



**Roselle Borough BOE
Group No. 07463**

Renewal Date: July 1, 2021
Experience Period: January 1, 2020 through December 31, 2020

Average Enrollment: 369

1. Incurred Liability	
A. Paid Claims*	\$245,037
B. Annualized Paid Claims	\$245,037
C. Mid-Year Plan Change Adjustment	\$0
D. Change in Reserve	\$1,117
E. Incurred Claims (B+C+D)	\$246,154
2. Expected Claims Expense	\$228,545
3. Blended Incurred Claims (69% Credible)	\$240,695
4. Trend	3.01%
5. Projected Incurred Claims (3X4)	\$247,952
6. Renewal Plan Change Adjustment	\$0
7. Retention	\$43,349
8. Needed Renewal Premium (5+6+7)	\$291,301
9. Current Rate Level Premium	\$268,502
10. Formula Renewal Rate Adjustment (8/9)	8.49%
11. Presented Renewal Rate Adjustment (One Year)	5.05%
12. Presented Renewal Rate Adjustment (Two Year)	6.55%

	Current Rates	One Year Renewal Rates	Two Year Renewal Rates	Average Enrollment
<u>Sublocations 01, 02</u>				
Single	\$43.42	\$45.61	\$46.26	60
Family	\$71.33	\$74.93	\$76.00	50
<u>Sublocations 03, 04</u>				
Single	\$47.63	\$50.04	\$50.75	21
Family	\$78.25	\$82.20	\$83.38	96
<u>Sublocation 6001</u>				
Single	\$33.54	\$35.23	\$35.74	63
Family	\$70.61	\$74.18	\$75.23	79
Annual Premium	\$268,502	\$282,058	\$286,087	369
\$ Change		\$13,557	\$17,586	

The above rates exclude broker commission.

*The paid claims amount includes an adjustment to account for lower than usual utilization during the months of April, May, and June 2020.

ANTHONY JUSKIEWICZ
A. Juskiwicz 6-10-21

June 8, 2021

Ms. Kathy Williams
HUB International Northeast Limited
180 River Road
2nd Floor
Summit, NJ 07901

RE: Roselle Borough Board of Education - Group #07463

Dear Ms. Williams:

The renewal date for your client's dental benefit contract with Delta Dental of New Jersey is **July 1, 2021.**

Delta Dental will renew your client's present dental program with the premiums indicated below:

GUARANTEED RENEWAL PREMIUMS			
<u>Sublocation(s)</u>	<u>Coverage</u>	<u>Current Rates</u>	<u>24 Month Rates</u>
01,02	One Party	\$43.42	\$46.26
	Family	\$71.33	\$76.00
03,04	One Party	\$47.63	\$50.75
	Family	\$78.25	\$83.38
6001	One Party	\$33.54	\$35.74
	Family	\$70.61	\$75.23

Please obtain authorized signature of the amendments incorporating the two-year (24 Month) renewal action and return them to our office for countersignature. A copy will be returned for your files.

Thank you for renewing this account with Delta Dental of New Jersey. If you should have any questions regarding this renewal, including alternate managed care programs, please contact James Hartigan, Account Manager, at jhartigan@deltadentalnj.com, or (973) 285-4179.

Sincerely,

Barry J. Petruzzi, F.S.A., M.A.A.A.
Vice President
Underwriting & Actuarial

BP: wl

Enc.

cc: James Hartigan, Account Manager

ANTHONY JUSKIEWICZ
A. Juskiewicz 6/10/21

AMENDMENT TO THE AGREEMENT

ROSELLE BOROUGH BOARD OF EDUCATION

GROUP NO. 07463

IT IS AGREED that in accordance with ARTICLE VI, Section 3 of the Contract between Delta Dental of New Jersey, Inc. and the above group, said Contract is hereby amended effective **July 1, 2021** with the changes indicated below:

Article III, Section 8 is amended to read:

Subscription charges under this Contract shall be as follows:

<u>Sublocation(s)</u>	<u>COVERAGE</u>	<u>MONTHLY CHARGES</u>
01,02	One Party	\$46.26
	Family	\$76.00
03,04	One Party	\$50.75
	Family	\$83.38
6001	One Party	\$35.74
	Family	\$75.23

The above rates are guaranteed from **July 1, 2021** to **June 30, 2023**.

