

# 2020 RENEWAL PACKAGE

## GLASSBORO BOARD OF EDUCATION



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May 15, 2020

Glassboro Board of Education  
Administration Bldg.  
560 Joseph Bowe Blvd.  
Glassboro, NJ 08028

Attn: Jennifer Johnson  
Business Administrator / Board Secretary

Re: Health and Dental Renewals  
Effective 7/1/20

Dear Jennifer:

We are pleased to provide you with your health, prescription and dental renewals that become effective July 1, 2020. Below you will find the renewal highlight for each line of coverage:

**Southern Coastal Regional Employee Benefits Fund (SCREBF)** – The renewal rates reflect a guaranteed increase of 4.33% to your current rates, effective July 1, 2020 through June 30, 2021. We provided a financial comparison as well as a rate history for your review.

**Horizon Dental** – The renewal rates, effective July 1, 2020 through June 30, 2022, reflect an increase of **0%** over your current rates. Horizon is offering to renew this contract for a **24-month** contract period at 0% due to positive experience information. The rates are shown on the enclosed rate sheet. *Please sign where indicated and return to our office.*

Also enclosed are your Health and Dental comparisons and rate histories for your review and file.

Allen Associates considers the Glassboro Board of Education a valued client, and we appreciate your business. We look forward to serving you and your employees in the years to come.

Sincerely,

Richard S. Allen  
RSA:sd  
Enc:

# Glassboro Board of Education

## 2020 Contract Rates

SHIF	
AmeriHealth	
<u>7/1/20-6/30/21</u>	
PPO 10 with \$5/\$15 rx vision rider	
single	\$1,278.00
parent/ch(n)	\$2,529.00
couple	\$2,682.00
family	\$3,321.00
dep 31	\$860.00
PPO HDHP w/Rx vision rider	
single	\$850.00
parent/ch(n)	\$1,681.00
couple	\$1,783.00
family	\$2,208.00
dep 31	\$572.00

Dental	
Horizon	
<u>7/1/20-6/30/22</u>	
Group 00-01-04	
single	\$37.48
parent/ch(n)	\$91.00
couple	\$91.00
family	\$98.60
Group 10-11-14	
single	\$21.42
parent/ch(n)	\$52.09
couple	\$52.09
family	\$56.44

NOTE: These rates are illustrative. Please refer to actual proposal/renewal.



# SHIF RENEWAL

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Renewal Rates FY2020/2021 - Schools Health Insurance Fund

Member : Glassboro BOE

Plan Type Name: Medical

PlanName : Amerihealth PPO \$10 (Glassboro BOE)

Status	Vendor	<u>Current Rate Single</u>	<u>Current Rate PC</u>	<u>Current Rate HW</u>	<u>Current Rate Family</u>	<u>Current Rate EE+1</u>	<u>Current Rate EE+2 or More</u>	<u>Renewal Rate Single</u>	<u>Renewal Rate PC</u>	<u>Renewal Rate HW</u>	<u>Renewal Rate Family</u>	<u>Renewal Rate EE+1</u>	<u>Renewal Rate EE+2 or More</u>
Active	AMERIHEA	1004	1987	2107	2609	0	0	1076	2129	2258	2796	0	0
COBRA	AMERIHEA	1004	1987	2107	2609	0	0	1076	2129	2258	2796	0	0
Dep 31	AMERIHEA	676	0	0	0	0	0	724	0	0	0	0	0
Direct Bill Pre 65 Retiree	AMERIHEA	1054	2086	2213	2740	0	0	1129	2235	2371	2936	0	0

PlanName : Amerihealth PPO HDHP (Glassboro BOE)

Status	Vendor	<u>Current Rate Single</u>	<u>Current Rate PC</u>	<u>Current Rate HW</u>	<u>Current Rate Family</u>	<u>Current Rate EE+1</u>	<u>Current Rate EE+2 or More</u>	<u>Renewal Rate Single</u>	<u>Renewal Rate PC</u>	<u>Renewal Rate HW</u>	<u>Renewal Rate Family</u>	<u>Renewal Rate EE+1</u>	<u>Renewal Rate EE+2 or More</u>
Active	AMERIHEA	793	1569	1664	2061	0	0	850	1681	1783	2208	0	0
COBRA	AMERIHEA	793	1569	1664	2061	0	0	850	1681	1783	2208	0	0
Dep 31	AMERIHEA	534	0	0	0	0	0	572	0	0	0	0	0

