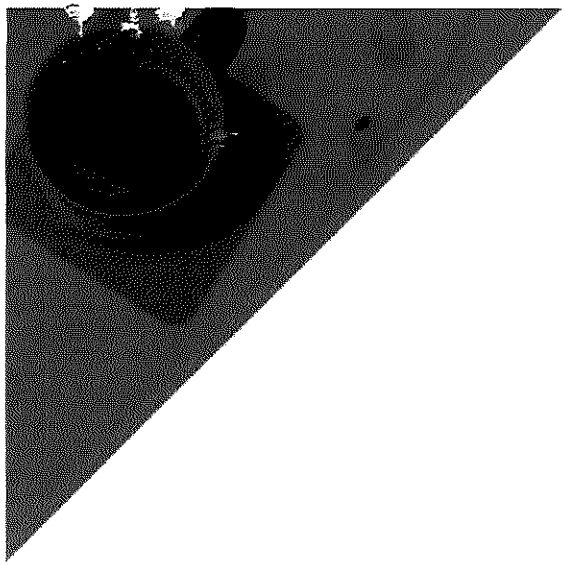


An Employee Benefits Renewal

presented to

Berkeley Township

January 2026

Renewal Summary

CONNER STRONG & BUCKELEW

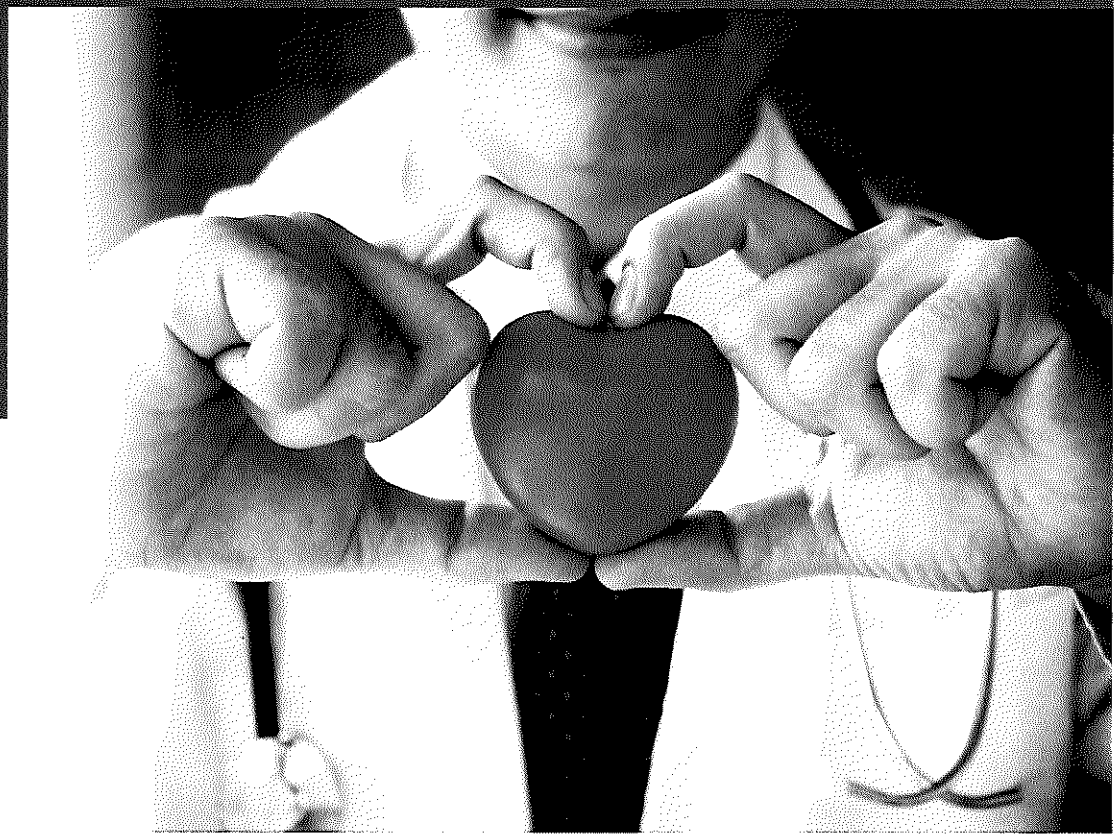
Table of Contents

Executive Summary

CSB is presenting the 2026 benefits renewal to Berkeley Township.

- The Township experienced a higher than anticipated 2026 renewal, primarily due to the following:
  - Medical Utilization:
    - Rolling 12 months loss ratio of 113% compared to 78% with last years renewal. Ten (10) high level claimants who are still active on the plan compared to three (3) last year.
  - Prescription Plans:
    - Continued elevated utilization of GLP-1 prescription drugs (17% of total Rx spend).
    - Utilization of medications for inflammatory conditions, diabetes, and cancer are on the rise.
  - Medicare Advantage plans with Prescription Drug :
    - 2026 will be the final year of the inflation Reduction Act (IRA) Federal legislation roll out which is the risk scoring model changes that drive CMS revenue payments.

Renewal Analysis



CONNER STRONG & BUCKELEW

Claims Experience & Loss Ratio

- There were 10 members with paid claims over $100,000 from October 2024 through September 2025 for a total of $2,096,975
- Top diagnoses were cancer, heart disease, and mental disorders

Current Period

MONTH	CONTRACTS	CLAIMS			PREMIUMS			LOSS RATIO		
		Medical	Prescription	Total	Medical	Prescription	Total	Medical	Prescription	Total
October-24	274	$430,478	$34,940	$465,418	$495,084	$31,976	$527,060	87%	109%	88%
November-24	273	$361,354	$30,958	$392,312	$494,034	$31,406	$525,440	73%	99%	75%
December-24	267	$619,483	$42,597	$662,080	$484,277	$31,406	$515,683	128%	136%	128%
January-25	267	$398,267	$81,560	$479,827	$485,575	$31,615	$517,190	82%	258%	93%
February-25	266	$357,803	$47,687	$405,490	$483,157	$32,002	$515,159	74%	149%	79%
March-25	267	$617,423	$47,618	$665,041	$484,913	$32,389	$517,302	127%	147%	129%
April-25	272	$474,540	$36,028	$510,568	$494,649	$33,037	$527,686	96%	109%	97%
May-25	270	$552,404	$54,760	$607,164	$491,740	$33,037	$524,777	112%	166%	116%
June-25	270	$702,513	$45,373	$747,886	$492,764	$33,686	$526,450	143%	135%	142%
July-25	268	$608,851	$30,930	$639,781	$491,660	$33,163	$524,823	124%	93%	122%
August-25	268	$879,468	$72,994	$952,462	$491,660	$33,163	$524,823	179%	220%	181%
September-25	266	$527,788	$56,129	$583,917	$492,101	$33,184	$525,285	107%	169%	111%
Total		$6,530,372	$581,574	$7,111,946	$5,881,614	$390,064	$6,271,678	111%	149%	113%

Prior Period

MONTH	CONTRACTS	CLAIMS			PREMIUMS			LOSS RATIO		
		Medical	Prescription	Total	Medical	Prescription	Total	Medical	Prescription	Total
July-23	278	$275,899	$26,104	$302,003	$460,838	$24,932	$485,770	60%	105%	62%
August-23	281	$296,419	$27,960	$324,379	$465,645	$24,842	$490,487	64%	113%	66%
September-23	278	$457,198	$19,065	$476,263	$461,551	$24,842	$486,393	99%	77%	98%
October-23	274	$307,841	$23,732	$331,573	$456,791	$25,399	$482,190	67%	93%	69%
November-23	274	$421,783	$19,053	$440,836	$456,791	$25,399	$482,190	92%	75%	91%
December-23	276	$475,926	$28,096	$504,022	$458,339	$25,175	$483,514	104%	112%	104%
January-24	279	$466,340	$32,204	$498,544	$510,501	$29,613	$540,114	91%	109%	92%
February-24	277	$351,312	$20,227	$371,539	$511,027	$30,847	$541,874	69%	66%	69%
March-24	278	$388,597	$14,848	$403,445	$516,286	$30,555	$546,841	75%	49%	74%
April-24	277	$335,654	$38,332	$373,986	$511,987	$31,040	$543,027	66%	123%	69%
May-24	277	$368,929	$24,377	$393,306	$513,459	$31,628	$545,087	72%	77%	72%
June-24	275	$364,742	$23,618	$388,360	$511,172	$31,898	$543,070	71%	74%	72%
Total		$4,510,640	$297,616	$4,808,256	$5,834,387	$336,170	$6,170,557	77%	89%	78%

2026 Horizon (Medical Only)

Actives

		Current Enrollment	Horizon Current 2025 Rates	Horizon Renewal 2026 Rates	2026 SHBP Rates	Horizon Current 2025 Premiums	Horizon Renewal 2026 Premiums	2026 SHBP Premiums
Horizon Direct 10	Single	1	$ 1,009.57	$ 1,403.30	$ 1,666.44	$ 1,009.57	$ 1,403.30	$ 1,666.44
	Parent/Child	0	$ 1,807.11	$ 2,511.88	$ 2,982.93	$ -	$ -	$ -
	2Adults	1	$ 2,019.11	$ 2,806.56	$ 3,332.88	$ 2,019.11	$ 2,806.56	$ 3,332.88
	Family	0	$ 2,816.68	$ 3,915.19	$ 4,649.37	$ -	$ -	$ -
	TOTAL	2						
	Monthly Premium					$ 3,028.68	$ 4,209.86	$ 4,999.32
	Annual Premium					$ 36,344.16	$ 50,518.32	$ 59,991.84
Horizon Direct 15	Single	31	$ 961.38	$ 1,336.32	$ 1,586.89	$ 29,802.78	$ 41,425.92	$ 49,193.59
	Parent/Child	13	$ 1,720.86	$ 2,392.00	$ 2,840.53	$ 22,371.18	$ 31,096.00	$ 36,926.89
	2Adults	12	$ 1,922.74	$ 2,672.61	$ 3,173.78	$ 23,072.88	$ 32,071.32	$ 38,085.36
	Family	60	$ 2,682.23	$ 3,728.30	$ 4,427.42	$ 160,933.80	$ 223,698.00	$ 265,645.20
	TOTAL	116						
	Monthly Premium					$ 236,180.64	$ 328,291.24	$ 389,851.04
	Annual Premium					$ 2,834,167.68	$ 3,939,494.88	$ 4,678,212.48
Horizon Direct 2030	Single	40	$ 876.57	$ 1,218.43	$ 1,527.46	$ 35,062.80	$ 48,737.20	$ 61,098.40
	Parent/Child	9	$ 1,569.08	$ 2,181.02	$ 2,734.15	$ 14,121.72	$ 19,629.18	$ 24,607.35
	2Adults	8	$ 1,753.16	$ 2,436.89	$ 3,054.92	$ 14,025.28	$ 19,495.12	$ 24,439.36
	Family	19	$ 2,445.65	$ 3,399.45	$ 4,261.61	$ 46,467.35	$ 64,589.55	$ 80,970.59
	TOTAL	76						
	Monthly Premium					$ 109,677.15	$ 152,451.05	$ 191,115.70
	Annual Premium					$ 1,316,125.80	$ 1,829,412.60	$ 2,293,388.40
Monthly Total - Active Medical						$ 348,886.47	$ 484,952.15	$ 585,966.06
Annual Total - Active Medical						$ 4,186,637.64	$ 5,819,425.80	$ 7,031,592.72
$ Difference to Current							$ 1,632,788.16	$ 2,844,955.08
% Difference to Current							39.0%	68.0%

