease Management		-	-	-	-	-	-	-	-	-
Total Base Fee	512	\$42.50	\$43.81	\$45.15	\$28.78	\$29.26	\$41.44	\$38.74	\$38.74	\$32.82
Installation Fee		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OMNIA (PEPM)	0	\$61.25	\$63.50	\$65.83						
Annualized Administrative Fees*		\$261,120	\$269,169	\$277,402	\$176,824	\$179,773	\$254,607	\$238,019	\$238,019	\$201,646
Annual \$ Difference					-\$84,296	-\$81,347	-\$6,513	-\$23,101	\$238,019	-\$59,474
Annual % Difference					-32.3%	-31.2%	-2.5%	-8.8%	-8.8%	-22.8%
TOTAL ENROLLEES:	512									
OTHER COST FACTORS		CURRENT (YEAR 1)	CURRENT (YEAR 2)	CURRENT (YEAR 3)	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
Medical Advance Deposit		\$177,407	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Rx Advance Deposit		\$49,658	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Rx Rebates										
Brand Retail		(\$167.00)	TBD	TBD	(\$154.67)	(\$154.67)	(\$250.00)	(\$260.00)	(\$270.00)	(\$229.29)
Brand Mail Order		(\$260.50)	TBD	TBD	(\$430.76)	(\$430.76)	(\$740.00)	(\$760.00)	(\$780.00)	(\$1,512.92)
Consulting Fee Paid to B&B Metro (annual)		\$55,000	TBD	TBD	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000

**Aetna Rx Rebates show Year 1. Year 2 - (\$169.16) and Mail Order - (\$482.44), Year 3 - (\$186.08) and Mail Order - (\$530.68)

**Amerihealth Rx Rebates based on Premium Formulary. Select Formulary rebates are Retail - (\$170.00) and Mail Order - (\$540.00)

**Cigna Rx Rebates show Year 1. Year 2 - (\$253.78) and Mail Order - (\$1,652.47), Year 3 - (\$277.39) and Mail Order - (\$1,784.25)

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2022

\$125,000 Specific	Lives	CURRENT January 1, 2021	INITIAL RENEWAL January 1, 2022	FINAL RENEWAL January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022
Medical/Rx Administration (TPA)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ
Carrier (Stop-Loss)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ
Contract Type (Spec)		36/12	36/12	36/12	36/12	36/12	36/12	36/12	36/12	36/12	36/12
Contract Type (Agg)		36/12	36/12	36/12	36/12	36/12	36/12	36/12	36/12	36/12	36/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$150,000	\$150,000	\$150,000	\$175,000	\$175,000	\$175,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates											
Composite	512	\$131.50	\$151.29	\$143.66	\$143.66	\$125.50	\$125.50	\$125.50	\$110.74	\$110.74	\$110.74
Aggregate Rate		\$3.45	\$3.45	\$3.45	\$4.14	\$3.45	\$3.91	\$4.14	\$3.45	\$3.91	\$4.14
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	110% Corridor	125% Corridor	115% Corridor	110% Corridor	125% Corridor	115% Corridor	110% Corridor
Composite	512	\$2,390.57	\$2,603.39	\$2,603.39	\$2,290.98	\$2,628.66	\$2,418.37	\$2,313.22	\$2,643.13	\$2,431.68	\$2,325.95
Annual Stoploss Premium		\$829,133	\$950,723	\$903,844	\$908,083	\$792,269	\$795,095	\$796,508	\$701,583	\$704,410	\$705,823
% Increase/decrease		-	14.66%	9.01%	9.52%	-4.45%	-4.11%	-3.93%	-15.38%	-15.04%	-14.87%
Dollar Increase		-	\$121,590	\$74,711	\$78,950	-\$36,864	-\$34,038	-\$32,625	-\$127,549	-\$124,723	-\$123,310
Administration (Renewal - 7/1/21)		\$253,850	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120
% Increase/decrease		-	2.86%	2.86%	2.86%	2.86%	2.86%	2.86%	2.86%	2.86%	2.86%
Dollar Increase		-	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270
Total Fixed Cost		\$1,082,983	\$1,211,843	\$1,164,964	\$1,169,203	\$1,053,389	\$1,056,215	\$1,057,628	\$962,703	\$965,530	\$966,943
% Increase/decrease		-	11.9%	7.6%	8.0%	-2.7%	-2.5%	-2.3%	-11.1%	-10.8%	-10.7%
Dollar Increase		-	\$128,860	\$81,981	\$86,220	-\$29,594	-\$26,768	-\$25,355	-\$120,279	-\$117,453	-\$116,040
Annual Claims @ Max		\$14,687,662	\$15,995,228	\$15,995,228	\$14,075,781	\$16,150,487	\$14,858,465	\$14,212,424	\$16,239,391	\$14,940,242	\$14,290,637
Annual Claim @ Expected		\$11,750,130	\$12,796,183	\$12,796,183	\$11,260,625	\$12,920,390	\$11,886,772	\$11,369,939	\$12,991,513	\$11,952,194	\$11,432,509
Lasers		N/A	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Total Fixed Costs + Max Claims		\$15,770,645	\$17,382,071	\$17,335,192	\$15,419,984	\$17,378,876	\$16,089,680	\$15,445,052	\$17,377,094	\$16,080,772	\$15,432,580
% Increase/decrease		-	10.2%	9.9%	-2.2%	10.2%	2.0%	-2.1%	10.2%	2.0%	-2.1%
Dollar Increase		-	\$1,611,426	\$1,564,547	-\$350,661	\$1,608,231	\$319,035	-\$325,593	\$1,606,449	\$310,127	-\$338,065
Total Fixed Costs + Expected Claims		\$12,833,112	\$14,183,025	\$14,136,146	\$12,604,828	\$14,148,778	\$13,117,987	\$12,602,567	\$14,129,216	\$13,092,723	\$12,574,452
% Increase/decrease		-	10.5%	10.2%	-1.8%	10.3%	2.2%	-1.8%	10.1%	2.0%	-2.0%
Dollar Increase		-	\$1,349,913	\$1,303,034	-\$228,284	\$1,315,666	\$284,875	-\$230,545	\$1,296,103	\$259,611	-\$258,660
Notes											

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2022

\$125,000 Specific	Lives	CURRENT January 1, 2021	INITIAL RENEWAL January 1, 2022	FINAL RENEWAL January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022
Medical/Rx Administration (TPA)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Carrier (Stop-Loss)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	24/12	18/12	18/12	18/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	24/12	18/12	18/12	18/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$150,000	\$200,000	\$125,000	\$150,000	\$200,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates										
Composite	512	\$131.50	\$151.29	\$143.66	\$145.19	\$119.87	\$87.80	\$143.01	\$118.07	\$86.49
Aggregate Rate		\$3.45	\$3.45	\$3.45	\$5.91	\$8.63	\$8.83	\$5.85	\$8.53	\$8.73
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Composite	512	\$2,390.57	\$2,603.39	\$2,603.39	\$2,272.40	\$2,315.21	\$2,369.45	\$2,246.69	\$2,288.87	\$2,342.29
Annual Stoploss Premium		\$829,133	\$950,723	\$903,844	\$928,358	\$789,504	\$593,695	\$914,596	\$777,830	\$585,032
% Increase/decrease		-	14.66%	9.01%	12.0%	-4.8%	-28.4%	10.3%	-6.2%	-29.4%
Dollar Increase		-	\$121,590	\$74,711	\$99,226	-\$39,629	-\$235,438	\$85,463	-\$51,302	-\$244,101
Administration (Renewal - 7/1/21)		\$253,850	\$261,120	\$261,120	\$179,773	\$179,773	\$179,773	\$179,773	\$179,773	\$179,773
% Increase/decrease		-	2.86%	2.86%	-29.18%	-29.18%	-29.18%	-29.18%	-29.18%	-29.18%
Dollar Increase		-	\$7,270	\$7,270	-\$74,077	-\$74,077	-\$74,077	-\$74,077	-\$74,077	-\$74,077
Total Fixed Cost		\$1,082,983	\$1,211,843	\$1,164,964	\$1,108,132	\$969,277	\$773,468	\$1,094,369	\$957,604	\$764,805
% Increase/decrease		-	11.9%	7.6%	2.3%	-10.5%	-28.6%	1.1%	-11.6%	-29.4%
Dollar Increase		-	\$128,860	\$81,981	\$25,149	-\$113,705	-\$309,515	\$11,386	-\$125,379	-\$318,178
Annual Claims @ Max		\$14,687,662	\$15,995,228	\$15,995,228	\$13,961,626	\$14,224,650	\$14,557,901	\$13,803,663	\$14,062,817	\$14,391,030
Annual Claim @ Expected		\$11,750,130	\$12,796,183	\$12,796,183	\$11,169,300	\$11,379,720	\$11,646,321	\$11,042,931	\$11,250,254	\$11,512,824
Lasers		N/A	\$300,000	\$300,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Fixed Costs + Max Claims		\$15,770,645	\$17,382,071	\$17,335,192	\$15,069,757	\$15,193,928	\$15,331,369	\$14,898,033	\$15,020,421	\$15,155,835
% Increase/decrease		-	10.2%	9.9%	-4.4%	-3.7%	-2.8%	-5.5%	-4.8%	-3.9%
Dollar Increase		-	\$1,611,426	\$1,564,547	-\$700,887	-\$576,717	-\$439,276	-\$872,612	-\$750,224	-\$614,810
Total Fixed Costs + Expected Claims		\$12,833,112	\$14,183,025	\$14,136,146	\$12,277,432	\$12,348,998	\$12,419,789	\$12,137,300	\$12,207,858	\$12,277,629
% Increase/decrease		-	10.5%	10.2%	-4.3%	-3.8%	-3.2%	-5.4%	-4.9%	-4.3%
Dollar Increase		-	\$1,349,913	\$1,303,034	-\$555,680	-\$484,115	-\$413,324	-\$695,812	-\$625,255	-\$555,484
Notes					Quoted with Run in limit, waiting on confirmation this can be removed.	Quoted with Run in limit, waiting on confirmation this can be removed.	Quoted with Run in limit, waiting on confirmation this can be removed.			

WALL TOWNSHIP BOARD OF EDUCATION
Stop-Loss Renewal & Marketing Results for January 1, 2022

\$125,000 Specific	Lives	CURRENT January 1, 2021	INITIAL RENEWAL January 1, 2022	FINAL RENEWAL January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022
Medical/Rx Administration (TPA)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Aetna	Aetna
Carrier (Stop-Loss)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	HM Life Insurance Company	HM Life Insurance Company	HM Life Insurance Company	SunLife	SunLife	SunLife	SunLife
Contract Type (Spec)		36/12	36/12	36/12	24/12	24/12	24/12	36/12	36/12	36/12	36/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	24/12	24/12	36/12	36/12	36/12	36/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$150,000	\$175,000	\$125,000	\$150,000	\$125,000	\$150,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates											
Composite	512	\$131.50	\$151.29	\$143.66	\$177.62	\$150.84	\$131.63	\$146.04	\$124.45	\$146.04	\$124.45
Aggregate Rate		\$3.45	\$3.45	\$3.45	\$15.45	\$16.00	\$16.48	\$4.51	\$4.84	\$4.51	\$4.84
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Composite	512	\$2,390.57	\$2,603.39	\$2,603.39	\$2,522.60	\$2,568.01	\$2,600.80	\$2,456.54	\$2,500.79	\$2,441.96	\$2,488.58
Annual Stoploss Premium		\$829,133	\$950,723	\$903,844	\$1,186,222	\$1,025,065	\$909,988	\$924,979	\$794,358	\$924,979	\$794,358
% Increase/decrease		-	14.66%	9.01%	43.1%	23.6%	9.8%	11.6%	-4.2%	11.6%	-4.2%
Dollar Increase		-	\$121,590	\$74,711	\$357,089	\$195,932	\$80,855	\$95,846	-\$34,775	\$95,846	-\$34,775
Administration (Renewal - 7/1/21)		\$253,850	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$261,120	\$179,773	\$179,773
% Increase/decrease		-	2.86%	2.86%	2.86%	2.86%	2.86%	2.9%	2.9%	-29.2%	-29.2%
Dollar Increase		-	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	\$7,270	-\$74,077	-\$74,077
Total Fixed Cost		\$1,082,983	\$1,211,843	\$1,164,964	\$1,447,342	\$1,286,185	\$1,171,108	\$1,186,099	\$1,055,478	\$1,104,753	\$974,131
% Increase/decrease		-	11.9%	7.6%	33.6%	18.8%	8.1%	9.5%	-2.5%	2.0%	-10.1%
Dollar Increase		-	\$128,860	\$81,981	\$364,359	\$203,202	\$88,125	\$103,116	-\$27,505	\$21,770	-\$108,852
Annual Claims @ Max		\$14,687,662	\$15,995,228	\$15,995,228	\$15,498,854	\$15,777,853	\$15,979,315	\$15,092,982	\$15,364,854	\$15,003,402	\$15,289,836
Annual Claim @ Expected		\$11,750,130	\$12,796,183	\$12,796,183	\$12,399,084	\$12,622,283	\$12,783,452	\$12,074,385	\$12,291,883	\$12,002,722	\$12,231,868
Lasers		N/A	\$300,000	\$300,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Fixed Costs + Max Claims		\$15,770,645	\$17,382,071	\$17,335,192	\$16,946,196	\$17,064,038	\$17,150,423	\$16,279,081	\$16,420,332	\$16,108,155	\$16,263,967
% Increase/decrease		-	10.2%	9.9%	7.5%	8.2%	8.7%	3.2%	4.1%	2.1%	3.1%
Dollar Increase		-	\$1,611,426	\$1,564,547	\$1,175,552	\$1,293,394	\$1,379,778	\$508,436	\$649,687	\$337,510	\$493,322
Total Fixed Costs + Expected Claims		\$12,833,112	\$14,183,025	\$14,136,146	\$13,846,426	\$13,908,468	\$13,954,560	\$13,260,485	\$13,347,361	\$13,107,474	\$13,206,000
% Increase/decrease		-	10.5%	10.2%	7.9%	8.4%	8.7%	3.3%	4.0%	2.1%	2.9%
Dollar Increase		-	\$1,349,913	\$1,303,034	\$1,013,313	\$1,075,355	\$1,121,448	\$427,372	\$514,248	\$274,362	\$372,887
Notes								No new laser at renewal	No new laser at renewal	No new laser at renewal	No new laser at renewal

WALL TOWNSHIP BOARD OF EDUCATION

Stop-Loss Renewal & Marketing Results for January 1, 2022

\$125,000 Specific	Lives	CURRENT January 1, 2021	FINAL RENEWAL January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022	PROPOSED January 1, 2022
Medical/Rx Administration (TPA)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Aetna	Horizon BCBSNJ
Carrier (Stop-Loss)		Horizon BCBSNJ	Horizon BCBSNJ	Horizon BCBSNJ	Aetna	SunLife
Contract Type (Spec)		36/12	36/12	36/12	24/12	36/12
Contract Type (Agg)		36/12	36/12	36/12	24/12	36/12
Specific Deductible		\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates						
Composite	512	\$131.50	\$143.66	\$143.66	\$145.19	\$146.04
Aggregate Rate		\$3.45	\$3.45	\$4.14	\$5.91	\$4.51
Maximum Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Aggregate Factors (Medical & Rx)		125% Corridor	125% Corridor	110% Corridor	125% Corridor	125% Corridor
Composite	512	\$2,390.57	\$2,603.39	\$2,290.98	\$2,272.40	\$2,456.54
Annual Stoploss Premium		\$829,133	\$903,844	\$908,083	\$928,358	\$924,979
% Increase/decrease		-	9.01%	9.52%	12.0%	11.6%
Dollar Increase		-	\$74,711	\$78,950	\$99,226	\$95,846
Administration (Renewal - 7/1/21)		\$253,850	\$261,120	\$261,120	\$179,773	\$261,120
% Increase/decrease		-	2.86%	2.86%	-29.18%	2.86%
Dollar Increase		-	\$7,270	\$7,270	-\$74,077	\$7,270
Total Fixed Cost		\$1,082,983	\$1,164,964	\$1,169,203	\$1,108,132	\$1,186,099
% Increase/decrease		-	7.6%	8.0%	2.3%	9.5%
Dollar Increase		-	\$81,981	\$86,220	\$25,149	\$103,116
Annual Claims @ Max		\$14,687,662	\$15,995,228	\$14,075,781	\$13,961,626	\$15,092,982
Annual Claim @ Expected		\$11,750,130	\$12,796,183	\$12,796,165	\$11,169,300	\$12,074,385
Lasers		N/A	\$300,000	\$300,000	N/A	N/A
Total Fixed Costs + Max Claims		\$15,770,645	\$17,335,192	\$15,419,984	\$15,069,757	\$16,279,081
% Increase/decrease		-	9.9%	-2.2%	-4.4%	3.2%
Dollar Increase		-	\$1,564,547	-\$350,661	-\$700,887	\$508,436
Total Fixed Costs + Expected Claims		\$12,833,112	\$14,136,146	\$14,140,368	\$12,277,432	\$13,260,485
% Increase/decrease		-	10.2%	10.2%	-4.3%	3.3%
Dollar Increase		-	\$1,303,034	\$1,307,255	-\$555,680	\$427,372
Notes			Includes \$300,000 laser	Includes \$300,000 laser		No new laser at renewal

Disclaimer Information

The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.



The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.

If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown Metro, LLC.

This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.

This presentation is the proprietary work product of Brown & Brown Metro, LLC. and is not authorized for further use or distribution.

All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown & Brown Metro, LLC representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.

Brown & Brown Metro, LLC representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.

The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown Metro LLC representative at any time.

You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

This proposal is for illustrative purposes and is not a complete explanation of the policies. It is intended to provide a brief, general description of the coverages quoted. Please remember that only the insurance policies can give you the actual insuring agreements, limits of coverage, definitions, exclusions, terms and conditions of the insurance shown in this proposal. Upon issue, please read your policy carefully. This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution. Executive summaries and proposals are created by Brown & Brown; neither Brown & Brown nor the carrier will be held responsible for typographical or clerical errors.

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

Questions and Information Requests: Should you have any questions, or require additional information, please contact this office at 1-877-75ASKUS or, if you prefer, submit your question or request on line at: <http://www.bbinsurance.com/customerinquiry/>



EMPLOYEE BENEFITS

**DISCLOSURE OF A FINANCIAL INTEREST
IN THE SALE OF HEALTH INSURANCE POLICIES**

New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three.

The per employee dollar amount(s) or percentage(s) of premium are in the table below. All amounts and/or percentages are additive. If something does not apply, it is marked "None" or "NA". If there is compensation, whether or not in addition to the compensation shown, whose amount cannot be determined, enter "CBD" (cannot be determined) on the appropriate line. Use the "Other" line for all other compensation, whether or not the amount is determinable.

	Agent/Producer	
	Percentage (%)	Amount in Dollars (\$) (per employee basis)
Commission of Issuing Agent		
Commission of General Agent	N/A	
Consultant Fee		
Brokerage Fee		\$55,000 in lieu of commission
Other:		

Producer Information

Agent Name: Jacob Krakower

General Agent Name: N/A

Carrier Information

Company Name: Horizon Healthcare Services

Date: 10/1/2021

Agent / Producer Signature: Jacob Krakower

PROPOSAL ASSUMPTIONS



- The rates and premiums shown are based on the employee lives and volumes contained in the most recent census information and renewal information received.
- The rates quoted are based on an effective date shown on cover page. Rates will be subject to change after this date and paperwork must be submitted prior to the effective date.
- To ensure all members are in the carrier's system for confirmation of benefits, forms must be received three weeks prior to effective date.
- It is imperative we be informed of any employee or dependent that is hospitalized or otherwise disabled and not actively at work on the effective date of any new contract. Coverage may not be available for these individuals.
- For Marketing Purposes: The rates shown are not guaranteed. Upon enrollment, carriers may require an Employer Medical Questionnaire be completed or Individual Medical Questionnaires be completed. Final rates will be based on the information released on this (these) form(s). The final rates for these plans may vary if the census changes.

ACRONYMS AND KEY DEFINITIONS

For the purposes of this proposal, the following acronyms may be used:

Type of Plan

DHMO - Dental Health Maintenance Organization

HMO - Health Maintenance Organization / POS - Point of Service

PPO - Preferred Provider Organization

Financial Arrangements

ASO - Administrative Services Only / FI - Full Insured

MP - Minimum Premium

PSF - Partially Self Funded

Self-Funded Policy Terms

ASL - Aggregate Stop Loss / ISL - Individual Stop Loss

MRA - Maximum Reimbursement Aggregate

Reimbursement / Saving Accounts

FSA - Flexible Spending Account / HSA - Health Savings Account

HRA - Health Reimbursement Account

Other

DED - Deductible

IND - Individual / FAM - Family

ER - Emergency Room / HOSP - Hospital

Data: IN-NET - In-Network / OON - Out-of-Network

MAX - Maximum

N/A - Not Applicable

Age

OV - Office Visit

PCP - Primary Care Physician / SPEC - Specialist

RX - Prescription Drug

EE - Employee Only, ES - Employee + Spouse, EC - Employee + Child(ren), EF - Employee + Family

Generic- A drug that is no longer covered by patent protection and may be produced and/or distributed by multiple drug companies (usually tier 1).

Preferred Drugs- Drugs included on a formulary or preferred drug list; for example, a brand name-drug without a generic substitute (usually tier 2).

Non-preferred Drugs- Drugs not included on a formulary or preferred drug list; for example, a brand-name drug with a generic substitute (usually tier 3).

Specialty Drugs: Specifically identified types of drugs, such as lifestyle drugs or biologics (usually tier 4).

Embedded- Once participant meets Individual Deductible, Co-insurance applies to that individual.

Aggregate- Family Deductible must be met before Co-insurance applies, to all family members.

This proposal is for illustrative purposes and is not a complete explanation of the policies. It is intended to provide a brief, general description of the coverages quoted. Please remember that only the insurance policies can give you the actual insuring agreements, limits of coverage, definitions, exclusions, terms and conditions of the insurance shown in this proposal. Upon issue, please read your policy carefully. This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution. Executive summaries and proposals are created by Brown & Brown; neither Brown & Brown nor the carrier will be held responsible for typographical or clerical errors.

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the applicable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at 973-549-1900 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

AM BEST RATING GUIDELINES

General Rating:

These rating classifications reflect BEST's opinion of the relative position of each company in comparison with others, based upon averages within the insurance industry. They are reflective of overall company services and standing within the industry.

A++, A+	Superior		B++, B+	Good		C++, C+	Marginal
A, A-	Excellent		B, B-	Fair		C, C-	Weak

Financial Size Category:

The Financial Size Category is an indication of the size of an Insurer and is based on reported Policyholders' surplus plus conditional or Technical Reserve Funds, such as mandatory securities valuation reserve, other investment and operating contingency funds and/or miscellaneous voluntary reserves in liabilities.

Financial Size Category (in Thousands)			
Class I	Up to		\$1,000
Class II	\$1,000	to	\$2,000
Class III	\$2,000	to	\$5,000
Class IV	\$5,000	to	\$10,000
Class V	\$10,000	to	\$25,000
Class VI	\$25,000	to	\$50,000
Class VII	\$50,000	to	\$100,000
Class VIII	\$100,000	to	\$250,000
Class IX	\$250,000	to	\$500,000
Class X	\$500,000	to	\$750,000
Class XI	\$750,000	to	\$1,000,000
Class XII	\$1,000,000	to	\$1,250,000
Class XIII	\$1,250,000	to	\$1,500,000
Class XIV	\$1,500,000	to	\$2,000,000
Class XV	\$2,000,000	or	Greater

Date: 10/1/2021

Agent / Producer Signature: Jacobi Krakower

This information has been provided to you so that consideration is given to the financial condition of our proposed carriers. The financial information disclosed is the most recent available to **Brown & Brown Metro, LLC**. Brown & Brown does not guarantee financial condition of the insurers listed on the Market Summary.

2022-23

**A Proposal of Employee Dental Benefits
Coverage and Service
for:**

Wall Township BOE

**Presented by:
Jacob Krakower
Account Vice President**



EMPLOYEE BENEFITS

Dental Effective Date: July 1, 2022

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Wall Township BOE

2022 Bid Summary for Dental Market Assessment

Dental - <i>Renewing 07/01/2022</i>	
▶ Delta Dental	Incumbent - Renewal
▶ Aetna	Quoted
▶ Horizon	Quoted
▶ MetLife	Quoted
▶ UHC	Quoted
▶ United Concordia	Quoted-Could not provide DMO
▶ Humana	Declined to Quote
▶ Nippon	Declined to Quote
▶ Mutual of Omaha	Declined to Quote
▶ Principal	Declined to Quote
▶ Unum	Declined to Quote

Wall Township BOE
Dental Coverage Renewal Cost Summary for July 1, 2022

	Delta Dental		Aetna	UHC	MetLife	Horizon
	Current	1 Year Final Rates	Proposed	Proposed	Proposed	Proposed
Dental	\$475,904	\$476,379	\$456,419	\$448,827	\$429,812	\$435,690
Increase from Current	N/A	\$475	-\$19,485	-\$27,077	-\$46,092	-\$40,214
% Increase	N/A	0.1%	-4.1%	-5.7%	-9.7%	-8.5%
Notes	Flagship offers only 1 Year Renewal Rates. Two year rate action for PPO is 1.50%.		6% Rate caps on DMO and PPO for 7.1.23-6.30.24.	Rates are guaranteed for 24 months	DHMO not ETBT. 5% Rate caps on year one and two.	1 year rate.