Renewal Rates FY2020/2021 - Schools Health Insurance Fund

Member :      Glassboro BOE

Plan Type Name:      Prescription Plan

PlanName :      Prescription Drug \$5/\$15 (Glassboro BOE)

Status	Vendor	<u>Current Rate Single</u>	<u>Current Rate PC</u>	<u>Current Rate HW</u>	<u>Current Rate Family</u>	<u>Current Rate EE+1</u>	<u>Current Rate EE+2 or More</u>	<u>Renewal Rate Single</u>	<u>Renewal Rate PC</u>	<u>Renewal Rate HW</u>	<u>Renewal Rate Family</u>	<u>Renewal Rate EE+1</u>	<u>Renewal Rate EE+2 or More</u>
Active	EXPRESSSC	224	444	471	583	0	0	202	400	424	525	0	0
COBRA	EXPRESSSC	224	444	471	583	0	0	202	400	424	525	0	0
Dep 31	EXPRESSSC	151	0	0	0	0	0	136	0	0	0	0	0
Direct Bill Pre 65 Retiree	EXPRESSSC	235	466	494	612	0	0	212	420	445	551	0	0

# Glassboro Board of Education

## 2020 Renewal

Current Rates				Renewal Rates			
<b>PPO 10 w/Vision Rider</b>				<b>PPO 10 w/Vision Rider</b>			
	<u>employees*</u>	<u>7/1/19-6/30/20</u>	<u>premium</u>		<u>employees</u>	<u>7/1/20 -6/30/21</u>	<u>premium</u>
single	61	\$ 1,004.00	\$ 734,928	single	61	\$ 1,076.00	\$ 787,632
parent/ch(n)	18	\$ 1,987.00	\$ 429,192	parent/ch(n)	18	\$ 2,129.00	\$ 459,864
couple	44	\$ 2,107.00	\$ 1,112,496	couple	44	\$ 2,258.00	\$ 1,192,224
family	94	\$ 2,609.00	\$ 2,942,952	family	94	\$ 2,796.00	\$ 3,153,888
	<b>217</b>		<b>\$ 5,219,568</b>		<b>217</b>		<b>\$ 5,593,608</b>
<b>Rx \$5/\$15 (PPO 10 Rx Plan)</b>				<b>Rx \$5/\$15 (PPO 10 Rx Plan)</b>			
	<u>employees*</u>	<u>7/1/19-6/30/20</u>	<u>premium</u>		<u>employees</u>	<u>7/1/20 -6/30/21</u>	<u>premium</u>
single	61	\$ 224.00	\$ 163,968	single	61	\$ 202.00	\$ 147,864
parent/ch(n)	18	\$ 444.00	\$ 95,904	parent/ch(n)	18	\$ 400.00	\$ 86,400
couple	44	\$ 471.00	\$ 248,688	couple	44	\$ 424.00	\$ 223,872
family	94	\$ 583.00	\$ 657,624	family	94	\$ 525.00	\$ 592,200
	(same as PPO 10)		<b>\$ 1,166,184</b>		(same as PPO 10)		<b>\$ 1,050,336</b>
<b>PPO HDHP w/Vision Rider (embedded Rx)</b>				<b>PPO HDHP w/Vision Rider (embedded Rx)</b>			
	<u>employees*</u>	<u>7/1/19-6/30/20</u>	<u>premium</u>		<u>employees</u>	<u>7/1/20 -6/30/21</u>	<u>premium</u>
single	13	\$ 793.00	\$ 123,708	single	13	\$ 850.00	\$ 132,600
parent/ch(n)	2	\$ 1,569.00	\$ 37,656	parent/ch(n)	2	\$ 1,681.00	\$ 40,344
couple	4	\$ 1,664.00	\$ 79,872	couple	4	\$ 1,783.00	\$ 85,584
family	17	\$ 2,061.00	\$ 420,444	family	17	\$ 2,208.00	\$ 450,432
	<b>36</b>		<b>\$ 661,680</b>		<b>36</b>		<b>\$ 708,960</b>
<b>Total Employees 253</b>				<b>Total Employees 253</b>			
<b>Total Premium \$ 7,047,432</b>				<b>Total Premium \$ 7,352,904</b>			
				<b>Difference: \$ 305,472 4.33%</b>			
				<b>SHIF Dividend 2020: \$ 3,829</b>			
				<b>Difference: \$ 301,643 4.28%</b>			

\*Census based on SHIF Renewal.

