

**EXHIBIT A: SCHEDULE A – FINANCIAL TERMS**

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<b>Group Name:</b>	<b>Brick Township BOE</b>
<b>Term:</b>	<b>7/1/2018 – 6/30/2019</b>
<b>Group Number:</b>	<b>8503K</b>
<b>Current Enrollment:</b>	<b>1,242</b>

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**SECTION A-1: FEES**

**A-1.1 Administrative Fees and Other Fees.** The following charges shall be in effect for the Terms specified hereunder based on Contract Holder's Current Enrollment:

*Administrative Fees:*

Year 1 (effective 7/1/2018 - 6/30/2019)

Health \$30.50 per contract per month

*Other Fees:*

Mental Health Administration Charge: \$0.00 per contract per month  
*\*\* Fee for utilization management of mental health claims that are not capitated.*

Claims Fiduciary Charge: \$1.25 per contract per month

A-4 BOE Surcharge: 2.0% of paid claims  
*\*\* A surcharge on insurance companies, third party administrators, HMOs, and other insurance funds (based on Chapter 8 of the Public Laws of 1993) applicable to local school boards that do not participate in the State Health Benefits Plan. The surcharge amount may be subject to a retroactive change pending the final decision of the State of NJ.*

**Stop Loss Interface Fee:**

Enhanced Reporting \$1.25 per contract per month  
Horizon, at its sole discretion, can adjust the fee for stop loss reporting if there is a change in your Stop Loss vendor or in the level of Stop Loss reporting provided.

Refer to the Stop Loss Interface Addendum for details

*Administrative Service Agreement Exhibit A*

**Ancillary Services Fees:**

1. Chronic Care Management Charge   \$3.50 per contract per month  
 \*\* *Chronic Care Management (formerly Disease Management) services include: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Chronic Heart Failure (CHF) and End Stage Renal Disease (ESRD).*
  
2. Medical Injectables Program   Included in above Administrative Fee
  
3. 24 Hour Nurse Line   \$.50 per contract per month  
 \*\* *Provides members with access to a registered nurse who can answer health related questions twenty four hours a day seven days a week via telephonic and online resources.*
  
4. Precious Additions   \$.50 per contract per month  
 \*\* *An educational program designed to provide information and resources about pregnancy, childbirth, the postpartum period, and the child's first years of life.*
  
5. Radiology Charge:   \$1.50 per contract per month  
 \*\**Radiology: Prior-authorization for Advanced Imaging Services under the Plan.*
  
6. Musculoskeletal Program Charge:   \$.50 per POS, DA contract per month  
 \*\**Musculoskeletal Program: Prior-authorization and medical necessity determination for pain management services and utilization management of spine surgeries.*
  
7. Telemedicine   \$0.50 per contract per month  
    *(Does not apply to Over 65 Retirees)*  
 \*\* *Allows members to have a PCP visit, behavioral health therapy & counseling and psychiatry services via Horizon BCBSNJ's designated telemedicine platform with designated providers.*
  
8. Autism Management   \$ 0.50 per contract per month  
 \*\* *Intensive Case Management: Includes a screening and evaluation of individual and family health needs and risks, the development of a health care plan, and monthly check-ins to monitor progress.*  
 \*\* *Applied Behavior Analysis: A customized step-by-step approach that increases useful behaviors and reduces those that may cause harm or interfere with learning.*

**BlueCard® Program Access Fees:**                 Included as part of Contract Holder's Incurred Claims.

1. For In-Network BlueCard® Claims: Following percentage scale of network savings, capped at \$2,000.00 per Claim.

4.30% in 2018 for fewer than 1,000 PPO or traditional enrolled Blue contracts
2.40% in 2018 for 1,000–9,999 Blue PPO or traditional enrolled Blue contracts
2.22% in 2018 for 10,000–49,999 Blue PPO or traditional enrolled Blue contracts

*\*\*Please note that the applicable scale and percentages are only current and accurate as of the day of the issuance of this Schedule A. Modifications or changes to BlueCard® Program Access Fees, as with other Inter-Plan Arrangement fees, are generally made effective January 1 of the*

*calendar year but may occur at any time during the year. Pursuant to Contract Holder's Administrative Services Agreement with Horizon BCBSNJ, Horizon BCBSNJ will provide thirty (30) days' advance written notice of any modification or change to the BlueCard® Program Access Fees.*

2. For Out-of-Network BlueCard® Claims: \$0.00 per Claim.  
*Pursuant to Contract Holder's Administrative Services Agreement with Horizon BCBSNJ, Horizon BCBSNJ will provide thirty (30) days' advance written notice of any modification or change to the per Claim charge for Out-of-Network BlueCard® Claims.*

*Additional Information regarding BlueCard® Program Access Fee: Only the BlueCard Program Access Fee may be charged separately each time a claim is processed through the BlueCard Program. All other BlueCard Program-related fees are included in the general Administrative Fee. The BlueCard Program Access Fee is charged by the Host Blue to Horizon BCBSNJ for making its applicable provider network available to Contract Holder's Participants. The Access Fee is charged on a per-claim basis and is charged as a percentage of the discount/differential Horizon BCBSNJ receives from the applicable Host Blue subject to a maximum of \$2,000 per claim. When charged, Horizon BCBSNJ passes the Access Fee directly on to Contract Holder. Horizon BCBSNJ's Administrative Fee already includes the following BlueCard Program-related fees other than the BlueCard Program Access Fee: namely, Administrative Expense Allowance (AEA) Fee, Central Financial Agency Fee, ITS Transaction Fee, Toll-Free Number Fee, PPO Provider Directory Fee and BlueCard Worldwide Program Fees, if applicable.*

Summary Plan Description: If applicable, reasonable printing and postage cost incurred by Horizon BCBSNJ.