Wall Township BOE

Dental Renewal & Market Assessment Summary for July 1, 2022 - Delta Dental Final Renewal



Renewing 07/01/2022

Delta Dental Current/Renewal											
				Flagship Complete		PPO Plus Premier \$1000 Annual Max			PPO Plus Premier 100 \$2000 Annual Max		
In-Network Benefits											
Deductible (Single/Family)				Fee Schedule		N/A			N/A		
Waived for Preventive											
Calendar Year Maximum Per Person						\$1,000			\$2,000		
Preventive Services						100%			100%		
Basic Services						70%			100%		
Major Services						50%			100%		
Orthodontia Maximum (child)						50% up to \$800			100% up to \$4,000		
Out-of-Network Benefits											
Provider Reimbursement Basis				NO OON BENEFITS		MAC			MAC		
Deductible (Single/Family)						N/A			N/A		
Calendar Year Maximum Per Person						\$1,000			\$2,000		
Preventive Services						100%			100%		
Basic Services						70%			100%		
Major Services						50%			100%		
Orthodontia Maximum (child)						50% up to \$800			100% up to \$4,000		
				Current	Renewal	Current	Initial	Renewal	Current	Initial	Renewal
Members	Flagship	PPO \$1000	PPO \$2000	Flagship Complete		PPO \$1000 Annual Max			PPO \$2000 Annual Max		
One Party	33	120	2	\$36.61	\$36.93	\$32.63	\$34.07	\$32.63	\$75.57	\$78.90	\$75.57
Two Party	12	98	3	\$70.35	\$70.93	\$64.13	\$66.96	\$64.13	\$148.57	\$155.12	\$148.57
Three Party	24	188	15	\$121.83	\$122.75	\$107.23	\$111.96	\$107.23	\$248.40	\$259.35	\$248.40
Total Subscribers	69	406	20	69		406			20		
Monthly Cost				\$4,976.25	\$5,015.85	30,359.58	31,698.96	30,359.58	4,322.85	4,513.41	4,322.85
Annual Cost				\$59,715.00	\$60,190.20	364,314.96	380,387.52	364,314.96	51,874.20	54,160.92	51,874.20
Increase \$				\$475.20			\$16,072.56	\$0.00		\$2,286.72	\$0.00
Increase %				0.8%			4.4%	0.0%		4.4%	0.0%
Total Current Annual Cost				\$475,904.16							
Total Renewal Annual Cost				\$476,379.36							
Variance (from Current)\$				\$475.20							
Variance (from Current)%				0.1%							

Wall Township BOE

Dental Renewal & Market Assessment Summary for July 1, 2022 - Aetna Proposal



Aetna Proposal									
				Aetna DMO		DPPO 100/70/50		DPPO 100/100/100	
<u>In-Network Benefits</u>									
Deductible (Single/Family)				Fee Schedule		N/A		N/A	
Waived for Preventive									
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		100% up to \$4,000	
<u>Out-of-Network Benefits</u>									
Provider Reimbursement Basis				NO OON BENEFITS		90th		90th	
Deductible (Single/Family)						N/A		N/A	
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		100% up to \$4,000	
				Current	1 Year	Current	1 Year	Current	1 Year
Members	Flagship	PPO \$1000	PPO \$2000	Flagship	Aetna DMO	Delta PPO \$1000 Max	Aetna DPPO	Delta PPO \$2000 Max	Aetna DPPO
One Party	33	120	2	\$36.61	\$36.61	\$32.63	\$31.10	\$75.57	\$72.03
Two Party	12	98	3	\$70.35	\$70.35	\$64.13	\$61.13	\$148.57	\$141.61
Three Party	24	188	15	\$121.83	\$121.83	\$107.23	\$102.21	\$248.40	\$236.77
Total Subscribers	69	406	20	69		406		20	
Monthly Cost				\$4,976.25	\$4,976.25	30,359.58	28,938.22	4,322.85	4,120.44
Annual Cost				\$59,715.00	\$59,715.00	364,314.96	347,258.64	51,874.20	49,445.28
Increase \$				\$0.00		-\$17,056.32		-\$2,428.92	
Increase %				0.0%		-4.7%		-4.7%	
Total Current Annual Cost				\$475,904.16					
Total Renewal Annual Cost				\$456,418.92					
Variance (from Current)\$				-\$19,485.24					
Variance (from Current)%				-4.1%					

Wall Township BOE

Dental Renewal & Market Assessment Summary for July 1, 2022 - Horizon BCBS Proposal



Horizon BCBS									
				Horizon Total Care		DOP - 01 100/70/50		DOP- 02 100/100/100	
<u>In-Network Benefits</u>									
Deductible (Single/Family)				Fee Schedule		N/A		N/A	
Waived for Preventive									
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						\$800		\$4,000	
<u>Out-of-Network Benefits</u>									
Provider Reimbursement Basis				NO OON BENEFITS		80th FH		80th FH	
Deductible (Single/Family)						N/A		N/A	
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		100% up to \$4,000	
				Current	1 Year	Current	1 Year	Current	1 Year
Members	Flagship	PPO \$1000	PPO \$2000	Flagship	DMO	Delta PPO \$1000 Max	Horizon DOP	Delta PPO \$2000 Max	Horizon DOP
One Party	33	120	2	\$36.61	\$28.06	\$32.63	\$30.35	\$75.57	\$70.28
Two Party	12	98	3	\$70.35	\$62.06	\$64.13	\$59.64	\$148.57	\$138.17
Three Party	24	188	15	\$121.83	\$99.27	\$107.23	\$99.72	\$248.40	\$231.01
Total Subscribers	69	406	20	69		406		20	
Monthly Cost				\$4,976.25	\$4,053.18	30,359.58	28,234.08	4,322.85	4,020.22
Annual Cost				\$59,715.00	\$48,638.16	364,314.96	338,808.96	51,874.20	48,242.64
Increase \$				-\$11,076.84		-\$25,506.00		-\$3,631.56	
Increase %				-18.5%		-7.0%		-7.0%	
Total Current Annual Cost				\$475,904.16					
Total Renewal Annual Cost				\$435,689.76					
Variance (from Current)\$				-\$40,214.40					
Variance (from Current)%				-8.5%					

Wall Township BOE

Dental Renewal & Market Assessment Summary for July 1, 2022 - MetLife Proposal



MetLife									
				DHMO		PPO		PPO- Executives	
<u>In-Network Benefits</u>									
Deductible (Single/Family)				Fee Schedule		N/A		N/A	
Waived for Preventive									
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		50% up to \$4,000	
<u>Out-of-Network Benefits</u>									
Provider Reimbursement Basis				NO OON BENEFITS		R&C 99th %		R&C 99th %	
Deductible (Single/Family)						N/A		N/A	
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		100% up to \$4,000	
				Current	1 Year	Current	1 Year	Current	1 Year
Members	Flagship	PPO \$1000	PPO \$2000	Flagship	DHMO	Delta PPO \$1000 Max	MetLife PPO	Delta PPO \$2000 Max	MetLife PPO
One Party	33	120	2	\$36.61	\$13.98	\$32.63	\$32.13	\$75.57	\$74.40
Two Party	12	98	3	\$70.35	\$26.57	\$64.13	\$63.14	\$148.57	\$146.28
Three Party	24	188	15	\$121.83	\$37.04	\$107.23	\$105.58	\$248.40	\$244.57
Total Subscribers	69	406	20	69		406		20	
Monthly Cost				\$4,976.25	\$1,669.14	30,359.58	29,892.36	4,322.85	4,256.19
Annual Cost				\$59,715.00	\$20,029.68	364,314.96	358,708.32	51,874.20	51,074.28
Increase \$				-\$39,685.32		-\$5,606.64		-\$799.92	
Increase %				-66.5%		-1.5%		-1.5%	
Total Current Annual Cost				\$475,904.16					
Total Renewal Annual Cost				\$429,812.28					
Variance (from Current)\$				-\$46,091.88					
Variance (from Current)%				-9.7%					

*DHMO Not Equal to or Better Than.