For illustrative purposes only



# Glassboro Board of Education

## Health Rate History

<u>Date</u>	<u>Plan</u>	<u>S</u>	<u>H/W</u>	<u>P/C</u>	<u>F</u>	<u>Inc/Dec%</u>	<u>Inc/Dec%</u>	<u>Comment</u>	<u>Provider</u>	<u>Type</u>
<b><u>2016</u></b>										
7/1/2016	Amerihealth PPO 10	\$998.62	\$2,096.50	\$1,976.17	\$2,597.67				Amerihealth	Health
7/1/2016	Amerihealth PPO HDHP w/ RX	\$583.71	\$1,225.17	\$1,154.63	\$1,518.87					
<b><u>2017</u></b>										
7/1/2017	Amerihealth PPO 10	\$1,050.33	\$2,205.05	\$2,078.51	\$2,732.16				Amerihealth	Health
7/1/2017	Amerihealth PPO HDHP w/ RX	\$645.41	\$1,354.71	\$1,276.74	\$1,679.33	5.53%				
<b><u>2018</u></b>										
7/1/2018	Amerihealth PPO 10	\$1,115.36	\$2,341.56	\$2,207.21	\$2,901.27				Amerihealth	Health
7/1/2018	Amerihealth PPO HDHP w/ RX	\$694.42	\$1,457.61	\$1,373.73	\$1,806.81	6.31%				
<b><u>2019</u></b>										
7/1/2019	Amerihealth PPO 10	\$1,004.00	\$1,987.00	\$2,107.00	\$2,609.00			MOVED to SHIF	AHA - SHIF	Health
7/1/2019	Amerihealth PPO HDHP w/ RX	\$793.00	\$1,569.00	\$1,664.00	\$2,061.00	11.05%		11.05% vs 17.5% w/AH NJ		
<b><u>2020</u></b>										
7/1/2019	Amerihealth PPO 10	\$1,076.00	\$2,129.00	\$2,258.00	\$2,796.00				AHA - SHIF	Health
7/1/2019	Amerihealth PPO HDHP w/ RX	\$850.00	\$1,681.00	\$1,783.00	\$2,208.00	4.35%				

Average increase over the past

4

years:

6.81%

# HORIZON DENTAL

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# Horizon Blue Cross Blue Shield of New Jersey

## Prospective Rating Horizon Dental Option Plan

### Renewal Summary of Rates

Group Name: Glassboro Board of Education  
Group Number: 00-01-04-085786  
Renewal Period: 07/01/2020 to 06/30/2022

#### Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
83	54	94	16	247

	<u>Current Rate</u>	<u>Renewal Rate</u>
Single	\$37.48	\$37.48
2Adults	\$91.00	\$91.00
Family	\$98.60	\$98.60
P & C	\$91.00	\$91.00

The above Dental rates includes a broker commission of 10% of the 1st \$5,000 in premium, 4% for the next \$95,000 and 2% thereafter (10/4/2 scale).

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.

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon Blue Cross Blue Shield of New Jersey for the most current rates.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. Products and policies may be provided by Horizon Insurance Company, Horizon Healthcare Dental, each an independent licensee of the Blue Cross Blue Shield Association. Communications are issued by Horizon Blue Cross Blue Shield of New Jersey in its capacity as administrator of programs and provider relations for all its companies. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey. © 2019 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105.

Glassboro Board of Education certifies that it is a Large Employer consistent with 45 CFR 155.20 and is eligible to purchase and renew coverage in the large employer market. The offer of renewal herein shall be contingent upon the continued eligibility of Glassboro Board of Education in the large group market. Horizon BCBSNJ may request substantiating documentation that Glassboro Board of Education is a Large Employer.

These rates are contingent upon the renewal of all lines of business currently with Horizon. I acknowledge receipt and approve the renewal, commission level, and rates as outlined. In addition, I authorize commission to be paid to our Broker of Record. I represent 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 Blue Cross Blue Shield of New Jersey

Prospective Rating  
Horizon Dental Choice

## Renewal Summary of Rates

Group Name: Glassboro Board of Education  
Group Number: 10-11-13-085786  
Renewal Period: 07/01/2020 to 06/30/2022

### Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
9	3	9	4	25

	<u>Current Rate</u>	<u>Renewal Rate</u>
Single	\$21.42	\$21.42
2Adults	\$52.09	\$52.09
Family	\$56.44	\$56.44
P & C	\$52.09	\$52.09

The above Dental rates includes a broker commission of 10% of the 1st \$5,000 in premium, 4% for the next \$95,000 and 2% thereafter (10/4/2 scale).

