Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	01/01/17	[redacted]

[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											
[redacted]			DUNGEE,J.T.	[redacted]	[redacted]	$555.19	$285.96	$41.49			$882.64
[redacted]		[redacted]	MOLLIS,J.J.	[redacted]	[redacted]	$555.19	$285.96	$41.49			$882.64

Regular Subscribers

Social Security N	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	$1,718.33	$757.62	$97.56		[redacted] $2,573.51
[redacted]	[redacted]									[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	02/01/17	[redacted]

Adjustments

Adjustment Reasc	EFF	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											

COBRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											
[redacted]		[redacted]	DUNGEE,J.T.	[redacted]	[redacted]	$555.19	$285.96	$41.49			$882.64
		[redacted]				[redacted]					[redacted]

[redacted]											
[redacted]		[redacted]	MOLLIS,J.J.	[redacted]	[redacted]	$555.19	$285.96	$41.49			$882.64
[redacted]											

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]
[redacted]	[redacted]	ROSENCRANZ,A [redacted]	[redacted]	[redacted]	$1,718.33	$757.62	$97.56			$2,573.51
[redacted]	[redacted]	[redacted]	[redacted]							

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	03/01/17	[redacted]

[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]		[redacted]	[redacted]								[redacted]
			DUNGEE,J.T.	[redacted]		$555.19	$285.96	$41.49			$2,573.51
					[redacted]	[redacted]					[redacted]
			MOLLIS,J.J.	[redacted]		$555.19	$285.96	$41.49			$882.64
			[redacted]			[redacted]					[redacted]

Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

[redacted]		[redacted]	ROSENCRANZ,A	[redacted]	$1,718.33	$757.62	$97.56			$2,573.51

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	04/01/17	[redacted]

[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											
			DUNGEE,J.T.	[redacted]		$555.19	$285.96	$41.49			$882.64
						[redacted]					
			MOLLIS,J.J.			$555.19	$285.96	$41.49			$882.64
						[redacted]					

Regular Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

[redacted]	[redacted]	ROSENCRANZ,A[redacted]	[redacted]	[redacted]	$1,718.33	$757.62	$97.56			$2,573.51

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	05/01/17	[redacted]

Adjustments

Adjustment Reasc	EFF	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
[redacted]											
[redacted]		[redacted]	DUNGEE,J.T.	[redacted]		$555.19	$285.96	$41.49			$882.64
[redacted]											
[redacted]			MOLLIS,J.J.	[redacted]	[redacted]	$555.19	$285.96	$41.49			$882.64
[redacted]											

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL			TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

XXX XX 4470	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	ROSENCRANZ,A	[redacted]	[redacted]	[redacted]	$1,718.33	$757.62	$97.56	[redacted]	[redacted]	$2,573.51	[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	06/01/17	[redacted]

[redacted]

DUNGEE,J.T.	$555.19	$285.96	$41.49			$882.64
MOLLIS,J.J.	$555.19	$285.96	$41.49			$882.64

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

			ROSENCRANZ,A		$1,718.33	$757.62	$97.56		$2,573.51

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	07/01/17	[redacted]

[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					[redacted]
[redacted]		[redacted]	DUNGEE,J.T.	[redacted]	[redacted]	$555.19	$285.96	$41.49			$882.64

[redacted]

		[redacted]			[redacted]				[redacted]
		MOLLIS,J.J.			$555.19	$285.96	$41.49			$882.64
		NIELSEN,R.H.							

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

ROSENCRANZ,A		$1,718.33	$757.62	$97.56			$2,573.51

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	08/01/17	[redacted]

[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											
[redacted]			DUNGEE,J.T.			$555.19	$285.96	$41.49			$882.64
[redacted]											
[redacted]			MOLLIS,J.J.			$555.19	$285.96	$41.49			$882.64
[redacted]											

Regular Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

[redacted]

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	ADVANTAGE	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											[redacted]
[redacted]			HENRY,O.E.		[redacted]	$1,718.33	$757.62	$97.56			$2,573.51
[redacted]											[redacted]

[redacted]	[redacted]	ROSENCRANZ,A	[redacted]	[redacted]	$1,718.33	$757.62	$97.56			$2,573.51

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	09/01/17	[redacted]

Adjustments

Adjustment Reaso	EFF	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											[redacted]

COBRA Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]
		[redacted]	DUNGEE,J.T.	[redacted]		$555.19	$285.96	$41.49			$882.64
						[redacted]					[redacted]
		[redacted]	MOLLIS,J.J.	[redacted]		$555.19	$285.96	$41.49			$882.64
		[redacted]				[redacted]					[redacted]

Social Security Nu	Employee Number	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
			HENRY,O.E.			$1,718.33	$757.62	$97.56			$2,573.51

	3HZN98525080	ROSENCRANZ,A			$1,718.33	$757.62	$97.56			$2,573.51

TOTAL DETAIL B										
Contract Detail										
					SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C

HORIZON	REGULAR GROUP			
HORIZON	TEFRA DEFRA			
HORIZON	COBRA			
HORIZON	TOTAL HORIZ			
PRESCRIPTION	REGULAR GROUP			

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF C	[redacted]	REGULAR	10/01/17	[redacted]

Adjustments

Adjustment Reasc	EFF	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL

COBRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									
		[redacted]	DUNGEE,J.T.	F	[redacted]	$555.19	$285.96	$41.49			$882.64
		[redacted]									[redacted]
		[redacted]	MOLLIS,J.J.	[redacted]		$555.19	$285.96	$41.49			$882.64
		[redacted]									[redacted]