- A-1.2 Working Capital Amount.** The following Working Capital Amount shall be in effect for the stated period:

*Working Capital Amount:* \$600,426

Contract Holder shall remunerate to Horizon BCBSNJ the stated Working Capital Amount in accordance with the Agreement. Horizon BCBSNJ has the right to adjust the Working Capital if there is a change in the method used to remit payment for the Claim invoices or annually in accordance with the terms of this Schedule A.

- A-1.3 External Appeals.** To the extent that Contract Holder's Plan is grandfathered, as that term is defined in the Patient Protection and Affordable Care Act ("Affordable Care Act"), Horizon BCBSNJ understands that the Plan is not subject to that Affordable Care Act's provisions with respect to required external appeals for as long as the Plan's grandfathered status is maintained.

If Contract Holder's Plan is not grandfathered, Contract Holder may elect to have Horizon BCBSNJ, for the fee of, up to, \$450 per external appeal, administer such external appeals in cooperation with Horizon BCBSNJ's designated Independent Review Organizations (IROs). If Contract Holder elects not to do so, Contract Holder shall be solely responsible for the administration of such external appeals, in which event there shall be no charge for the Claims data and supporting documentation Horizon BCBSNJ provides to Contract Holder's selected IROs.

- A-1.4 Claims Re-Pricing and Negotiation Services.** If benefits are provided under Contract Holder's Plan for which services were delivered or otherwise provided by a Non-Network Provider, Horizon BCBSNJ may negotiate and/or re-price Claims for such Non-Network Provider services through the use of internal or

external resources of its choice to make available savings in Out-of-Network Claims (such savings realized to be referred to as “Out-of-Network Claims Savings”).

*Claims Re-Pricing and Negotiation Fee(s):* At reasonable Horizon BCBSNJ internal and external administrative cost not to exceed the Out-of-Network Claims Savings.

**A-1.5 Broker Payment Administration.** Where applicable, Horizon BCBSNJ administers payment of broker commissions (“Broker Payments”) as specifically directed by Contract Holder as follows:

*Producer Compensation:* \$0.00 per contract per month.

## **SECTION A-2: BILLING TERMS**

**A-2.1 Billing of Claims.** The following billing terms shall apply to with respect to the Plan’s Claims:

### **OPTION 3 (Weekly)**

Horizon BCBSNJ will provide Contract Holder with weekly invoices of Paid Claims for the prior week’s Monday through Sunday. Contract Holder shall remit payment of the amount due (“Claims Due”) within one banking day of the invoice date via bank wire or ACH electronic funds transfer to a Horizon BCBSNJ designated bank account.

**A-2.2 Billing of Administrative Fees and Other Fees.** Horizon BCBSNJ will invoice Contract Holder monthly for the applicable Administrative Fees based on the Plan’s enrollment as of the fifteenth (15<sup>th</sup>) calendar day of the corresponding month together with all other charges, including Network Access Fees and Other Fees as applicable under this Agreement. Horizon BCBSNJ will use its best efforts to reconcile any such invoice on a monthly basis, subject to the Agreement.

Contract Holder shall remunerate to Horizon BCBSNJ the amount due no later than thirty-one (31) calendar days following the first calendar day of the following month in which the services are provided (the “Administrative Fee Payment Due Date”) by check, bank wire or ACH electronic funds to Horizon BCBSNJ’s designated bank account. For example, fees originating from services provided by Horizon BCBSNJ in the month of June shall be due by July 31.

Notwithstanding the above, if Contract Holder elects to self-bill, or otherwise invoice itself the applicable Administrative Fees, Contract Holder shall be solely responsible for verifying the enrollment report for its Plan Participants and remunerate such applicable Administrative Fees to Horizon BCBSNJ on the payment schedule specified in this Schedule, and such amount shall be deemed final unless disputed by either Contract Holder or Horizon BCBSNJ within [24] months.

**A-2.3 Conflicts.** This Schedule incorporates the terms and conditions of the Agreement including any prior Schedule A entered into between the parties. In the event of a conflict between the terms of the Agreement including any prior Schedule A and the terms of this Schedule A, this Schedule A shall govern if it is a later executed counterpart to the Agreement.

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**NOW, THEREFORE,** Contract Holder represents to Horizon BCBSNJ that it accepts this Schedule, including the

*Administrative Service Agreement Exhibit A*

above fees, terms and conditions and acknowledges that this Schedule incorporates the terms and conditions of any prior Schedule A. In the event of a conflict between this Schedule and any prior schedules the provisions of this Schedule shall govern and supersede any conflicting provisions. Contract Holder further represents that the person signing this Schedule is an authorized representative of Contract Holder with sufficient legal authority.

**Brick Township BOE**

By: \_\_\_\_\_  
Printed: James W. Edwards, Jr., CPA  
Title: Business Administrator/Board Secretary  
Date: \_\_\_\_\_

**Horizon Blue Cross Blue Shield of New Jersey**

By: \_\_\_\_\_  
Printed: Christopher M. Lepre  
Title: Senior Vice President, Market Business Units  
Date: \_\_\_\_\_

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