Benecard Renewal - Actives

	2025 Benecard	2026 Benecard	2026 SHBP
Monthly Rates			
Single	$222.38	$272.42	$382.44
Parent/Child(ren)	$375.81	$460.37	$684.57
2 Adults	$444.73	$544.79	$764.88
Family	$598.45	$733.10	$1,067.01
Enrollment			
Single	70	70	70
Parent/Child(ren)	22	22	22
2 Adults	24	24	24
Family	78	78	78
Monthly Premium			
Single	$15,566.60	$19,069.40	$26,770.80
Parent/Child(ren)	$8,267.82	$10,128.14	$15,060.54
2 Adults	$10,673.52	$13,074.96	$18,357.12
Family	$46,679.10	$57,181.80	$83,226.78
Total Monthly Premium	$81,187.04	$99,454.30	$143,415.24
Total Annual Premium	$974,244.48	$1,193,451.60	$1,720,982.88
Difference to Current ($)		$219,207.12	$746,738.40
Difference to Current (%)		22.5%	76.6%

* The SHBP's prescription program is not equal to or better than the Township's offering.

The SHBP has the following requirements:

- Mandatory Generics Program
- Restricted Preferred Medication Program
- Mandatory Mail Order for Specialty Medications subject to 90-day supply and mail order copay.

2026 Horizon/United Healthcare

Retirees

		Current Enrollment	Current 2025 Horizon/UHC	Renwewal 2026 Horizon/UHC	2026 SHBP Rates	Current 2025 Premiums	Renewal 2026 Horizon/UHC Premiums	2026 SHBP Premiums
Horizon Direct 10	Single	9	$ 1,525.06	$ 2,119.84	$ 2,439.62	$13,725.54	$19,078.56	$21,956.58
	2Adults	3	$ 3,324.71	$ 4,621.34	$ 5,318.57	$9,974.13	$13,864.02	$15,955.71
	Parent/Child	11	$ 2,135.10	$ 2,967.79	$ 3,415.53	$23,486.10	$32,645.69	$37,570.83
	Family	6	$ 3,782.22	$ 5,257.29	$ 6,050.44	$22,693.32	$31,543.74	$36,302.64
	TOTAL	29						
	Monthly Premium					$69,879.09	$97,132.01	$111,785.76
	Annual Premium					$419,274.54	$1,165,584.12	$1,341,429.12
Horizon Direct 15	Single	12	$ 1,449.64	$ 2,015.00	$ 2,322.05	$17,395.68	$24,180.00	$27,864.60
	2Adults	4	$ 3,160.30	$ 4,392.81	$ 5,062.24	$12,641.20	$17,571.24	$20,248.96
	Parent/Child	5	$ 2,029.52	$ 2,821.03	$ 3,250.92	$10,147.60	$14,105.15	$16,254.60
	Family	13	$ 3,595.17	$ 4,997.29	$ 5,758.82	$46,737.21	$64,964.77	$74,864.66
	TOTAL	34						
	Monthly Premium					$86,921.69	$120,821.16	$139,232.82
	Annual Premium					$521,530.14	$1,449,853.92	$1,670,793.84
Horizon Direct 1525	Single	1	$ 1,388.23	$1,929.64	$ 2,224.41	$1,388.23	$1,929.64	$2,224.41
	2Adults	1	$ 3,026.46	$4,206.78	$ 4,849.39	$3,026.46	$4,206.78	$4,849.39
	Parent/Child	1	$ 1,943.60	$2,701.60	$ 3,114.29	$1,943.60	$2,701.60	$3,114.29
	Family	0	$ 3,442.92	$4,785.65	$ 5,117.67	$0.00	$0.00	$0.00
	Single (over 65)	6	$ 561.97	$781.14	$ 698.26	$3,371.82	$4,686.84	$4,189.56
	P/C (over 65)	0	$ 889.81	$1,236.84	$ 1,588.14	$0.00	$0.00	$0.00
	2Adults - 1+	0	$ 1,271.85	$1,683.81	$ 3,323.24	$0.00	$0.00	$0.00
	2Adults - 2+	1	$ 1,035.66	$1,439.56	$ 1,396.53	$1,035.66	$1,439.56	$1,396.53
	Family - 1+	0	$ 2,181.02	$2,812.53	$ 3,990.52	$0.00	$0.00	$0.00
	Family - 2+	0	$ 1,735.40	$2,412.21	$ 2,464.37	$0.00	$0.00	$0.00
	TOTAL	10						
	Monthly Premium					$10,765.77	$14,964.42	$15,774.18
	Annual Premium					$64,594.62	$179,573.04	$189,290.16
Horizon Direct 2030	Single	1	$ 1,237.07	$1,719.52	$ 2,124.42	$1,237.07	$1,719.52	$2,124.42
	2Adults	1	$ 2,696.92	$3,748.72	$ 4,631.44	$2,696.92	$3,748.72	$4,631.44
	Parent/Child	0	$ 1,731.93	$2,407.39	$ 2,974.27	$0.00	$0.00	$0.00
	Family	1	$ 3,068.03	$4,264.57	$ 5,268.72	$3,068.03	$4,264.57	$5,268.72
	TOTAL	3						
	Monthly Premium					$7,002.02	$9,732.81	$12,024.58
	Annual Premium					$42,012.12	$116,793.72	$144,294.96
UHC Medicare Advantage	Single (over 65)	161	$482.68	$598.50	$718.06	$77,711.48	$96,358.50	$115,607.66
					Monthly Total - Retiree Medical/Rx	$252,280.05	$339,008.90	$394,425.00
					Annual Total - Retiree Medical/Rx	$3,027,360.60	$4,068,106.80	$4,733,100.00
					$ Difference to Current		$1,040,746.20	$1,705,739.40
					% Difference to Current		34.4%	56.3%

2026 In Summary

	Actives	Retirees	Total	$ Difference to Current	% Difference to Current
Current Horizon/Benecard/UHC Medical & Rx	$ 5,160,882.12	$ 3,027,360.60	$ 8,188,242.72		
Renewal Horizon/Benecard/UHC Medical & Rx	$ 7,012,877.40	$ 4,068,106.80	$ 11,080,984.20	$ 2,892,741.48	35.3%
2026 SHBP Renewal	$ 8,752,575.60	$ 4,733,100.00	$ 13,485,675.60	$ 5,297,432.88	64.7%

The Difference Card HRA

Renewal Increase Offset Option

CONNER STRONG & BUCKELEW

Health Benefit Renewals Continue to Rise

Potential Opportunity to Offset Increases

As the health benefit carriers continue to issue significant renewal increases year to year, participating public entities feel locked in with no alternate benefit options due to either group size (too small) and/or poor claims performance.

A new opportunity has been getting traction with NJ governmental entities that is helping to offset some of the financial burden – a Health Reimbursement Account.

What is involved?

- Active Employees switch enrollment to a lower premium cost plan. For the Township's example, a Direct $25-$50 plan. *(Most enrollments are typically in the Direct 10 or 15 plans. The Direct $25-$50 premiums are roughly 22% lower (Single tier) to 32% (Family) to the Township's Direct 15 premiums–instant savings to both employer & employees)*
- Employer provides a funded Health Reimbursement Account with debit card, administered by the Difference Card, to each Direct $25-$50 employee for the plan's total out of pocket maximum.
- The HRA will cover plan allowed Medical expenses at 100% thereby providing employees a better than benefit as well as lower paycheck deductions.

Financials – The Difference Card

** ACTIVES - MEDICAL **

		Current Enrollment	Horizon Current 2025 Rates	Horizon Renewal 2026 Rates	New 2026 Horizon Direct 25-50 w/DC HRA	Horizon Current 2025 Premiums	Horizon Renewal 2026 Premiums	New 2026 Horizon Direct 25-50 w/DC HRA
Horizon Direct 10	Single	1	$ 1,009.57	$ 1,403.30	$ 1,095.40	$ 1,009.57	$ 1,403.30	$ 1,095.40
	Parent/Child	0	$ 1,807.11	$ 2,511.88	$ 1,855.92	$ -	$ -	$ -
	2Adults	1	$ 2,019.11	$ 2,806.56	$ 2,058.07	$ 2,019.11	$ 2,806.56	$ 2,058.07
	Family	0	$ 2,816.68	$ 3,915.19	$ 2,818.59	$ -	$ -	$ -
	TOTAL	2						
	Monthly Premium					$ 3,028.68	$ 4,209.86	$ 3,153.47
	Annual Premium					$ 36,344.16	$ 50,518.32	$ 37,841.64
Horizon Direct 15	Single	31	$ 961.38	$ 1,336.32	$ 1,095.40	$ 29,802.78	$ 41,425.92	$ 33,957.40
	Parent/Child	13	$ 1,720.86	$ 2,392.00	$ 1,855.92	$ 22,371.18	$ 31,096.00	$ 24,126.96
	2Adults	12	$ 1,922.74	$ 2,672.61	$ 2,058.07	$ 23,072.88	$ 32,071.32	$ 24,696.84
	Family	60	$ 2,682.23	$ 3,728.30	$ 2,818.59	$ 160,933.80	$ 223,698.00	$ 169,115.40
	TOTAL	116						
	Monthly Premium					$ 236,180.64	$ 328,291.24	$ 251,896.60
	Annual Premium					$ 2,834,167.68	$ 3,939,494.88	$ 3,022,759.20
Horizon Direct 2030	Single	40	$ 876.57	$ 1,218.43	$ 1,095.40	$ 35,062.80	$ 48,737.20	$ 43,816.00
	Parent/Child	9	$ 1,569.08	$ 2,181.02	$ 1,855.92	$ 14,121.72	$ 19,629.18	$ 16,703.28
	2Adults	8	$ 1,753.16	$ 2,436.89	$ 2,058.07	$ 14,025.28	$ 19,495.12	$ 16,464.56
	Family	19	$ 2,445.65	$ 3,399.45	$ 2,818.59	$ 46,467.35	$ 64,589.55	$ 53,553.21
	TOTAL	76						
	Monthly Premium					$ 109,677.15	$ 152,451.05	$ 130,537.05
	Annual Premium					$ 1,316,125.80	$ 1,829,412.60	$ 1,566,444.60
Monthly Total - Active Medical						$ 348,886.47	$ 484,952.15	$ 385,587.12
Annual Total - Active Medical						$ 4,186,637.64	$ 5,819,425.80	$ 4,632,045.44