Wall Township BOE

Dental Renewal & Market Assessment Summary for July 1, 2022 - UHC Proposal



United Healthcare Proposal									
				UHC DMO SNJ06		Passive PPO New_24764073 CSO		Passive PPO New_24764074 CSO	
In-Network Benefits									
Deductible (Single/Family)				Fee Schedule		N/A		N/A	
Waived for Preventive									
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		100% up to \$4,000	
Out-of-Network Benefits									
Provider Reimbursement Basis				NO OON BENEFITS		90th		90th	
Deductible (Single/Family)						N/A		N/A	
Calendar Year Maximum Per Person						\$1,000		\$2,000	
Preventive Services						100%		100%	
Basic Services						70%		100%	
Major Services						50%		100%	
Orthodontia Maximum (child)						50% up to \$800		100% up to \$4,000	
				Current	1 Year	Current	1 Year	Current	1 Year
Members	Flagship	PPO \$1000	PPO \$2000	Flagship	UHC DMO	Delta PPO \$1000 Max	UHC DPPO	Delta PPO \$2000 Max	UHC DPPO
One Party	33	120	2	\$36.61	\$17.59	\$32.63	\$33.27	\$75.57	\$77.05
Two Party	12	98	3	\$70.35	\$30.78	\$64.13	\$65.39	\$148.57	\$151.48
Three Party	24	188	15	\$121.83	\$45.43	\$107.23	\$109.33	\$248.40	\$253.26
Total Subscribers	69	406	20	69		406		20	
Monthly Cost				\$4,976.25	\$2,040.15	30,359.58	30,954.66	4,322.85	4,407.44
Annual Cost				\$59,715.00	\$24,481.80	364,314.96	371,455.92	51,874.20	52,889.28
Increase \$				-\$35,233.20		\$7,140.96		\$1,015.08	
Increase %				-59.0%		2.0%		2.0%	
Total Current Annual Cost				\$475,904.16					
Total Renewal Annual Cost				\$448,827.00					
Variance (from Current)\$				-\$27,077.16					
Variance (from Current)%				-5.7%					

Disclaimer Information



The analysis of the following plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.

The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.

If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown Metro, LLC.

This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.

This presentation is the proprietary work product of Brown & Brown Metro, LLC. and is not authorized for further use or distribution.

All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.

Brown & Brown Metro, LLC representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.

Brown & Brown Metro, LLC representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.

The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.

Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your Brown & Brown Metro LLC representative at any time.

You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

This proposal is for illustrative purposes and is not a complete explanation of the policies. It is intended to provide a brief, general description of the coverages quoted. Please remember that only the insurance policies can give you the actual insuring agreements, limits of coverage, definitions, exclusions, terms and conditions of the insurance shown in this proposal. Upon issue, please read your policy carefully. This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution. Executive summaries and proposals are created by Brown & Brown; neither Brown & Brown nor the carrier will be held responsible for typographical or clerical errors.

Proposal Assumptions



- The rates and premiums shown are based on the employee lives and volumes contained in the most recent census information and renewal information received.
- The rates quoted are based on an effective date shown on cover page. Rates will be subject to change after this date and paperwork must be submitted prior to the effective date.
- To ensure all members are in the carrier's system for confirmation of benefits, forms must be received three weeks prior to effective date.
- It is imperative we be informed of any employee or dependent that is hospitalized or otherwise disabled and not actively at work on the effective date of any new contract. Coverage may not be available for these individuals.
- For Marketing Purposes: The rates shown are not guaranteed. Upon enrollment, carriers may require an Employer Medical Questionnaire be completed or Individual Medical Questionnaires be completed. Final rates will be based on the information released on this (these) form(s). The final rates for these plans may vary if the census changes.

Acronyms and Key Definitions



For the purposes of this proposal, the following acronyms may be used:

Type of Plan

- **DHMO** - Dental Health Maintenance Organization
- **HMO** - Health Maintenance Organization / POS - Point of Service
- **PPO** - Preferred Provider Organization

Financial Arrangements

- **ASO** - Administrative Services Only / **FI** - Full Insured
- **MP** - Minimum Premium
- **PSF** - Partially Self Funded

Self-Funded Policy Terms

- **ASL** - Aggregate Stop Loss / **ISL** - Individual Stop Loss
- **MRA** - Maximum Reimbursement Aggregate

Reimbursement / Saving Accounts

- **FSA** - Flexible Spending Account / **HSA** - Health Savings Account
- **HRA** - Health Reimbursement Account

Plan Provisions

- **DED** - Deductible
- **IND** - Individual / **FAM** - Family
- **ER** - Emergency Room / **HOSP** - Hospital
- **IN-NET** - In-Network / **OON** - Out-of-Network
- **MAX** - Maximum
- **N/A** - Not Applicable
- **OV** - Office Visit
- **PCP** - Primary Care Physician / **SPEC** - Specialist
- **RX** - Prescription Drug
- **EE** - Employee Only, **ES** - Employee + Spouse, **EC** - Employee + Child(ren), **EF** - Employee + Family
- **Generic**- A drug that is no longer covered by patent protection and may be produced and/or distributed by multiple drug companies (usually tier 1).
- **Preferred Drugs**- Drugs included on a formulary or preferred drug list; for example, a brand name-drug without a generic substitute (usually tier 2).
- **Non-preferred Drugs**- Drugs not included on a formulary or preferred drug list; for example, a brand-name drug with a generic substitute (usually tier 3).
- **Specialty Drugs**: Specifically identified types of drugs, such as lifestyle drugs or biologics (usually tier 4).
- **Embedded** - Once participant meets Individual Deductible, Co-insurance applies to that individual.
- **Aggregate** - Family Deductible must be met before Co-insurance applies, to all family members.

This proposal is for illustrative purposes and is not a complete explanation of the policies. It is intended to provide a brief, general description of the coverages quoted. Please remember that only the insurance policies can give you the actual insuring agreements, limits of coverage, definitions, exclusions, terms and conditions of the insurance shown in this proposal. Upon issue, please read your policy carefully. This presentation is the proprietary work product of Brown & Brown and is not authorized for further use or distribution. Executive summaries and proposals are created by Brown & Brown; neither Brown & Brown nor the carrier will be held responsible for typographical or clerical errors.

