

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

Group Name: Wallington Board of Education
 Group Number: 00-01-096991
 Renewal Period: 07/01/2014 to: 06/30/2016

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
39	28	45	11	123

	<u>Current Rate</u>	<u>Renewal Rates</u>	<u>Change in Premium</u>
Single	\$73.61	\$75.82	\$2.21
2Adults	\$73.61	\$75.82	\$2.21
Family	\$73.61	\$75.82	\$2.21
P & C	\$73.61	\$75.82	\$2.21

Percentage Change: 3.00%

The above rates include a broker commission of 10% of the first \$5,000 in premium, 4% of the next \$95,000, and 2% thereafter.

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.

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: JOSEPH BRUNACKI III SBA
 (PLEASE PRINT)

Group Official Signature & Date:  5-20-14

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

Group Name: Wallington Board of Education
 Group Number: 05-06-096991
 Renewal Period: 07/01/2014 to: 06/30/2016

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
0	0	0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>	<u>Change in Premium</u>
Single	\$75.01	\$77.26	\$2.25
2Adults	\$75.01	\$77.26	\$2.25
Family	\$75.01	\$77.26	\$2.25
P & C	\$75.01	\$77.26	\$2.25

Percentage Change: 3.00%

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Group Official Signature & Date:  5-20-14

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

Group Name: Wallington Board of Education
 Group Number: 010-011-096991
 Renewal Period: 07/01/2014 to: 06/30/2016

Average Monthly Contract Exposure

Single	2Adults	Family	P & C	Total
0	0	0	0	0

	<u>Current Rate</u>	<u>Renewal Rates</u>	<u>Change in Premium</u>
Single	\$76.14	\$78.42	\$2.28
2Adults	\$76.14	\$78.42	\$2.28
Family	\$76.14	\$78.42	\$2.28
P & C	\$76.14	\$78.42	\$2.28

Percentage Change: 3.00%

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Group Official Signature & Date:  5-30-14