Horizon + Difference Card	$ 4,632,045
Horizon + Difference Card + Claims	$ 5,137,503
Expected Savings	$ 681,923
Maximum Liability (Horizon + DC Guaranteed Max)	$ 5,481,214

Difference Card vs 2026 As-Is Renewal

	Actives	Retirees	Total	$ Difference to Current	% Difference to Current
Current Horizon/Benecard/UHC Medical & Rx	$ 5,160,882.12	$ 3,027,360.60	$ 8,188,242.72		
Renewal Horizon/Benecard/UHC Medical & Rx	$ 7,012,877.40	$ 4,068,106.80	$ 11,080,984.20	$ 2,892,741.48	35.3%
2026 SHBP Renewal	$ 8,752,575.60	$ 4,733,100.00	$ 13,485,675.60	$ 5,297,432.88	64.7%
Renewal Horizon/Benecard/UHC Medical & Rx Addition of Direct $25-$50 Plan w/DC HRA	$ 5,825,497.04	$4,068,106.80	$ 9,893,603.84	$ 1,705,361.12	20.8%

Current CSB Difference Card Members

Entity	County	Effective
Bay Head Borough	Ocean	1/1/2025
Beach Haven Borough	Ocean	8/1/2025
Beachwood Borough	Ocean	1/1/2025
Bergenfield Borough	Bergen	1/1/2025
Berkeley Sewer Authority	Ocean	1/1/2025
Bridgeton Housing Authority	Cumberland	7/1/2024
Essex County	Essex	1/1/2025
Glassboro Borough	Gloucester	1/1/2025
Gloucester County	Gloucester	1/1/2024
Gloucester County Board of Social Services	Gloucester	1/1/2024
Gloucester County Utilities Authority	Gloucester	1/1/2025
Lacey Township	Ocean	8/1/2025
Lavallette Borough	Ocean	7/1/2024
Little Egg Harbor Township *	Ocean	1/1/2025
Long Beach Township	Ocean	7/1/2024
Ocean County	Ocean	7/1/2024
Ocean County Board of Social Services	Ocean	7/1/2024
Ocean County Library	Ocean	1/1/2025
Ocean Township (Waretown) *	Ocean	3/1/2025
Pompton Lakes	Passaic	1/1/2025
South Jersey Port Authority	Camden	1/1/2025
South Toms River Borough	Ocean	8/1/2025
Voorhees Township	Camden	8/1/2025

* Not a SHBP member

Berkeley Township - Side By Side Plan Benefit Comparison

	NEW Horizon Direct Access $25 - $50		What you will pay if enrolled in the NEW Horizon Direct Access $25 - $50 with The Difference Card HRA		Horizon Direct Access $15		Horizon Direct Access $20 - $30	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Deductible								
Individual	$2,500	$5,000	$0	$0	None	$100	None	$200
Family	$5,000	$10,000	$0	$0	None	$250	None	$500
Coinsurance	20%	40%	0%	0%	100%	30%	100%	30%
Maximum Out of Pocket								
Individual	$5,000	$10,000	$0	$0	$400	$2,000	$800	$5,000
Family	$10,000	$20,000	$0	$0	$800	$5,000	$1,600	$12,500
Doctor's Office Visits								
Primary Care Office Visit	100% after $25 copay	40% after deductible	$0	0%	100% after $15 copay	30% after deductible	100% after $20 copay	30% after deductible
Specialist Office Visit	100% after $50 copay	40% after deductible	$0	0%	100% after $15 copay	30% after deductible	100% after $30 copay	30% after deductible
Maternity Visits	100% after $50 copay Copay applies to 1st visit only	40% after deductible	$0	0%	100% after $15 copay Copay applies to 1st visit only	30% after deductible	100% after $30 copay Copay applies to 1st visit only	30% after deductible
Allergy Testing and Treatment (office)	100%	40% after deductible	$0	0%	100% after $15 copay	30% after deductible	100% after $5 copay	30% after deductible
Preventive Care								
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostrate Cancer Screening, Colorectal Screening, Immunizations	100%	40% no deductible	0%	0%	100%	30% (no deductible)	100%	30% (no deductible)
Well Child Exams (through age 19)	100%	40% no deductible	0%	0%	100%	30% (no deductible)	100%	30% (no deductible)
Well Child Immunizations & Lead Screen	100%	40% no deductible	0%	0%	100%	30% (no deductible)	100%	30% (no deductible)
Diagnostic Procedures								
Laboratory	100% in office or LabCorp 20% after deductible in outpatient facility	40% after deductible	0% in office or LabCorp 0% in outpatient facility	0%	100% in office setting or LabCorp 100% in outpatient facility	30% after deductible	100% in office setting or LabCorp 100% in outpatient facility	30% after deductible
Outpatient X-ray/Radiology Services	100% in office 20% after deductible in outpatient facility	40% after deductible	0% in office 0% in outpatient facility	0%	100% in office setting 100% in outpatient facility	30% after deductible	100% in office setting 100% in outpatient facility	30% after deductible
Hospital Care								
Inpatient Admission (including maternity)	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible and $200 copay	100%	30% after deductible & $500 copay
Room and Board	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible
Pre-admission Testing	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible
Surgery in Hospital	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible
Inpatient Physician Services	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible
Outpatient Department Services	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible
Emergency Care								
Emergency Room	20% after $50 facility copay		$0		100% after $100 facility copay (copay waived if admitted)		100% after $100 facility copay (copay waived if admitted)	
Ambulance	20% after deductible	40% after deductible	0%	0%	10%	30% after deductible	10%	30% after deductible
Outpatient Surgery								
Hospital Outpatient Surgery	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible
Surgery in an Ambulatory SurgiCenter	20% after deductible	40% after deductible	0%	0%	100%	30% after deductible	100%	30% after deductible