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.

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These rates are contingent upon the renewal of all lines of business currently with Horizon. I acknowledge receipt and approve the renewal, commission level, and rates as outlined. In addition, I authorize commission to be paid to our Broker of Record. I represent by signing this document that I have the legal authority to accept these terms.

Group Official Name & Title: \_\_\_\_\_  
(PLEASE PRINT)

Group Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Glassboro Board of Education

## 2020 Renewal for Dental Plan

Horizon Dental	2019 Contract Year			Horizon Dental	2020 Contract Year		
	Current Rates				Renewal Rates		
Group 10-11-13				Group 10-11-13			
	<u>Employees</u>	<u>7/1/19-6/30/20</u>	<u>premium</u>		<u>employees</u>	<u>7/1/20-6/30/22</u>	<u>premium</u>
single	10	\$ 21.42	\$ 2,570	10	\$ 21.42	\$ 2,570	
parent/child	4	\$ 52.09	\$ 2,500	4	\$ 52.09	\$ 2,500	
husband/wife	3	\$ 52.09	\$ 1,875	3	\$ 52.09	\$ 1,875	
family	8	\$ 56.44	\$ 5,418	8	\$ 56.44	\$ 5,418	
Total	25		\$ 12,364	25		\$ 12,364	
Group 00-01-04				Group 00-01-04			
	<u>Employees</u>	<u>7/1/19-6/30/20</u>	<u>premium</u>		<u>employees</u>	<u>7/1/20-6/30/22</u>	<u>premium</u>
single	83	\$ 37.48	\$ 37,330	83	\$ 37.48	\$ 37,330	
parent/child	18	\$ 91.00	\$ 19,656	18	\$ 91.00	\$ 19,656	
husband/wife	51	\$ 91.00	\$ 55,692	51	\$ 91.00	\$ 55,692	
family	99	\$ 98.60	\$ 117,137	99	\$ 98.60	\$ 117,137	
	251		\$ 229,815	251		\$ 229,815	
Total Members	276			276			
TOTAL DENTAL PREMIUM			\$ 242,179	TOTAL DENTAL PREMIUM			\$ 242,179
7/1/19-6/30/20				7/1/20-6/30/22			
				Increase		\$ -	0.00%

\*Census provided by Horizon

For Illustrative purposes only

# Glassboro Board of Education

## Dental Rate History

<u>Date</u>	<u>Plan</u>	<u>S</u>	<u>H/W</u>	<u>P/C</u>	<u>F</u>	<u>Inc/Dec%</u>	<u>Inc/Dec%</u>	<u>Comment</u>	<u>Provider</u>	<u>Type</u>
<b>2016</b>										
7/1/2016	Group 00-01-04	\$33.23	\$80.69	\$80.69	\$87.43			1 year contract	Horizon	Dental
7/1/2016	Group 10-11-13	\$21.42	\$52.09	\$52.09	\$56.44			1 year contract	Horizon	Dental
<b>2017</b>										
7/1/2017	Group 00-01-04	\$34.89	\$84.72	\$84.72	\$91.80	4.30%		1 year contract	Horizon	Dental
	Group 10-11-13	\$21.42	\$52.09	\$52.09	\$56.44	0.00%		1 year contract	Horizon	Dental
							4.30%			
<b>2018</b>										
7/1/2018	Group 00-01-04	\$37.48	\$91.00	\$91.00	\$98.60	7.03%		1 year contract	Horizon	Dental
	Group 10-11-13	\$21.42	\$52.09	\$52.09	\$56.44	0.00%		1 year contract	Horizon	Dental
							7.03%			
<b>2019</b>										
7/1/2019	Group 00-01-04	\$37.48	\$91.00	\$91.00	\$98.60	7.03%		1 year contract	Horizon	Dental
	Group 10-11-13	\$21.42	\$52.09	\$52.09	\$56.44	0.00%		1 year contract	Horizon	Dental
							0.00%			
<b>2020</b>										
7/1/2020	Group 00-01-04	\$37.48	\$91.00	\$91.00	\$98.60	7.03%		2 year contract	Horizon	Dental
	Group 10-11-13	\$21.42	\$52.09	\$52.09	\$56.44	0.00%		2 year contract	Horizon	Dental
							0.00%			

Average increase over the past	4	years:	2.83%
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