Regular Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											[redacted]

[redacted]

Social Security N	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]
		[redacted]	HENRY,O.E.	[redacted]		$1,718.33	$757.62	$97.56			$2,573.51
			[redacted]								[redacted]

[redacted]		[redacted]	ROSENCRANZ,A	[redacted]	$1,718.33	$757.62	$97.56			$2,573.51
[redacted]										

TOTAL DETAIL B					[redacted]					[redacted]
Contract Detail										
				SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL
HORIZON	REGULAR GROUP			[redacted]					[redacted]	

HORIZON	TEFRA DEFRA			[redacted]					[redacted]	
HORIZON	COBRA									
HORIZON	TOTAL HORIZ									
PRESCRIPTION	REGULAR GROUP									
PRESCRIPTION	TEFRA DEFRA									
PRESCRIPTION	COBRA									

Horizon

Horizon Blue Cross Blue Shield of New Jersey

3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

DATE PREPARED	GROUP NUMBER
10/16/17	[redacted]

RATING YEAR	
FROM	TO

BILLING PERIOD COVERED	
FROM	TO
11/01/17	12/01/17

[redacted]
TOWNSHIP OF OLD BRIDGE
ONE OLD BRIDGE PLAZA
OLD BRIDGE NJ 08857

ACCT: [redacted]

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	SEX	CONTRACT TYPE	HORIZON EPO	PRESCRIPTION	DENTAL	TOTAL
TOTAL ADJUSTMENTS TO 11/01/17 - GROUP NUMBER [redacted]						[redacted]			[redacted]

********** DETAIL BILL **********

COBRA SUBSCRIBERS

[redacted]	[redacted]								[redacted]
TOTAL COBRA						[redacted]			[redacted]

TEFRA/DEFRA SUBSCRIBERS

[redacted]									[redacted]
[redacted]	[redacted]	DUNGEE,J.T.	[redacted]	488.57	269.09	38.30			795.96
	[redacted]								[redacted]
	[redacted]	HOLLIS,J.J.	[redacted]	488.57	269.09	38.30			795.96
	[redacted]								[redacted]

Independent Licensee of the Blue Cross Blue Shield Association

Horizon

Horizon Blue Cross Blue Shield of New Jersey

3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

DATE PREPARED	GROUP NUMBER
10/16/17	[redacted]

RATING YEAR		BILLING PERIOD COVERED	
FROM	TO	FROM	TO
		11/01/17	12/01/17

ATTN: [redacted]
TOWNSHIP OF OLD BRIDGE
ONE OLD BRIDGE PLAZA
OLD BRIDGE NJ 08857

ACCT: [redacted]

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	SEX	CONTRACT TYPE	HORIZON EPO	PRESCRIPTION	DENTAL	TOTAL
[redacted]		[redacted]							[redacted]
		[redacted]	ROSENCRANZ,A.W.	[redacted]	[redacted]	1,563.35	736.98	90.07	2,390.40
		[redacted]							[redacted]

Horizon

Horizon Blue Cross Blue Shield of New Jersey

3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

DATE PREPARED	GROUP NUMBER
10/16/17	[redacted]

RATING YEAR	
FROM	TO

BILLING PERIOD COVERED	
FROM	TO
11/01/17	12/01/17

ATTN: [redacted]
TOWNSHIP OF OLD BRIDGE
ONE OLD BRIDGE PLAZA
OLD BRIDGE NJ 08857

ACCT: [redacted]

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	SEX	CONTRACT TYPE	HORIZON EPO	PRESCRIPTION	DENTAL	TOTAL
[redacted]		[redacted]		[redacted]		[redacted]			[redacted]
		[redacted]	HENRY,C.E. [redacted]			1,453.82	685.43	90.07	2,229.32
						[redacted]			[redacted]

Account Number	Account Name	Invoice Number	Bill Type	Due Date	Address
[redacted]	TOWNSHIP OF O	[redacted]	REGULAR	12/01/17	[redacted]

Adjustments

Adjustment Reasc	EFF	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
CANCEL	EFF 110117	[redacted]									[redacted]
CANCEL	EFF 110117										
CANCEL	EFF 110117										
CANCEL	EFF 110117										

COBRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]

TEFRA DEFRA Subscribers

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]		[redacted]									[redacted]
		[redacted]	DUNGEE,J.T.		[redacted]	$488.57	$269.09	$38.30			$795.96
		[redacted]									[redacted]
		[redacted]	MOLLIS,J.J.		[redacted]	$488.57	$269.09	$38.30			$795.96
											[redacted]

[redacted]

Social Security Nu	Employee Numbe	Subscriber ID	Name	Sex	Contract Type	HORIZON	PRESCRIPTION	DENTAL	Pay Location Code		TOTAL
[redacted]											[redacted]
[redacted]		[redacted]	HENRY,O.E.	[redacted]		$1,453.82	$685.43	$90.07			$2,229.32
[redacted]		[redacted]									[redacted]

[redacted]		[redacted]										[redacted]
		[redacted]	ROSENCRANZ,A	[redacted]			$1,563.35	$736.98	$90.07			$2,390.40
		[redacted]										[redacted]

TOTAL DETAIL B						[redacted]					
Contract Detail											
					SINGLE	2Adults	FAMILY	TYPE 4	TYPE 5	P & C	TOTAL

HORIZON	REGULAR GROUP	[redacted]
HORIZON	TEFRA DEFRA	
HORIZON	COBRA	
HORIZON	TOTAL HORIZ	