Berkeley Township

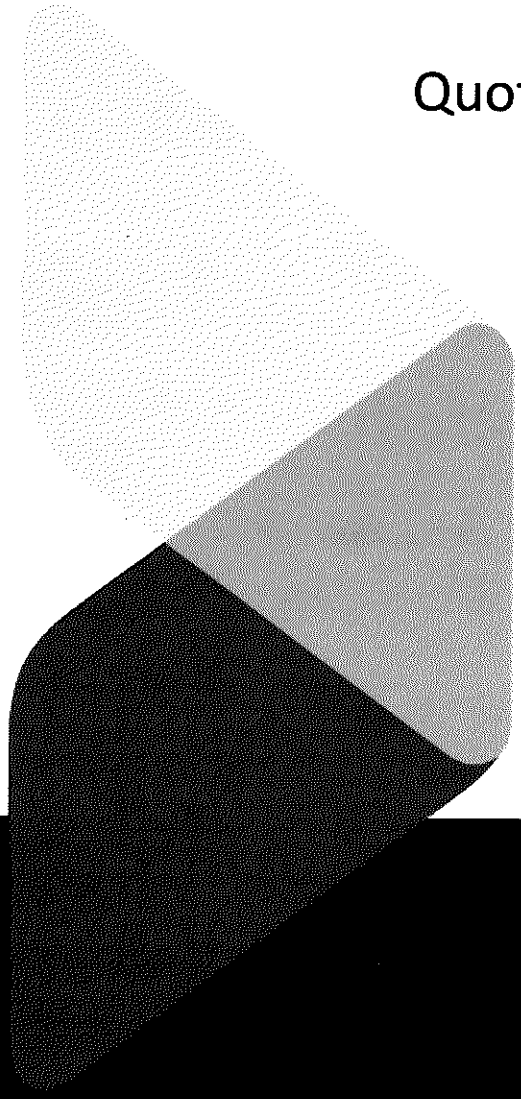
In Partnership with
Conner, Strong, &
Buckelew

01/01/2026 - 12/31/2026

Quote: 41492

DIFFERENCE CARD PROPOSAL

Guarantee



BETTER BENEFITS.

BETTER PRICE.

DifferenceCard.com @DifferenceCard @the-difference-card

DAILY FUNDING ARRANGEMENT WITH DIFFERENCE GUARANTEE

Difference Card bank account used for initial claim payment and check writing

A daily ACH debit of client's account based on actual card transactions and checks issued

Client gains the cash flow advantage with an annual year-end reimbursement on guarantee

Client will be responsible for funding claims daily. If claims exceed annual guarantee, client will continue to fund claims as they occur. Client will be reimbursed within 60 days of plan year end any amount over the Difference Guarantee.

The Difference Card

Berkeley Township

01/01/2026 - 12/31/2026

NJ 15
Benefit Analysis

BENEFIT CATEGORY	CURRENT PLAN DESIGN	BASE PLAN DESIGN	DIFFERENCE CARD PLAN DESIGN
Carrier	Horizon BCBS of NJ	Horizon BCBS of NJ	Horizon BCBS of NJ
Plan Option	NJ 15	DIRECT ACCESS DESIGN 3	DIRECT ACCESS DESIGN 3
Network	NJ Direct		
IN NETWORK	**IN NETWORK**	**IN NETWORK**	**IN NETWORK**
Primary Care	$15 Copay	$25 Copay	Difference Card Pays All Copays, Deductibles, and Coinsurance
Specialist Care	$15 Copay	$50 Copay	
Emergency Room	$100 Copay	$50 Copay & Coin	
Urgent Care	$15 Copay	$50 Copay	
Lab Work	$0 Copay	Ded & Coin	
X-Ray	$0 Copay	Ded & Coin	
Major Diagnostic Imaging	$0 Copay	Ded & Coin	
Inpatient Surgery	$0 Copay	Ded & Coin	
Outpatient Surgery	$0 Copay	Ded & Coin	
In Network Deductible	$0	$2,500	
In Network Coinsurance	10%	20%	
In Network Coinsurance Max	$400	$2,500	
Maximum OOP	$7,360	$5,000	
OUT OF NETWORK	**OUT OF NETWORK**	**OUT OF NETWORK**	**OUT OF NETWORK**
OON Deductible	$100	$5,000	$0
OON Coinsurance	30%	40%	40%
OON Coins Max	$2,000	$5,000	N/A
PRESCRIPTION	**PRESCRIPTION**	**PRESCRIPTION**	**PRESCRIPTION**
Pharmacy Deductible	$0	$0	$0
Pharmacy Copay	$3/$10/$10		

RATE TIER	OPTION	CURRENT RATES	RENEWAL RATES	BASE RATES	DIFFERENCE CARD EXPECTED PREMIUM EQUIVALENT RATES
	NJ 15	NJ 15	NJ 15	DIRECT ACCESS DESIGN 3	DIRECT ACCESS DESIGN 3
Employee only	31	$961.38	$1,336.32	$962.68	$1,190.90
Employee + Spouse	12	$1,922.74	$2,672.61	$1,925.35	$2,381.77
Employee + Child(ren)	13	$1,720.86	$2,392.00	$1,723.20	$2,131.69
Family	60	$2,682.23	$3,728.30	$2,685.87	$3,322.57
ANNUAL COSTS	116	$2,834,168	$3,939,495	$2,838,013	$3,510,784
RENEWAL		39.0%		0.1%	23.9%

Total Annual Costs include a one time set-up fee of: $5000

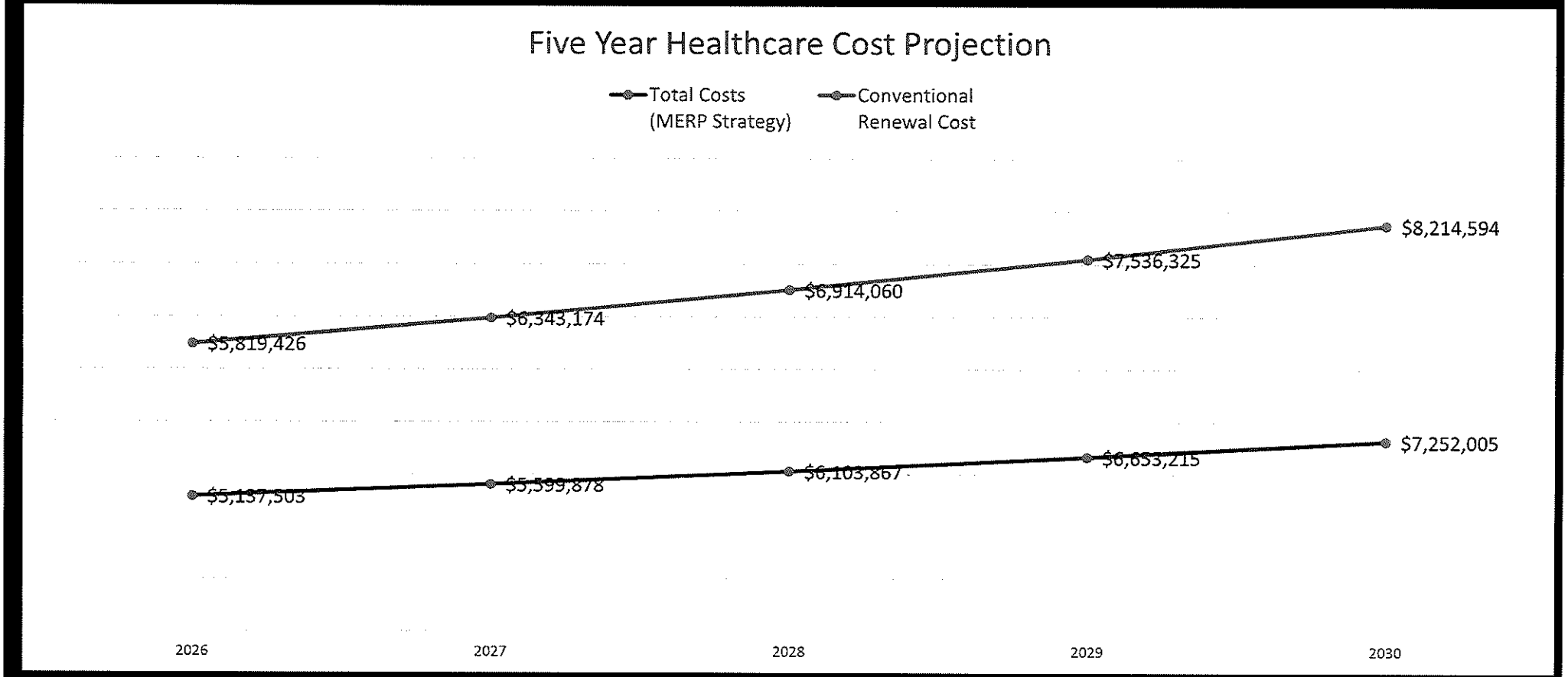
Difference Card Service Premium (PEPM)	$132.72
Difference Guarantee (PEPM)	$364.76

The Difference Guarantee is insured by an A rated member company of Assurant, Inc.

This benefit analysis is for illustrative purposes only. Please refer to the carrier plan documents and the Difference Card Summary of Benefits for final benefit design. All rates are subject to final carrier underwriting and the rates shown above need to be confirmed by the carrier and insurance broker. The Difference Card premium equivalent rates are not fully insured, are not guaranteed, and are based on projected claims utilization.

The Difference Card

Berkeley Township



Time Frame	Conventional Renewal Cost	Minimum Premium	Total Costs (MERP Strategy)	Net Annual Savings
2026	$5,819,426	$4,632,045	$5,137,503	$681,923
2027	$6,343,174	$5,048,930	$5,599,878	$743,296
2028	$6,914,060	$5,503,333	$6,103,867	$810,193
2029	$7,536,325	$5,998,633	$6,653,215	$883,110
2030	$8,214,594	$6,538,510	$7,252,005	$962,590

PROJECTED FIVE YEAR SAVINGS

$4,081,111

Questions & Answers

Stay Connected

Follow us on social media and visit our client portal to stay up to date on company news and industry trends.