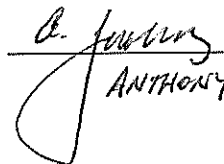
ARTICLE I, Section 3 is amended in part to read:

3. The "Anniversary Date" of this Contract is **July 1, 2023** and the first day of **July** of each subsequent year for as long as this Contract shall remain in full force.

Except as herein amended, all terms and provisions of the Contract shall remain in full force.

ROSELLE BOROUGH
BOARD OF EDUCATION

DELTA DENTAL OF NEW JERSEY, INC.

 6-10-21
ANTHONY MUSKRUMICZ

Dennis G. Wilson
President

Barry J. Petruzzi, F.S.A., M.A.A.A.
Vice President
Underwriting & Actuarial Services

FDP**Flagship Dental Plans****Roselle Borough Board of Education
Group. No. 07463****Flagship Renewal Rates**

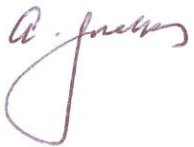
Renewal Date: July 1, 2021

	Current Rates	One Year Renewal Rates*
<u>Sublocation(s) 9001 (470) - NJ5</u>		
One Party	\$29.96	\$29.35
Two Party	\$57.26	\$56.08
Three Party	\$95.39	\$93.35

*The above renewal rates exclude broker commission.

*The above renewal rates include the 2.5% New Jersey health benefit plan tax.

ANTHONY JUSKIEWICZ

 6.10.21

June 8, 2021

Ms. Kathy Williams
HUB International Northeast Limited
180 River Road
2nd Floor
Summit, NJ 07901

RE: **Roselle Borough Board of Education - Group #07463**

Dear Ms. Williams:

The renewal date for your client's dental benefit contract with Flagship Dental Plans is **July 1, 2021**.

It is the intention of Flagship to renew your program with the same benefits and change in rate indicated below:

<u>Sublocation(s)</u>	<u>RENEWAL RATE</u>		
	<u>ONE PARTY</u>	<u>TWO PARTY</u>	<u>THREE PARTY</u>
9001	\$29.35	\$56.08	\$93.35

The above rates are guaranteed for a one year contractual period.

Enclosed please find a copy of the amendment to your client's contract incorporating the above renewal proposal for attachment to the Contract.

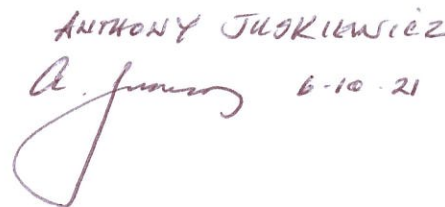
Note that Flagship can provide services beyond the anniversary date of **July 1, 2021**, only if there is an agreement between Flagship and the above group.

If you should have any questions regarding this renewal, please contact James Hartigan, Account Manager, at jhartigan@deltadentalnj.com, or (973) 285-4179.

Sincerely,



Barry J. Petruzzi, F.S.A., M.A.A.A.
Vice President
Underwriting & Actuarial



ANTHONY JUKEWICZ
6-10-21

BP: wl
Enc.
cc: James Hartigan, Account Manager

AMENDMENT TO THE AGREEMENT

ROSELLE BOROUGH BOARD OF EDUCATION

GROUP NO. 07463

IT IS AGREED that in accordance with ARTICLE VII, Section 3 of the Contract between Flagship Dental Plans and the above group, said Contract is hereby amended effective **July 1, 2021** with the changes indicated below:

ARTICLE II, Section 6 is amended to read:

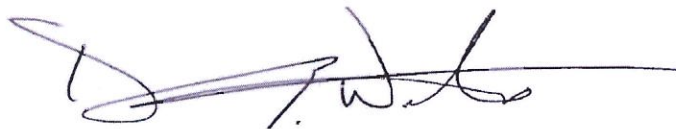
Subscription charges under this Contract shall be as follows:

<u>Sublocation(s)</u>	<u>COVERAGE</u>	<u>MONTHLY CHARGES</u>
9001	One Party	\$29.35
	Two Party	\$56.08
	Three Party	\$93.35

The above rates are guaranteed from July 1, 2021 to June 30, 2022.

Except as herein amended, all terms and provisions of the Contract shall remain in full force.

FLAGSHIP DENTAL PLANS



Dennis G. Wilson
President
Flagship Dental Plans



Barry J. Petruzzi, F.S.A., M.A.A.A.
Vice President
Underwriting & Actuarial Services

ANTHONY JUSKIEWICZ
A. Juskiwicz 6-10-21