

Alternate plan Rates for Brick BOE
Effective Date: 01/01/2015 to 12/31/2015

Active RATES	DA \$20 / \$35
Employee	\$554.13
2 Adults	\$1,108.28
Family	\$1,468.45
Parent & Child(ren)	\$914.32

Enrollment

Employee	0
2 Adults	0
Family	0
Parent & Child(ren)	0

		Cumulative
ASSUMED ENROLLMENT	0	0
MONTHLY PREMIUM	\$0	0
ANNUAL PREMIUM	\$0	0

HEALTH BENEFITS	In-Network
Coinsurance	80%
Maximum Out-Of-Pocket	\$2,500
Deductible	\$200
Copay for Office Visits	\$20 /\$35
Copay for Hospital Inpatient	\$0
Copay for Surgery in Hospital	\$0
Outpatient Department	\$0
Copay for Ambulatory Surgical Center	\$0
	Out-of-Network
Coinsurance	60%
Maximum Out-Of-Pocket	\$5,000
Deductible	\$800
Copay for Office Visits	N/A
Copay for Hospital Inpatient	\$500
Copay for Surgery in Hospital	N/A
Outpatient Department	N/A
Copay for Ambulatory Surgical Center	N/A
Prescription Drugs	

The above medical rates reflect Horizon agreement that the District's prescription program will be separate and not through Horizon BCBSNJ

*The Maximum Out-of-Pocket will include eligible Rx cost sharing (if Rx coverage is with Horizon BCBSNJ), effective with groups sold/renewed on or after January 1, 2015.

Rates are based on the enrollment of 1320 contracts as indicated above and assume total replacement.

The above rates do not include any broker commission.

Please note: Deviations from the above broker commission schedule may require further direction from the group and approval in accordance with Horizon BCBSNJ policy.

Horizon BCBSNJ administers payment of broker commissions on Contract Holder's behalf to Contract Holder's commissioned broker. Broker commission noted herein is specifically directed, approved, and authorized by Contract Holder and Horizon BCBSNJ provides only administrative services in making broker payment and does not independently make commission payments. Contract Holder acknowledges that broker commissions are paid by its own funds and that it remains responsible to fund such commissions either as included in the premium rates or self-funded fees. Where Contract Holder approval is not had within 45 days of the effective/renewal date, Horizon BCBSNJ shall cease all administration of broker commission payments on behalf of Contract Holder and premium rates or self-funded fees shall be reduced accordingly. Additionally, Contract Holder is solely responsible for contracting with its commissioned broker and Horizon BCBSNJ is not a party to such relationship between Contract Holder and its commissioned broker.

Rates are based on a Specific Stop Loss of \$300,000 which excludes Rx.

The above rates include the NJ State BOE A-4 Tax (Surcharge).

The above rates are contingent on Horizon not covering Rx copay flow thru.

The above rates and benefits were based on the information submitted at the time this proposal was evaluated. Subsequent to the release of this proposal, Horizon BCBSNJ reserves the right to re-evaluate our proposed rates and benefits as a result of a change in the information supplied at the time this quote was evaluated such as:

- The receipt of additional information that could have an impact on the rates and/or benefits offered.
- A change in benefit levels and/or other terms of the contract or administration agreement (e.g. Government mandated benefits).
- A 10% size change and/or shift in enrollment between contract types.
- A contribution by the employer greater than 50% in the employee's Health Savings Account / Health Reimbursement Account.

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The rates and other information set forth in this proposal 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: