

Comments from the New Fairfield Board of Finance for the POCD (Planning Commission)

Background: from the Planning Commission: The updated plan will look 10 - 20 years into the future and recommend policies and actions that are intended to guide local efforts on matters related to the physical, economic, and social development of New Fairfield, enhance the community, and improve quality of life.

Planning Commission request:

1. Submit written comments
2. Summarize your input on 1-2 pages / bring 10-15 copies to Planning Commission meeting
3. Present verbal comments for 3-5 minutes at Planning Commission Meeting

Input that might be included in Comments:

1. Top 3-5 things town needs to focus on for the next 10-20 years
2. New recommendations for the 2024 POCD
3. Recommendations in the 2014 POCD that should be continued
4. Recommendations in the 2014 POCD no longer relevant and should be removed

Top 3-5 things town needs to focus on the next 10-20 years

1. Climate change is necessitating towns to build increased **resiliency and adaptations** for clean water, alternative energy sources (solar arrays, EV charging stations), biohazard protection, pandemic response, more mass transit, more storm preparedness, more cooling centers, and limitations on waster disposal.
2. Continue to promote the town center as a viable place for new businesses to move into, including justification for a Community Center serving all ages.
3. Create a long term capital plan from BOS and BOE with prioritized, 'must do' projects such as the Middle School renovation, sewer, project, and town clerk's vault whose annual capital budgeted amounts cannot be deleted from the annual town and education budgets. Look at opportunities to include 'green building' in any future building projects for additional long term energy savings.
4. Continue the affordable housing initiative for all age groups - for example, it is becoming more difficult to attract volunteer members to the New Fairfield Volunteer Fire Department. If there were more affordable housing, the younger people who are prone to volunteer could afford to live in town.
5. Public Safety - the costs of police, paramedics, dispatchers, volunteers for the fire department are all getting higher and we may have a limited labor pool to draw from. Need to consider what incentives we can put in place to attract these people.

New recommendations for the 2024 POCD

1. See items #1, #3, and #5 above in Top 3-5 things town needs to focus on .
2. Overall, the focus of the POCD should be on town/education initiatives that provide **new opportunities** in those areas of Conservation (natural resources, open space); Development (community structures, affordable housing, businesses); and Infrastructure. Try not to dwell on action items that are 'business as

usual' for the responsible boards, commissions, and town employees - those activities that are part of their daily work.

3. Include any feasible recommendations that come from your recent community survey and all the input from the various boards and commissions participating in your listening sessions.

Recommendations in the 2014 POCD that should be continued

1. Keep chapters (3) Demographics,, (4) Housing, and (5) Economic Development. I would delete all the maps and the tables with data that is too old to make a comparison difference.

Recommendations in the 2014 POCD no longer relevant and should be removed

1.Action agenda - chapter 11 - consists of a list with many activities, many of them naming multiple responsible 'lead agencies'. It's not a workable plan with many chiefs.

The Action Items listed should map back to the chapters in the POCD - Demographic (3), Housing (4), Economic Development (5), Natural Resources, Open Space, Parks, Recreation & Agriculture (6), Community Facilities & Infrastructure (7), and Sustainability (8).

To eliminate confusion, these Action Items should be included in the appropriate chapters rather than gathered together at the end of the plan document. And some on the Action Items are missing from some of the findings at the end of each chapter. For example - Sustainability Chapter 8 has very little Action Items listed in Action Agenda Chapter 11.

2. Plan Consistency - chapter 9 - its requirements are already covered in the Findings section at the end of most chapters and also in the large Action Agenda - chapter 11. It's redundant, and thus makes the overall reading of the POCD more confusing.

ROUGH DRAFT (version 6) for the purpose of discussion, 10-18-23

**New Fairfield Board of Finance
Public Comment Policy**

Under Connecticut state law, municipal boards and commissions are public agencies under the Freedom of Information Act (FOIA), and therefore must comply with FOIA requirements. Along with other factors, this means that local board and commission meetings must be open to the public, except for closed sessions, as allowed by law, for specified purposes.

FOIA does not explicitly require meetings to allow for public participation. The State's Freedom of Information Commission (FOIC) has consistently held that this decision is within the discretion of each agency. However, the Commission endorses public participation at agency meetings, to whatever extent it is possible. (See Advisory Opinion #35 (1978) and Final Decision, Docket #FIC 2009-254 (2010)).

Additionally, The Commission believes that it is within the spirit of the Freedom of Information Act for public ~~agencas~~agencies to be open to the expressed concerns and opinions of their constituents, as well as, providing the disclosure of their records and public access to their meetings.

(<https://www.cga.ct.gov/2017/rpt/pdf/2017-R-0232.pdf>).

It is a core democratic value that everyone has a right to express their opinions and views, and for these views to be heard. The purpose of the public comment period is to inform the board and committees of the views of the public. Public comments are encouraged. Elected officials are to be open to hearing these views and to considering them, as well as other factors during board deliberations.

Public comment does not necessarily warrant a ~~reply, sincere~~reply since it is to provide information to the board or committee. However, if the Chairperson, or board member, deems an immediate reply is in order, the Chairperson, or board member, may reply, or the Chairperson may select an appropriate board member or personnel, who is present, to reply.

~~In order for~~For the entire meeting agenda to proceed on schedule and to accomplish the purpose of the meeting, the board by majority vote (note the vote for this was on 11/16/22, motion is at 1:00 mark on recorded tape) reserves the right to limit the duration of public comment.

Public Comment Period

The board strives to create a culture of tolerance for differing points of view that credits everyone with having the best interests of the community in mind. It is hoped that the public's comments will assist the board in focusing on the strength and weakness of proposed solutions to community problems and issues.

The board members are also expected to ~~treat other board members with courtesy and respect at all times~~always treat other board members with courtesy and respect, and in a manner deemed appropriate to conduct the commission's business and to comply with the statutes governing Connecticut municipalities.

All participants shall be treated with respect and courtesy. It is important that the public feel that the board meetings will be conducted in an orderly way, and that the public's views can be expressed to the board and committees, without fear of inappropriate recrimination, criticism, intimidation or comment by the board members or other participants.—

The manner of speech in meetings is important. Participants will be encouraged to refrain from overly aggressive or defamatory personal attacks and ridicule, which can be perceived to be questioning the integrity and motives of board members, employees, presenters, and other public participants.-

Incivility such as making attempts to drown out other's perspectives in an aggressive, slanderous, and/or physically intimidating manner will be noted and discouraged.—

The Chairperson may, or on the motion of another board member, rule any public speaker out of order, should his/her comments be considered personal, rude or

slanderous, and that person does not adjust their tone after warnings of the board.

The Board currently has two (2) public comment sessions. The first session is allotted 45 minutes and the second session is allotted 15 minutes.

Members of the public who wish to speak are allotted three (3) minutes time or less, depending on the number of requests and the time available. ~~This should allow time for other people to speak, who wish to do so.~~ The Chairman may also exercise discretion to increase or decrease the three (3) minute limit for a given speaker(s), depending on the circumstances.

The board requests that the public refrain from repeating their own same comments at a given meeting or at multiple meetings. All comments will be ~~duly noted~~ duly noted at the time they are expressed to the board or committee members.

If your views have already been expressed during the public comment period, it is suggested that you may simply indicate that you agree with the previous speaker.

A spokesperson may present the views of a given group.

Public Comment Procedures

- Requesting to speak at in-person meetings: ~~People~~ persons requesting to speak in an in-person meeting are requested to give their name or organization before speaking.

The Board of Finance currently meets regularly, once a month, on Wednesdays at 7:30 PM. The schedule and agendas for ~~all of~~ all these meetings can be found on the town website at newfairfield.org.

- Requesting to speak at Zoom meetings: The procedures will be announced at the beginning of the meeting.
- The zoom link is listed on the agenda for each meeting, which can be found at the town website at newfairfield.org.

- Submitting written comments: Members of the public may submit **comments and questions in writing to the board by email at BOF@newfairfield.org**.

The public is also free to use other means of communication to voice their opinions (e.g., social media, local newspapers).

The mailing address for other letter correspondence is Board of Finance, 4 Brush Hill Road, New Fairfield, CT 06812.

These emails and letters will be forwarded to every member of the Board of Finance and are acknowledged at the next scheduled board meeting.



Anthem Blue Cross and Blue Shield Annual Renewal Package

New Fairfield Board Of Education

July 1, 2021

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New Fairfield Board Of Education
Self Funded (ASO)

Renewal Effective Date: July 1, 2021

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Report 1

Renewal Cost Summary

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Expected Paid Claims by Coverage Category*	
Medical	\$6,284,544
Drug	\$37,596
Dental	\$255,864
Total Expected Paid Claims:	\$6,578,004
Estimated Retention and Stop Loss:*	
Retention Fees	\$168,838
Stop Loss Fees	\$305,706
Estimated Total Retention and Stop Loss Fees	\$474,544
Estimated Total Cost:	\$7,052,548

The Expected Paid Claims represents the actuarial projection of claims cost for the renewal period. These amounts are provided to assist you with estimating claim liability for your budgetary purposes. These projections are also used as the basis for determining the maximum liability for aggregate stop loss coverage.

*Claims, Retention, and Stop Loss costs were calculated based on contracts as of November, 2020

The health benefit plan(s) reflected in this quote is not considered to be grandfathered under the provisions of the Patient Protection and Affordable Care Act. Nongrandfathered plans are subject to additional provisions under the Patient Protection and Affordable Care Act that do not apply to grandfathered plans. For further information, please contact your account representative.

This renewal rate includes changes to the standard medical plan to ensure compliance with the requirements of the federal health care reform legislation for nongrandfathered plans, including 100 percent coverage of in-network preventive care services.

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
008719309	1	FLEX DENTAL	48	\$52.28
Total HBP				\$52.28
085875000	2	FLEX DENTAL	48	\$59.04
Total HBP				\$59.04
085875000	8	FLEX DENTAL	48	\$59.04
		LUMENOS HSA,\$2250/4500 DED	36305	\$1,546.66
		LUMENOS RX,\$2250/4500 DED	36306	\$0.00
Total HBP				\$1,605.70
085875000	9	FLEX DENTAL	48	\$59.04
		LUMENOS HRA,\$2250/\$4500	36303	\$1,582.92
		LUMENOS RX,\$2250/\$4500	36304	\$0.00
Total HBP				\$1,641.96
085875000	11	FLEX DENTAL	48	\$59.04
		3-TIER MGDRX,\$10/\$25/\$35	20541	\$371.73
		CENTURY PREFERRED,\$25.00	36939	\$1,628.49
Total HBP				\$2,059.26
085875001	2	FLEX DENTAL	48	\$59.04
Total HBP				\$59.04

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875001	6	FLEX DENTAL	48	\$59.04
		LUMENOS HSA,\$2250/4500 DED	36305	\$1,546.66
		LUMENOS RX,\$2250/4500 DED	36306	<u>\$0.00</u>
Total HBP				\$1,605.70
085875001	7	FLEX DENTAL	48	\$59.04
		3-TIER MGDRX,\$10/\$35/\$50	24975	\$347.38
		CENTURY PREFERRED,\$30.00	36940	<u>\$1,619.30</u>
Total HBP				\$2,025.72
085875003	2	FLEX DENTAL	48	<u>\$56.93</u>
Total HBP				\$56.93
085875003	7	FLEX DENTAL	48	\$56.93
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	<u>\$1,542.93</u>
Total HBP				\$1,599.86
085875003	8	FLEX DENTAL	48	\$56.93
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$2000/\$4000	33299	\$1,582.92
		LUMENOS RX,\$2000/\$4000	33300	<u>\$0.00</u>
Total HBP				\$1,639.85
085875004	2	FLEX DENTAL	48	<u>\$56.93</u>
Total HBP				\$56.93

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875004	6	FLEX DENTAL	48	\$56.93
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	<u>\$1,542.93</u>
		Total HBP		\$1,599.86
085875100	2	FLEX DENTAL	48	<u>\$59.04</u>
		Total HBP		\$59.04
085875100	4	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$2250/4500 DED	36305	\$1,546.66
		LUMENOS RX,\$2250/4500 DED	36306	<u>\$0.00</u>
		Total HBP		\$1,605.70
085875100	5	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$2250/\$4500	36303	\$1,582.92
		LUMENOS RX,\$2250/\$4500	36304	<u>\$0.00</u>
		Total HBP		\$1,641.96
085875101	2	FLEX DENTAL	48	<u>\$59.04</u>
		Total HBP		\$59.04

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875101	5	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	30859	\$1,659.25
		LUMENOS RX,\$1750/\$3500	30860	<u>\$0.00</u>
		Total HBP		\$1,718.29
085875101	7	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$1,583.62
		LUMENOS RX,\$1750/3500 DED	31303	<u>\$0.00</u>
		Total HBP		\$1,642.66
085875102	2	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04
085875102	6	FLEX DENTAL	48	\$63.04
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	<u>\$1,542.93</u>
		Total HBP		\$1,605.97
085875102	7	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$2000/\$4000	33299	\$1,582.92
		LUMENOS RX,\$2000/\$4000	33300	<u>\$0.00</u>
		Total HBP		\$1,645.96

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875103	2	FLEX DENTAL	48	\$63.04
Total HBP				\$63.04
085875103	4	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$2000/4000 DED	35148	\$1,595.32
		LUMENOS RX,\$2000/4000 DED	35149	\$0.00
Total HBP				\$1,658.36
085875103	5	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$2000/\$4000	35144	\$1,647.18
		LUMENOS RX,\$2000/\$4000	35150	\$0.00
Total HBP				\$1,710.22
085875104	2	FLEX DENTAL	48	\$63.04
Total HBP				\$63.04
085875104	4	FLEX DENTAL	48	\$63.04
		3-TIER MGDRX,\$15/20/\$25	24223	\$384.85
		CENTURY PREFERRED COMP	36935	\$1,585.99
Total HBP				\$2,033.88

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875104	5	FLEX DENTAL	48	\$63.04
		3-TIER MGDRX,\$15/20/\$25	24221	\$384.85
		CENTURY PREFERRED,\$15.00	36937	<u>\$1,728.34</u>
		Total HBP		\$2,176.23
085875105	2	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04
085875105	4	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	28742	\$1,592.28
		LUMENOS RX,\$1750/3500 DED	30851	<u>\$0.00</u>
		Total HBP		\$1,655.32
085875105	5	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	35146	\$1,643.85
		LUMENOS RX,\$1750/\$3500	35147	<u>\$0.00</u>
		Total HBP		\$1,706.89
085875106	2	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875106	4	FLEX DENTAL	48	\$63.04
		3-TIER MGDRX,\$15/20/\$25	24223	\$384.85
		CENTURY PREFERRED COMP	36935	<u>\$1,585.99</u>
		Total HBP		\$2,033.88
085875106	5	FLEX DENTAL	48	\$63.04
		3-TIER MGDRX,\$15/20/\$25	24221	\$384.85
		CENTURY PREFERRED,\$15.00	36937	<u>\$1,728.34</u>
		Total HBP		\$2,176.23
085875107	2	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04
085875107	7	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$1,583.62
		LUMENOS RX,\$1750/3500 DED	31303	<u>\$0.00</u>
		Total HBP		\$1,646.66
085875107	8	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$1,659.25
		LUMENOS RX,\$1750/\$3500	33304	<u>\$0.00</u>
		Total HBP		\$1,722.29

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875108	2	FLEX DENTAL	48	\$63.04
Total HBP				\$63.04
085875108	7	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$1,583.62
		LUMENOS RX,\$1750/3500 DED	31303	\$0.00
Total HBP				\$1,646.66
085875108	8	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$1,659.25
		LUMENOS RX,\$1750/\$3500	33304	\$0.00
Total HBP				\$1,722.29
085875109	2	FLEX DENTAL	48	\$63.04
Total HBP				\$63.04
085875109	5	FLEX DENTAL	48	\$63.04
		3-TIER MGDRX,\$15/20/\$25	24223	\$384.85
		CENTURY PREFERRED COMP	36936	\$1,585.99
Total HBP				\$2,033.88

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875109	6	FLEX DENTAL	48	\$63.04
		3-TIER MGDRX,\$15/\$30/\$45	21493	\$354.32
		CENTURY PREFERRED,\$20.00	36938	<u>\$1,680.38</u>
		Total HBP		\$2,097.74
085875110	2	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04
085875110	7	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	30859	\$1,659.25
		LUMENOS RX,\$1750/\$3500	30860	<u>\$0.00</u>
		Total HBP		\$1,722.29
085875110	9	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$1,583.62
		LUMENOS RX,\$1750/3500 DED	31303	<u>\$0.00</u>
		Total HBP		\$1,646.66
085875200	1	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$2250/4500 DED	36305	\$1,546.66
		LUMENOS RX,\$2250/4500 DED	36306	<u>\$0.00</u>
		Total HBP		\$1,605.70

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875200	3	FLEX DENTAL	48	\$59.04
			Total HBP	\$59.04
085875200	4	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$1,583.62
		LUMENOS RX,\$1750/3500 DED	31303	\$0.00
			Total HBP	\$1,642.66
085875200	5	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$1,659.25
		LUMENOS RX,\$1750/\$3500	33304	\$0.00
			Total HBP	\$1,722.29
085875201	3	FLEX DENTAL	48	\$59.04
			Total HBP	\$59.04
085875201	4	FLEX DENTAL	48	\$59.04
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	\$1,542.93
			Total HBP	\$1,601.97

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875201	5	FLEX DENTAL	48	\$59.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$2000/\$4000	33299	\$1,582.92
		LUMENOS RX,\$2000/\$4000	33300	<u>\$0.00</u>
		Total HBP		\$1,641.96
085875202	1	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$2000/4000 DED	35148	\$1,595.32
		LUMENOS RX,\$2000/4000 DED	35149	<u>\$0.00</u>
		Total HBP		\$1,658.36
085875202	2	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$2000/\$4000	35144	\$1,647.18
		LUMENOS RX,\$2000/\$4000	35150	<u>\$0.00</u>
		Total HBP		\$1,710.22
085875202	3	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04
085875203	3	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04



Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875203	4	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$1,583.62
		LUMENOS RX,\$1750/3500 DED	31303	<u>\$0.00</u>
		Total HBP		\$1,646.66
085875203	5	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$1,659.25
		LUMENOS RX,\$1750/\$3500	33304	<u>\$0.00</u>
		Total HBP		\$1,722.29
085875204	1	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HSA,\$1750/3500 DED	28742	\$1,592.28
		LUMENOS RX,\$1750/3500 DED	30851	<u>\$0.00</u>
		Total HBP		\$1,655.32
085875204	2	FLEX DENTAL	48	\$63.04
		CT BVV LG ASO	16848	\$0.00
		LUMENOS HRA,\$1750/\$3500	35146	\$1,643.85
		LUMENOS RX,\$1750/\$3500	35147	<u>\$0.00</u>
		Total HBP		\$1,706.89
085875204	3	FLEX DENTAL	48	<u>\$63.04</u>
		Total HBP		\$63.04



Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875205	2	FLEX DENTAL	48	\$59.04
			Total HBP	\$59.04
085875205	3	FLEX DENTAL	48	\$59.04
		3-TIER MGDRX,\$10/\$25/\$35	20541	\$371.73
		CENTURY PREFERRED,\$25.00	36939	\$1,628.49
			Total HBP	\$2,059.26
085875206	1	FLEX DENTAL	48	\$59.04
		LUMENOS HSA,\$2250/4500 DED	36305	\$1,546.66
		LUMENOS RX,\$2250/4500 DED	36306	\$0.00
			Total HBP	\$1,605.70
085875206	2	FLEX DENTAL	48	\$59.04
			Total HBP	\$59.04

Report 2

Expected Paid Claims by Health Benefit Plan

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Expected Paid Claims Per Contract Per Month
085875206	3	FLEX DENTAL	48	\$59.04
		LUMENOS HRA,\$2250/\$4500	36303	\$1,582.92
		LUMENOS RX,\$2250/\$4500	36304	<u>\$0.00</u>
			Total HBP	\$1,641.96

The policyholder may not reinsure or fund deductible or coinsurance amounts except as might be provided by employer or employee contributions to an HSA fund that is the sole property of the employee.

Estimated HRA Funding (Guidance Only - Not Guaranteed or Insured) - It is estimated that the employer contribution to the HRA fund for any contract will be approximately 80% of the face amount of the HRA fund. This estimated fund amount is not included in the expected paid claim numbers above.

HRA Health Incentives (Std) Estimated Funding (Guidance Only - Not Guaranteed or Insured): \$2.52/\$5.04 Per EE/Family Per Month.

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
008719309	70518	Flex Dental	0	\$52.28	\$0	\$0
		Subtotal:		\$52.28	\$0	\$0
085875000	AABKN	Flex Dental	176	\$59.04	\$10,391	\$124,692
	AC1N7	Century Pref Hospital Managed Rx 3-Tier	0	\$1,628.49	\$0	\$0
			0	\$371.73	\$0	\$0
	AC1N8	Century Pref Medical	0	\$0.00	\$0	\$0
	AC1NT	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NU	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NV	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	177	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	177	\$1,540.22	\$272,619	\$3,271,428
		Ct Cdhp Ps Hsa Group Rx	177	\$0.00	\$0	\$0
	AC1NW	Ct Cdhp Ps Hsa Incentive Rider Group Prf	177	\$6.44	\$1,140	\$13,680
		Ct Cdhp Ps Hsa Ms Group	177	\$0.00	\$0	\$0
		Subtotal:		\$5,188.84	\$284,150	\$3,409,800

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875001	AABKN	Flex Dental	20	\$59.04	\$1,181	\$14,172
	AC1N9	Century Pref Hospital	8	\$1,619.30	\$12,954	\$155,448
		Managed Rx 3-Tier	8	\$347.38	\$2,779	\$33,348
	AC1NA	Century Pref Medical	8	\$0.00	\$0	\$0
	AC1NX	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	8	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	8	\$1,540.22	\$12,322	\$147,864
		Ct Cdhp Ps Hsa Group Rx	8	\$0.00	\$0	\$0
	AC1NY	Ct Cdhp Ps Hsa Incentive Rider Group Prf	8	\$6.44	\$52	\$624
		Ct Cdhp Ps Hsa Ms Group	8	<u>\$0.00</u>	<u>\$0</u>	<u>\$0</u>
		Subtotal:		\$3,572.38	\$29,288	\$351,456

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875003	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AAD6T	Flex Dental	15	\$56.93	\$854	\$10,248
	AC1NB	Ct Cdhp Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NC	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NH	Ct Cdhp Hsa Incentive Rider Group Hsp	15	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	15	\$1,538.69	\$23,080	\$276,960
		Ct Cdhp Ps Hsa Group Rx	15	\$0.00	\$0	\$0
	AC1NI	Ct Cdhp Hsa Incentive Rider Group Prof	15	\$4.24	\$64	\$768
		Ct Cdhp Ps Hsa Ms Group	15	<u>\$0.00</u>	<u>\$0</u>	<u>\$0</u>
	Subtotal:				\$3,182.78	\$23,998
085875004	AAD6T	Flex Dental	3	\$56.93	\$171	\$2,052
	AC1NH	Ct Cdhp Hsa Incentive Rider Group Hsp	3	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	3	\$1,538.69	\$4,616	\$55,392
		Ct Cdhp Ps Hsa Group Rx	3	\$0.00	\$0	\$0
	AC1NI	Ct Cdhp Hsa Incentive Rider Group Prof	3	\$4.24	\$13	\$156
		Ct Cdhp Ps Hsa Ms Group	3	<u>\$0.00</u>	<u>\$0</u>	<u>\$0</u>
	Subtotal:				\$1,599.86	\$4,800

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875100	85659	Ct Bvv Lg Aso	20	\$0.00	\$0	\$0
	AABKN	Flex Dental	20	\$59.04	\$1,181	\$14,172
	AC1NT	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NU	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NV	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	20	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	20	\$1,540.22	\$30,804	\$369,648
		Ct Cdhp Ps Hsa Group Rx	20	\$0.00	\$0	\$0
	AC1NW	Ct Cdhp Ps Hsa Incentive Rider Group Prf	20	\$6.44	\$129	\$1,548
		Ct Cdhp Ps Hsa Ms Group	20	\$0.00	\$0	\$0
		Subtotal:		\$3,188.62	\$32,114	\$385,368

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875101	85659	Ct Bvv Lg Aso	17	\$0.00	\$0	\$0
	AABKN	Flex Dental	17	\$59.04	\$1,004	\$12,048
	AC1ND	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,655.71	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NE	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NL	Ct Cdhp Hsa Incentive Rider Group Hsp	17	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	17	\$1,579.38	\$26,849	\$322,188
		Ct Cdhp Ps Hsa Group Rx	17	\$0.00	\$0	\$0
	AC1NM	Ct Cdhp Hsa Incentive Rider Group Prof	17	\$4.24	\$72	\$864
		Ct Cdhp Ps Hsa Ms Group	17	\$0.00	\$0	\$0
		Subtotal:		\$3,301.91	\$27,925	\$335,100

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875102	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKQ	Flex Dental	14	\$63.04	\$883	\$10,596
	AC1NB	Ct Cdhp Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NC	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NH	Ct Cdhp Hsa Incentive Rider Group Hsp	14	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	14	\$1,538.69	\$21,542	\$258,504
		Ct Cdhp Ps Hsa Group Rx	14	\$0.00	\$0	\$0
	AC1NI	Ct Cdhp Hsa Incentive Rider Group Prof	14	\$4.24	\$59	\$708
		Ct Cdhp Ps Hsa Ms Group	14	\$0.00	\$0	\$0
		Subtotal:		\$3,188.89	\$22,484	\$269,808

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875103	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKQ	Flex Dental	3	\$63.04	\$189	\$2,268
	AC1NN	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,643.64	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NO	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NR	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,595.32	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NS	Ct Cdhp Ps Hsa Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	\$0.00	\$0	\$0
		Subtotal:		\$3,305.54	\$189	\$2,268

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875104	AABKQ	Flex Dental	0	\$63.04	\$0	\$0
	AC1KN	Pref Comp Hospital	0	\$1,582.45	\$0	\$0
		Managed Rx 3-Tier	0	\$382.64	\$0	\$0
	AC1KO	Pref Comp Medical - No Oon Med Covg Rx	0	\$0.00	\$0	\$0
	AC1N3	Managed Rx 3-Tier	0	\$382.64	\$0	\$0
		Century Pref Hospital	0	\$1,710.46	\$0	\$0
	AC1N4	Cent Pref Medical - No Oon Med Covg Rx	0	\$0.00	\$0	\$0
		Subtotal:		\$4,147.07	\$0	\$0

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875105	85659	Ct Bvv Lg Aso	3	\$0.00	\$0	\$0
	AABKQ	Flex Dental	3	\$63.04	\$189	\$2,268
	AC1NJ	Ct Cdhp Hsa Incentive Rider Group Hsp	2	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	2	\$1,588.04	\$3,176	\$38,112
		Ct Cdhp Ps Hsa Group Rx	2	\$0.00	\$0	\$0
	AC1NK	Ct Cdhp Hsa Incentive Rider Group Prof	2	\$4.24	\$8	\$96
		Ct Cdhp Ps Hsa Ms Group	2	\$0.00	\$0	\$0
	AC1NP	Ct Cdhp Ps Hra Incentive Rider Group Hsp	1	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	1	\$1,640.31	\$1,640	\$19,680
		Ct Cdhp Ps Hsa Group Rx	1	\$0.00	\$0	\$0
	AC1NQ	Ct Cdhp Ps Hra Incentive Rider Group Prf	1	\$0.00	\$0	\$0
		Ppo Gastric Bypass Coverage Rider	1	\$3.54	\$4	\$48
		Ct Cdhp Ps Hra Ms Group	1	\$0.00	\$0	\$0
		Subtotal:		\$3,299.17	\$5,017	\$60,204

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875106	AABKQ	Flex Dental	0	\$63.04	\$0	\$0
	AC1KN	Pref Comp Hospital	0	\$1,582.45	\$0	\$0
		Managed Rx 3-Tier	0	\$382.64	\$0	\$0
	AC1KO	Pref Comp Medical - No Oon Med Covg Rx	0	\$0.00	\$0	\$0
	AC1N3	Managed Rx 3-Tier	0	\$382.64	\$0	\$0
		Century Pref Hospital	0	\$1,710.46	\$0	\$0
	AC1N4	Cent Pref Medical - No Oon Med Covg Rx	0	\$0.00	\$0	\$0
		Subtotal:		\$4,147.07	\$0	\$0

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875107	85659	Ct Bvv Lg Aso	15	\$0.00	\$0	\$0
	AABKQ	Flex Dental	17	\$63.04	\$1,072	\$12,864
	AC1NF	Ct Cdhp Ps Hra Incentive Rider Group Hsp	1	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	1	\$1,655.71	\$1,656	\$19,872
		Ct Cdhp Ps Hra Group Rx	1	\$0.00	\$0	\$0
	AC1NG	Ct Cdhp Ps Hra Incentive Rider Group Prf	1	\$0.00	\$0	\$0
		Ppo Gastric Bypass Coverage Rider	1	\$3.54	\$4	\$48
		Ct Cdhp Ps Hra Ms Group	1	\$0.00	\$0	\$0
	AC1NL	Ct Cdhp Hsa Incentive Rider Group Hsp	14	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	14	\$1,579.38	\$22,111	\$265,332
		Ct Cdhp Ps Hsa Group Rx	14	\$0.00	\$0	\$0
	AC1NM	Ct Cdhp Hsa Incentive Rider Group Prof	14	\$4.24	\$59	\$708
		Ct Cdhp Ps Hsa Ms Group	14	\$0.00	\$0	\$0
		Subtotal:		\$3,305.91	\$24,902	\$298,824

