

Renewal options

May 9, 2019

To accept the renewal proposal, please do the following:

- At the bottom of this page, select a renewal option and sign where indicated.
- Email, fax, or mail all of the pages in the 'Renewal options' and 'Renewal options, continued' tabs to me by June 1, 2019, in order to avoid a lapse in coverage.

Policyholder name: Brick Township Board Of Education	Account number: 900326
Policyholder Address: 101 Hendrickson Ave Brick, NJ 08724	Renewal status: Open
Situs State: NJ	TPA Name: HORIZON BLUE CROSS BLUE SHIELD OF NEW JERS
Renewal Eff. Date: July 1, 2019	PPO Name: BCBS Horizon - New Jersey

Current and renewal rate summary	
Tier	Employees
Employee only	303
Employee plus spouse	207
Employee plus child	102
Family	558
Total	1,170

Specific Stop-Loss policy details and renewal options				
Plan thresholds	Current	Renewal	Renewal option 1	Renewal option 2
Individual Specific deductible	\$300,000	\$300,000	\$325,000	\$350,000
Aggregating Specific deductible	None	None	None	None
Annual maximum	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited
Specific rates	Current	Renewal	Renewal option 1	Renewal option 2
Claims basis	PAID	PAID	PAID	PAID
Benefits covered	Medical	Medical	Medical	Medical
Employee only	\$20.95	\$24.26	\$22.99	\$21.51
Employee plus spouse	\$49.01	\$56.75	\$53.79	\$50.32
Employee plus child	\$42.01	\$48.63	\$46.11	\$43.13
Family	\$72.36	\$83.78	\$79.42	\$74.30
Total monthly premium	\$61,154.82	\$70,807.53	\$67,120.08	\$62,792.43
Renewal rate action as a % increase to current monthly premium		15.8%	9.8%	2.7%

Aggregate Stop-Loss policy details and renewal options				
Aggregate rates	Current	Renewal	Renewal option 1	Renewal option 2
Aggregate Benefit Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Per employee per month rate	\$3.59	\$3.59	\$3.59	\$3.59
Total monthly premium	\$4,200.30	\$4,200.30	\$4,200.30	\$4,200.30
Renewal rate action as a % increase to current monthly premium		0.0%	0.0%	0.0%

Aggregate thresholds and rates				
	Current	Renewal	Renewal option 1	Renewal option 2
Claims basis	PAID	PAID	PAID	PAID
Benefits covered	Medical only	Medical only	Medical only	Medical only
Corridor	125%	125%	125%	125%
Minimum Attachment Point %	100%	100%	100%	100%
Employee only Aggregate deductible factor	\$796.26	\$866.60	\$873.30	\$880.46
- Medical	\$796.26	\$866.60	\$873.30	\$880.46
Employee plus spouse Aggregate deductible factor	\$1,672.16	\$1,819.88	\$1,826.58	\$1,833.74
- Medical	\$1,672.16	\$1,819.88	\$1,826.58	\$1,833.74
Employee plus child Aggregate deductible factor	\$1,433.27	\$1,559.89	\$1,566.59	\$1,573.75
- Medical	\$1,433.27	\$1,559.89	\$1,566.59	\$1,573.75
Family Aggregate deductible factor	\$2,468.43	\$2,686.49	\$2,693.20	\$2,700.35
- Medical	\$2,468.43	\$2,686.49	\$2,693.20	\$2,700.35
Minimum Attachment Point	\$2,110,981.38	\$2,297,465.16	\$2,305,309.74	\$2,313,681.36
Estimated monthly renewal liability	\$2,110,981.38	\$2,297,465.16	\$2,305,309.74	\$2,313,681.36
Renewal rate action as a % increase to current monthly aggregate deductible factors.		8.8%	9.2%	9.6%

Total estimated annual plan costs				
Total costs	Current	Renewal	Renewal option 1	Renewal option 2
Total annual premium	\$784,261.44	\$900,093.96	\$855,844.56	\$803,912.76
Annual Aggregate Attachment Point	25,331,776.56	27,569,581.92	27,663,716.88	27,764,176.32
Total estimated self-funded plan costs	\$26,116,038.00	\$28,469,675.88	\$28,519,561.44	\$28,568,089.08
Renewal rate action as a % increase to total estimated annual plan cost.		9.0%	9.2%	9.4%

Select renewal option	X		
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Please acknowledge acceptance of the terms and conditions of the renewal proposal by signing below and returning all pages of the proposal to Tom Nauta.

Please indicate the renewal option you have selected by initialing one of the three boxes above. Your signature on the renewal proposal constitutes your acceptance of the terms, conditions, assumptions and contingencies set forth in the proposal. The premium rates agreed upon as part of the renewal will be effective on the Policy Renewal Effective Date.

Authorized Signature: _____	Date: _____
Printed Name: <u>James W. Edwards, Jr., CPA</u>	Printed Title: <u>Business Administrator</u>