Compensation



Brown & Brown entities ("we") receive commissions and fees from insurance carriers and other vendors as part of our compensation for placing and servicing your policies and products. Commissions are generally a percentage of the total premium and may be based on a schedule. In some cases, we may also receive direct compensation from the plan or the plan sponsor (service and/or consulting fees). Brown & Brown's expected compensation (commissions and fees) for insurance products and related services placed on your behalf is hereby disclosed in the attached Addendum.

In addition to commissions and fees paid to Brown & Brown by insurance or reinsurance carriers or third-party vendors as mentioned above, Brown & Brown entities may also receive supplemental and/or bonus compensation from the carrier or vendor based on new sales volume or retention, for example. Such supplemental and/or bonus compensation may consist of guaranteed override income based on our agency's business production and retention with the carrier or vendor, general agency fees, and/or sales or retention bonuses and is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. Brown & Brown may not know in advance if such a supplemental and/or bonus payment will be made by a particular carrier or vendor, or the amount of any such payments until the underwriting year is closed. If we are unable to calculate the exact compensation that may be earned at the time of the contract, a formula with a good faith estimate of the expected amount will be provided in the attached Addendum. If the amount cannot be calculated or estimated at the time of this disclosure, we will indicate it as such on the Addendum & provide the information upon written request when available.

Brown & Brown entities may also receive invitations to programs sponsored and paid for by insurance carriers or other vendors to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may also receive non-monetary compensation (including but not limited to the value of travel, meals and entertainment expenses associated with such meetings, gifts, tickets for sporting and entertainment events and awards). Such compensation allocated to your policy is not normally expected to equal or exceed a sum of \$250.00 in aggregate, when all non-monetary compensation items received are combined. If non-monetary compensation is estimated to exceed \$250.00 in aggregate, a good faith estimate will be included on the Addendum.

Brown & Brown entities may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may collect and remit premiums on behalf of the carrier or vendor and may earn and retain interest on premiums or administrative fees you pay from the date we receive them until the date remitted to the carrier or vendor.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the carrier or other vendor, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting, quoting, plan implementation assistance, claims advocacy and eligibility administration services. . Compensation paid for those services is either derived from your premium payment, which may on average be up to 15% of the premium you pay for coverage and may include additional fees charged by the intermediary or is paid to the Wholesaler/Managing General Agent via override.

Questions and Information Requests. Should you have any questions, or require additional information, please contact this office at 1-877-75ASKUS or, if you prefer, submit your question or request online at <http://www.bbinsurance.com/customerinquiry/>.



EMPLOYEE BENEFITS

DISCLOSURE OF A FINANCIAL INTEREST IN THE SALE OF HEALTH INSURANCE POLICIES

New Jersey law (N.J.S.A. 17:22A-41.1) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three.

The per employee dollar amount(s) or percentage(s) of premium are in the table below. All amounts and/or percentages are additive. If something does not apply, it is marked "None" or "NA". If there is compensation, whether or not in addition to the compensation shown, whose amount cannot be determined, enter "CBD" (cannot be determined) on the appropriate line. Use the "Other" line for all other compensation, whether or not the amount is determinable.

	Agent/Producer	
	Percentage (%)	Amount in Dollars (\$) (per employee basis)
Commission of Issuing Agent		
Commission of General Agent	N/A	
Consultant Fee		
Brokerage Fee		\$55,000 in lieu of commission
Other:		

Producer Information

Agent Name: Jacob Krakower

General Agent Name: N/A

Carrier Information

Company Name: Delta Dental

Date: 4/7/2022

Agent / Producer Signature: Jacob Krakower

Notice of Carrier Financial Status

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the applicable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at 973-549-1900 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

AM Best Rating Guidelines

General Rating:

A++, A+	Superior	B++, B+	Good	C++, C+	Marginal
A, A-	Excellent	B, B-	Fair	C, C-	Weak

Financial Size Category:

The Financial Size Category is an indication of the size of an Insurer and is based on reported Policyholders' surplus plus conditional or Technical Reserve Funds, such as mandatory securities valuation reserve, other investment and operating contingency funds and/or miscellaneous voluntary reserves in liabilities.

Financial Size Category (in Thousands)			
Class I	Up to		\$1,000
Class II	\$1,000	to	\$2,000
Class III	\$2,000	to	\$5,000
Class IV	\$5,000	to	\$10,000
Class V	\$10,000	to	\$25,000
Class VI	\$25,000	to	\$50,000
Class VII	\$50,000	to	\$100,000
Class VIII	\$100,000	to	\$250,000
Class IX	\$250,000	to	\$500,000
Class X	\$500,000	to	\$750,000
Class XI	\$750,000	to	\$1,000,000
Class XII	\$1,000,000	to	\$1,250,000
Class XIII	\$1,250,000	to	\$1,500,000
Class XIV	\$1,500,000	to	\$2,000,000
Class XV	\$2,000,000	or	Greater

This information has been provided to you so that consideration is given to the financial condition of our proposed carriers. The financial information disclosed is the most recent available to **Brown & Brown Metro, LLC**. Brown & Brown does not guarantee financial condition of the insurers listed on the Market Summary.

**A Proposal of Stop-Loss Medical and Rx
Coverage and Service
for:**

Wall Township Board of Education

**Dominick Cinelli
Senior Vice President**

**Jacob Krakower
Assistant Vice President**



Brown & Brown
INSURANCE®

EMPLOYEE BENEFITS

Stop Loss Effective Date: January 1, 2023

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Wall Township Board of Education - MARKET RESPONSE
Proposed Effective Date: 01/01/2023

STOP LOSS MARKET / CARRIER	Status	Additional Information / Comments
Aetna	Quoted	
American Fidelity	Decline	Not competitive and unable to quote \$2M agg maxx w 110% corridor
Anthem/Wellpoint	Decline	Not competitive
Berkley	Decline	Not competitive
Berkshire Hathaway	Decline	Not competitive
Crum & Forster	Decline	Not competitive
Granular Insurance Company	Quoted	
HM Insurance	Decline	
Kismet	Decline	BUCA Administered
MRM	Decline	Not competitive
Optum	Decline	
QBE	Decline	
Sun Life Financial	Quoted	
Swiss Re	Decline	Not competitive
Symetra	Decline	Not competitive
TMHCC	Decline	
Voya	Decline	

Wall Township Board of Education
Stop-Loss 36/12 Proposal Summary for January 1, 2023