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875108	85659	Ct Bvv Lg Aso	9	\$0.00	\$0	\$0
	AABKQ	Flex Dental	10	\$63.04	\$630	\$7,560
	AC1NF	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,655.71	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NG	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NL	Ct Cdhp Hsa Incentive Rider Group Hsp	9	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	9	\$1,579.38	\$14,214	\$170,568
		Ct Cdhp Ps Hsa Group Rx	9	\$0.00	\$0	\$0
	AC1NM	Ct Cdhp Hsa Incentive Rider Group Prof	9	\$4.24	\$38	\$456
		Ct Cdhp Ps Hsa Ms Group	9	\$0.00	\$0	\$0
		Subtotal:		\$3,305.91	\$14,882	\$178,584

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875109	AABKQ	Flex Dental	1	\$63.04	\$63	\$756
	AC1N1	Pref Comp Hospital	0	\$1,582.45	\$0	\$0
		Managed Rx 3-Tier	0	\$382.64	\$0	\$0
	AC1N2	Pref Comp Medical - No Oon Med Covg Rx	0	\$0.00	\$0	\$0
	AC1N5	Managed Rx 3-Tier	1	\$352.11	\$352	\$4,224
		Century Pref Hospital	1	\$1,662.50	\$1,663	\$19,956
		Ppo Diabetic Supply Copay Waived Rider	1	\$2.21	\$2	\$24
	AC1N6	Century Pref Medical	1	\$0.00	\$0	\$0
		Ppo Gastric Bypass Coverage Rider	1	\$3.54	\$4	\$48
		Century Preferred Dme Rider	1	\$9.88	\$10	\$120
		Blue Cross Infertility Rider - Unlimited Max	1	\$4.46	\$4	\$48
		Subtotal:		\$4,068.58	\$2,098	\$25,176

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875110	85659	Ct Bvv Lg Aso	45	\$0.00	\$0	\$0
	AABKQ	Flex Dental	52	\$63.04	\$3,278	\$39,336
	AC1ND	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,655.71	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NE	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NL	Ct Cdhp Hsa Incentive Rider Group Hsp	45	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	45	\$1,579.38	\$71,072	\$852,864
		Ct Cdhp Ps Hsa Group Rx	45	\$0.00	\$0	\$0
	AC1NM	Ct Cdhp Hsa Incentive Rider Group Prof	45	\$4.24	\$191	\$2,292
		Ct Cdhp Ps Hsa Ms Group	45	\$0.00	\$0	\$0
		Subtotal:		\$3,305.91	\$74,541	\$894,492

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875200	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKN	Flex Dental	1	\$59.04	\$59	\$708
	AABKQ	Flex Dental	0	\$63.04	\$0	\$0
	AC1NF	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,655.71	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NG	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NL	Ct Cdhp Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NM	Ct Cdhp Hsa Incentive Rider Group Prof	0	\$4.24	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	\$0.00	\$0	\$0
	AC1NV	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,540.22	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NW	Ct Cdhp Ps Hsa Incentive Rider Group Prf	0	\$6.44	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	<u>\$0.00</u>	<u>\$0</u>	<u>\$0</u>
		Subtotal:		\$4,911.61	\$59	\$708

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875201	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKN	Flex Dental	3	\$59.04	\$177	\$2,124
	AC1NB	Ct Cdhp Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NC	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NH	Ct Cdhp Hsa Incentive Rider Group Hsp	1	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	1	\$1,538.69	\$1,539	\$18,468
		Ct Cdhp Ps Hsa Group Rx	1	\$0.00	\$0	\$0
	AC1NI	Ct Cdhp Hsa Incentive Rider Group Prof	1	\$4.24	\$4	\$48
		Ct Cdhp Ps Hsa Ms Group	1	\$0.00	\$0	\$0
		Subtotal:		\$3,184.89	\$1,720	\$20,640

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875202	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKQ	Flex Dental	0	\$63.04	\$0	\$0
	AC1NN	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,643.64	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NO	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NR	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,595.32	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NS	Ct Cdhp Ps Hsa Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	\$0.00	\$0	\$0
		Subtotal:		\$3,305.54	\$0	\$0

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875203	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKQ	Flex Dental	0	\$63.04	\$0	\$0
	AC1NF	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,655.71	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NG	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NL	Ct Cdhp Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NM	Ct Cdhp Hsa Incentive Rider Group Prof	0	\$4.24	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	\$0.00	\$0	\$0
		Subtotal:		\$3,305.91	\$0	\$0

