

Horizon BlueCross BlueShield of New Jersey

Trenton Board Of Education #86002

PROSPECTIVE RATING

Health Rate Renewal Summary

Renewal Period: 07/01/2016 to 06/30/2017
 Experience Period: 01/01/2015 to 12/31/2015

1. INCURRED LIABILITY	
A. Charges For Claims Paid During Experience period	28,750,274
B. Subscriber Liability (Deductibles, Copays)	(273,743)
C. BCBS Discounts	(15,462,369)
D. Other Savings (COB, Medicare, Benefit Limits)	(2,512,741)
E. Paid Claims	10,501,419
F. Capitated Claims	303,495
G. Reserve Adjustment	369,984
H. Total Incurred Claims Payment	11,174,898
2. TREND (9.46% Annually)	1.1451
3. PROJECTED INCURRED CLAIMS [1 X 2]	12,796,556
4. HIGH LEVEL POOLING WRITE-OFF	(1,010,460)
5. HIGH LEVEL POOLING CHARGE	968,817
6. NJ State BOE Assessment (A4)	318,873
7. RETENTION	1,046,930
8. RENEWAL PREMIUM NEEDED	14,120,716
9. ADJUSTMENT TO RENEWAL PREMIUM NEEDED	(873,592)
10. NET RENEWAL PREMIUM NEEDED	13,247,124
11. PREMIUM AT CURRENT RATES	12,497,287
12. NET RATE CHANGE	
"A4" Included in Rates	6.00%

Average Number Of Contracts: 718

High Level Claim Pooling at \$200,000

No broker commission is included in your premium.

I acknowledge receipt and approve the renewal, commission level, and attached rates as outlined. In addition, I authorize commission to be paid to our Broker of Record.

The rates and other information set forth in this renewal 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: _____

Trenton Board of Education

Group # - 86002

Renewal Period: July 1, 2016 - June 30, 2017

Experience Period: January 1, 2015 - December 31, 2015

HMO RATE RENEWAL SUMMARY

Fully Incurred Non-Capitated Claims	\$6,475,177
Capitated Claims	\$577,327
Total Non-Projected Incurred Claims	\$7,052,504
Trend (8.1% Annual)	1.1239
Projected Incurred Claims	\$7,926,309
Specific Stop Loss Write-Off	(\$435,424)
Stop Loss Charge	\$622,493
NJ State BOE Assessment (A4)	\$202,834
Retention	\$1,561,191
ACA Taxes, Assessments and Fees	\$256,383
Renewal Premium Needed	\$10,133,786
Adjustment to Renewal Premium Needed	(\$612,374)
Net Renewal Premium Needed	\$9,521,412
Premium at Current Rates	\$9,244,089
Rate Action	3.00%

No broker commission is included in your premium.

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 such amounts are to be 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.

I acknowledge receipt and approve the renewal, commission level, and attached rates as outlined. In addition, I authorize commission to be paid to our Broker of Record.

The rates and other information set forth in this renewal 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: _____

Horizon BlueCross BlueShield of New Jersey

Trenton Board Of Education #86002

PROSPECTIVE RATING

Prescription Rate Renewal Summary

Renewal Period: 07/01/2016 to 06/30/2017
Experience Period: 01/01/2015 to 12/31/2015

1. INCURRED LIABILITY	
A. Charges For Claims Paid During Experience period	12,255,145
B. Subscriber Liability (Deductibles, Copays)	(284,468)
C. Pharmacy Discount	(2,244,687)
D. Other Savings (COB, Medicare, Benefit Limits)	(3,285,491)
E. Paid Claims	6,440,497
F. Reserve Adjustment	0
G. Total Incurred Claims Payment	6,440,497
2. TREND (14.99% Annually)	1.2332
3. PROJECTED INCURRED CLAIMS [1 X 2]	7,942,230
4. RETENTION	324,492
5. RENEWAL PREMIUM NEEDED	8,266,722
6. ADJUSTMENT TO RENEWAL PREMIUM NEEDED	(612,720)
7. NET RENEWAL PREMIUM NEEDED	7,654,002
8. PREMIUM AT CURRENT RATES	6,423,298
9. NET RATE CHANGE	19.16%

Average Number Of Contracts: 1364

No broker commission is included in your premium.

I acknowledge receipt and approve the renewal, commission level, and attached rates as outlined. In addition, I authorize commission to be paid to our Broker of Record.

The rates and other information set forth in this renewal 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: _____

**Prospective Rating
Horizon Dental Option Plan
Renewal Summary of Rates**

Group Name: Trenton Board Of Education
Group Number: 17-37-086002
Renewal Period: 07/01/2016 to: 06/30/2017

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
23	5	13	7	48

<u>NON-CARVEOUT</u>	<u>Current Rate</u>	<u>Renewal Rates</u>	<u>Change in Premium</u>
Single	\$58.93	\$58.93	\$0.00
2Adults	\$117.36	\$117.36	\$0.00
Family	\$184.39	\$184.39	\$0.00
P & C	\$114.55	\$114.55	\$0.00

Percentage Change: 0.00%

The above rates do not include any broker commission.

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 received 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.

The rates and other information set forth in this renewal 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: _____