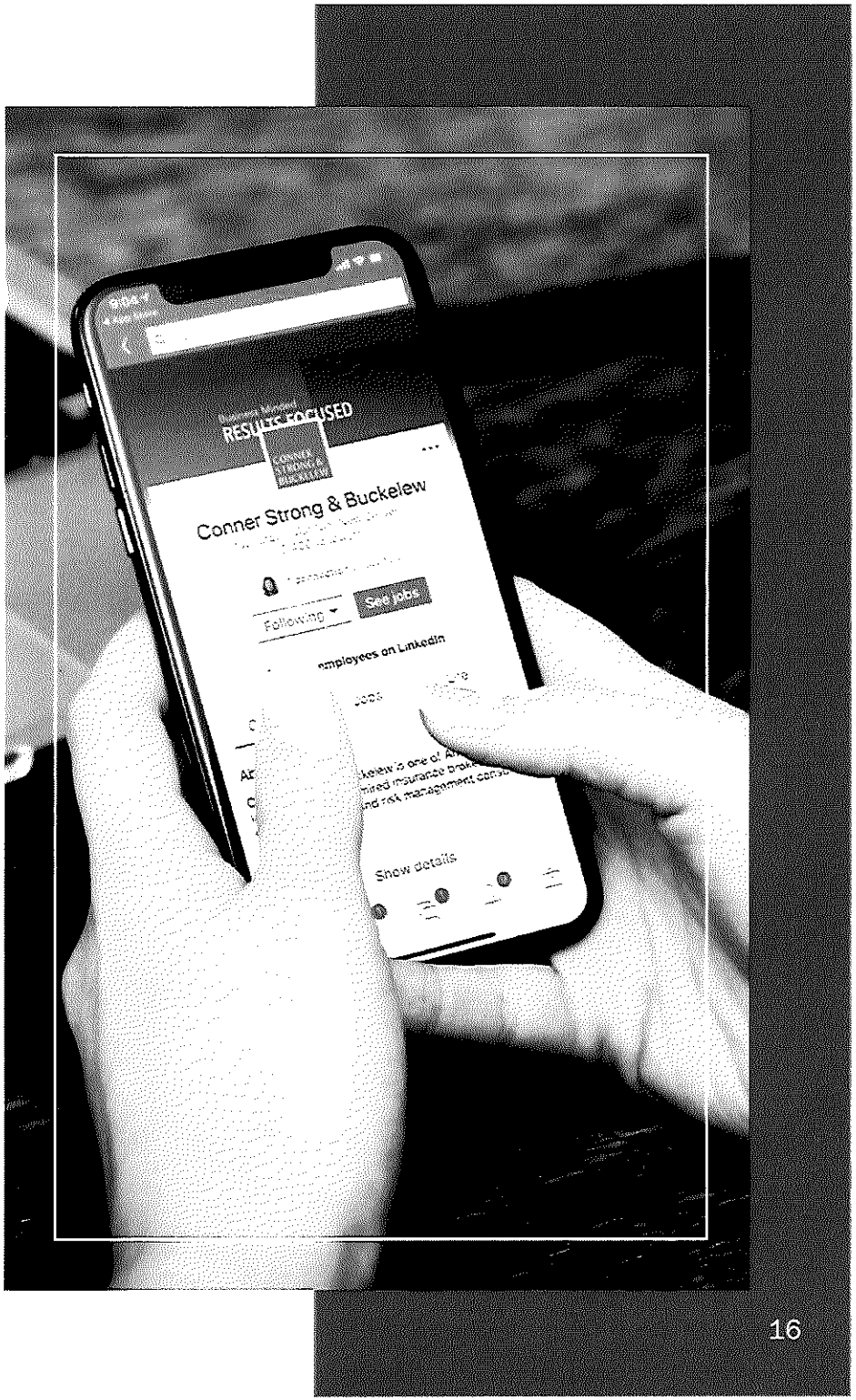
Conner Strong & Buckelew

@connerstrongbuckelew

Conner Strong & Buckelew

@connerstrong

www.healthylearn.com/connerstrong



Conner Strong & Buckelew

Insurance, Risk Management
& Employee Benefits
Camden, New Jersey
1-877-861-3220
connerstrong.com

CONTACT

Scott Davenport
Senior Partner
856-552-4926
sdavenport@connerstrong.com

AmyAnn Powers
Senior Account Consultant
Employee Benefits
856-552-4504
apowers@connerstrong.com

Colleen Laughlin
Employee Benefits Specialist
Employee Benefits
856-552-4626
claughlin@connerstrong.com

Disclaimer

Conner Strong & Buckelew (CSB) is providing the work product herein in order to assist in the evaluation and analysis of your group benefit plan(s). The work product reflected herein and contained in any exhibits or attachments is based upon data and information supplied by your contracted administrators, carriers, insurers and other vendors engaged in the administration of your plans. In some instances, the data and information may have been supplied by you. As such, CSB cannot warrant the accuracy of said data and information received and used by us in order to produce this analysis. We have evaluated said data and information to the best of our capability and rely upon the representations of your contracted administrators, carriers, insurers and other vendors as to the accuracy of the data and information they have supplied. It is important to note that while our consultants are very familiar with the design, administration and operation of employee benefit plans and the law applicable to those activities, Conner Strong & Buckelew is not a law firm. Therefore, our recommendations should not be construed as, nor are they intended to be, legal advice. You may wish to consult with legal counsel about the issues addressed. The information contained herein is not intended by Conner Strong & Buckelew to be used, and it cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code that may be imposed on the taxpayer. The information contained herein and in any exhibits or attachments is confidential and may not be shared, reproduced or disclosed to any third parties without the express written consent of CSB.

THANK YOU

Questions? Comments?

CONNER
STRONG &
BUCKELEW