	Lives/ Factors	HORIZON CURRENT	Horizon Initial Renewal	Horizon Final Renewal	Horizon Alternative	Granular PROPOSAL \$125,000 January 1, 2023	Aetna PROPOSAL \$125,000 January 1, 2023	Sun Life Financial PROPOSAL \$125,000 January 1, 2023
TPA		Horizon	Horizon	Horizon	Horizon	Horizon	Aetna	Horizon
Stop-Loss Carrier		Horizon	Horizon	Horizon	Horizon	Granular	Aetna	Sun Life Financial
Contract Type (Spec)		\$125,000	\$125,000	\$125,000	\$150,000	\$125,000	\$125,000	\$125,000
Contract Type (Agg)		36/12	36/12	36/12	36/12	30/12	36/12	36/12
Maximum Annual Reimbursement		\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$2,000,000
Specific Cap		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Rates								
Employee	185	\$143.66	\$172.30	\$164.21	\$144.80	\$187.68	\$195.43	\$195.98
Employee + Spouse	0	\$143.66	\$172.30	\$164.21	\$144.80	\$187.68	\$195.43	\$195.98
Employee + Child(ren)	0	\$143.66	\$172.30	\$164.21	\$144.80	\$187.68	\$195.43	\$195.98
Employee + Family	338	\$143.66	\$172.30	\$164.21	\$144.80	\$187.68	\$195.43	\$195.98
Aggregate Rate	523							
Aggregate Factors (Medical & RX)		110% Corridor	110% Corridor	110% Corridor	110% Corridor	125% Corridor	125% Corridor	125% Corridor
Employee		\$2,082.71	\$2,082.71	\$2,082.71	\$2,082.71	\$2,442.88	\$2,283.16	\$2,597.92
Employee + Spouse		\$2,082.71	\$2,082.71	\$2,082.71	\$2,082.71	\$2,442.88	\$2,283.16	\$2,597.92
Employee + Child(ren)		\$2,082.71	\$2,082.71	\$2,082.71	\$2,082.71	\$2,442.88	\$2,283.16	\$2,597.92
Employee + Family		\$2,082.71	\$2,082.71	\$2,082.71	\$2,082.71	\$2,442.88	\$2,283.16	\$2,597.92
Annual Specific Premium		\$901,610	\$1,081,355	\$1,030,582	\$908,765	\$1,177,880	\$1,226,519	\$1,229,970
Administration		\$274,952	\$274,952	\$274,952	\$274,952	\$274,952	\$183,573	\$274,952
Aggregate Premium		\$25,983	\$25,983	\$25,983	\$25,983	\$31,192	\$49,204	\$27,112
Annual Stop Loss Premium		\$927,593	\$1,107,337	\$1,056,565	\$934,747	\$1,209,071	\$1,275,723	\$1,257,083
Total Fixed Costs		\$1,228,527	\$1,408,272	\$1,357,499	\$1,235,682	\$1,515,215	\$1,508,499	\$1,559,147
Annual Claims @ Max		\$13,071,088	\$13,071,088	\$13,071,088	\$13,071,088	\$15,331,515	\$14,329,112	\$16,304,546
Annual Claim @ Expected		\$11,882,807	\$11,882,807	\$11,882,807	\$11,882,807	\$12,265,212	\$11,463,290	\$13,043,637
Total Fixed Costs + Max Claims		\$14,299,615	\$14,479,360	\$14,428,587	\$14,306,770	\$16,846,730	\$15,837,612	\$17,863,693
\$ Increase/Decrease			\$179,745	\$128,972	\$7,155	\$2,547,115	\$1,537,997	\$3,564,078
% Increase/Decrease			1.3%	0.9%	0.1%	17.8%	10.8%	24.9%
Total Fixed Costs + Expected Claims		\$13,111,334	\$13,791,079	\$13,515,306	\$13,393,489	\$13,780,427	\$13,146,789	\$14,602,783
\$ Increase/Decrease			\$679,745	\$403,972	\$282,155	\$669,092	\$35,455	\$1,491,449
% Increase/Decrease			5.2%	3.1%	2.2%	5.1%	0.3%	11.4%
Notes								

WALL BOARD OF EDUCATION

Self-Funded Medical/Rx Administration Renewal Summary for January 1, 2023

		RENEWAL			PROPOSED	
NETWORK		Horizon BCBSNJ			Aetna Choice POS II	OA Aetna Select
THIRD PARTY ADMINISTRATOR		Horizon BCBSNJ			Aetna	Aetna
MONTHLY ADMINISTRATIVE FEES		Year 1	Year 2	Year 3	Year 1	Year 1
Medical/Rx Administration		\$42.50	\$43.81	\$45.15	\$29.25	\$29.25
Chronic Care		\$3.50	\$3.50	\$3.50	\$0.00	\$0.00
Nurseline		\$0.50	\$0.50	\$0.50	\$0.00	\$0.00
Standard Reporting Package		\$1.50	\$1.50	\$1.50	\$0.00	\$0.00
Disease Management		-	-	-	-	-
Total Base Fee	523	\$42.50	\$43.81	\$45.15	\$29.25	\$29.25
Installation Fee		N/A	N/A	N/A	N/A	N/A
OMNIA (PEPM)	0	<u>\$61.25</u>	<u>\$63.50</u>	<u>\$65.83</u>		
Annualized Administrative Fees*		\$266,730	\$274,952	\$283,361	\$183,573	\$183,573
Annual \$ Difference					-\$91,379	-\$91,379
Annual % Difference					-33.2%	-33.2%
SINGLE:	185					
FAMILY:	<u>338</u>					
TOTAL ENROLLEES:	523					
OTHER COST FACTORS		CURRENT (YEAR 1)	CURRENT (YEAR 2)	CURRENT (YEAR 3)	PROPOSED	PROPOSED
Medical Advance Deposit		\$177,407	TBD	TBD	TBD	TBD
Rx Advance Deposit		\$49,658	TBD	TBD	TBD	TBD
Rx Rebates						
Brand Retail		(\$167.00)	TBD	TBD	(\$310.00)	(\$310.00)
Brand Mail Order		(\$260.50)	TBD	TBD	(\$945.00)	(\$945.00)
Consulting Fee Paid to B&B Metro (annual)		\$60,000	TBD	TBD	\$60,000	\$60,000

WALL TOWNSHIP BOARD OF EDUCATION

July 1, 2022 - June 30, 2023 Total Cost/SEHBP Comparison

	Wall Township BOE - Self-Funded Horizon BCBS NJ Medical/Rx ACTUAL COST 7/1/2021 - 6/30/2022	NJ SEHBP 2022 & 2023 Rates 7/1/2022 - 6/30/2023
Medical	\$9,546,348	\$10,979,563
Rx	\$2,254,166	\$2,191,622
Fixed Costs	\$1,108,943	N/A
<u>Stop Loss Reimbursements</u>	<u>-\$712,367</u>	<u>N/A</u>
Total	\$12,197,090	\$13,171,185
Variance from Maximum Cost		
\$		\$974,095
%		8.0%

Notes:

Actual costs include admin, stop-loss premium, paid medical & Rx claims, A-4 surcharge and PCORI fees

Costs are based on actual enrollment from July 2021 - June 2022.