DELTA DENTAL

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
Sublocations 01, 02				
Single	$43.42	$45.61	$46.26	60
Family	$71.33	$74.93	$76.00	50
Sublocations 03, 04				
Single	$47.63	$50.04	$50.75	21
Family	$78.25	$82.20	$83.38	96
Sublocation 6001				
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
6-10-21

DELTA DENTAL

www.deltadentalnj.com

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

Sublocation(s)	Coverage	Current Rates	24 Month Rates
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,

ANTHONY JUSKIEWICZ
6.10.21

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

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

Delta Dental of New Jersey, Inc.
Delta Dental Plaza
1639 Route 10
Parsippany, NJ 07054

Telephone: 973-285-4000
Claims Inquiries: 800-452-9310
Fax: 973-285-4140

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:

Sublocation(s)	COVERAGE	MONTHLY CHARGES
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

A. Jusiukiewicz 6-10-21
ANTHONY JUSIUKIEWICZ

DELTA DENTAL OF NEW JERSEY, INC.

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*
Sublocation(s) 9001 (470) - NJ5		
One Party	$29.96	$29.35
Two Party	$57.26	$56.08
Three Party	$95.39	$93.35

*The above renewal rates exclude broker commisssion.

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

ANTHONY JUSKIEWICZ

A. Juskiewicz 6.10.21

FDP
Flagship Dental Plans

www.deltadentalnj.com
www.deltadentalnj.com

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:

	RENEWAL RATE		
Sublocation(s)	**ONE PARTY**	**TWO PARTY**	**THREE PARTY**
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

ANTHONY JUSKIEWICZ
6-10-21

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

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

Flagship Dental Plans.
1639 Route 10
P.O. Box 369
Parsippany, NJ 07054

Telephone: 800-722-3524 (NJ)
800-848-3524 (Outside NJ)
Fax: 973-285-4162

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:

Sublocation(s)	COVERAGE	MONTHLY CHARGES
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.

ANTHONY JUSKIEWICZ
6-10-21

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