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875204	85659	Ct Bvv Lg Aso	0	\$0.00	\$0	\$0
	AABKQ	Flex Dental	0	\$63.04	\$0	\$0
	AC1NJ	Ct Cdhp Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,588.04	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NK	Ct Cdhp Hsa Incentive Rider Group Prof	0	\$4.24	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	\$0.00	\$0	\$0
	AC1NP	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,640.31	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NQ	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	Subtotal:				\$3,299.17	\$0
085875205	AABKN	Flex Dental	0	\$59.04	\$0	\$0
	AC1N7	Century Pref Hospital	0	\$1,628.49	\$0	\$0
		Managed Rx 3-Tier	0	\$371.73	\$0	\$0
	AC1N8	Century Pref Medical	0	\$0.00	\$0	\$0
	Subtotal:				\$2,059.26	\$0

Report 3

Expected Paid Claims by Firm Division

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Firm Division Number	Benefit Code	Benefit Description	Monthly Contracts (as of 11/01/2020)	Expected Paid Claims Per Contract Per Month	Monthly Expected Paid Claims	Annual Expected Paid Claims
085875206	AABKN	Flex Dental	0	\$59.04	\$0	\$0
	AC1NT	Ct Cdhp Ps Hra Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Hosp Group	0	\$1,579.38	\$0	\$0
		Ct Cdhp Ps Hra Group Rx	0	\$0.00	\$0	\$0
	AC1NU	Ct Cdhp Ps Hra Incentive Rider Group Prf	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hra Ms Group	0	\$0.00	\$0	\$0
	AC1NV	Ct Cdhp Ps Hsa Incentive Rider Group Hsp	0	\$0.00	\$0	\$0
		Ct Cdhp Ps Hsa Hosp Group	0	\$1,540.22	\$0	\$0
		Ct Cdhp Ps Hsa Group Rx	0	\$0.00	\$0	\$0
	AC1NW	Ct Cdhp Ps Hsa Incentive Rider Group Prf	0	\$6.44	\$0	\$0
		Ct Cdhp Ps Hsa Ms Group	0	\$0.00	\$0	\$0
		Subtotal:		\$3,188.62	\$0	\$0
Total:					\$548,167	\$6,578,004

The policyholder may not reinsure or fund deductible or coinsurance amounts except as might be provided by employer or employee contributions to an HSA fund that is the sole property of the employee.

Estimated HRA Funding (Guidance Only - Not Guaranteed or Insured) - It is estimated that the employer contribution to the HRA fund for any contract will be approximately 80% of the face amount of the HRA fund. This estimated fund amount is not included in the expected paid claim numbers above.

HRA Health Incentives (Std) Estimated Funding (Guidance Only - Not Guaranteed or Insured): \$2.52/\$5.04 Per EE/Family Per Month.



Report 4

Retention and Stop Loss Fees

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Retention and Stop Loss Components	Century Preferred Program #1	Dental Program #2	CDHP HSA (Trad Health Plan) Program #3	CDHP HRA & HIA (Trad Health Plan) Program #4
Self-Insured Program Fee	\$27.69	\$4.16	\$27.69	\$27.69
Aggregate Stop/Loss 120%	\$12.03		\$12.03	\$12.03
Monthly Rolling Cap	\$0.49		\$0.49	\$0.49
Group Specific Commissions	\$4.68	\$0.22	\$9.21	\$5.53
Individual Stop/Loss \$225,000	\$63.79		\$63.79	\$63.79
Retention and Stop Loss Subtotal(\$)	\$108.68	\$4.38	\$113.21	\$109.53
Total Contracts as of November 2020	9	355	325	2

	Program #1	Program #2	Program #3	Program #4	All Programs
Estimated Monthly Retention and Stop Loss	\$978.12	\$1,554.90	\$36,793.25	\$219.06	\$39,545.33
Estimated Annual Retention and Stop Loss	\$11,737.44	\$18,658.80	\$441,519.00	\$2,628.72	\$474,543.96

Retention and Stop Loss Fees will be withdrawn on the first day of each month by E.F.T. from the group's account.

Note: The medical fees include group specific commissions as listed above, they equate to approximately \$36,556 .
Upon renewal, a single case agreement will be required.

Note: The dental fees include group specific commissions as listed above, they equate to approximately \$944 .
Please see your producer or sales associate for detailed information.

The policyholder may not reinsure or fund deductible or coinsurance amounts except as might be provided by employer or employee contributions to an HSA fund that is the sole property of the employee.

The rates shown above are for the insured HSA qualified plan and assumes employer pays all account fees.

Employer's signature: _____ **Date:** _____

Report 5

Stop Loss Exhibit

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Products with an Individual Stop Loss point of \$225,000

Medical Drug

Products with an Aggregate Stop Loss attachment point of 120%

Medical Drug

Your Expected Paid Claim Liability at 100% for the above Products is:*	\$6,322,140
Your Expected Paid Claim Liability at 120% for the above Products is:*	\$7,586,568
Your Minimum Aggregate Paid Claim Liability for the above Products is:*	\$6,827,911
Your Monthly Rolling Cap for these Products is:	\$632,214

The following products do not have Aggregate Stop Loss Protection:

Dental

Your Expected Paid Claim Liability at 100% for the above Products is:*	\$255,864
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*Expected Paid Claim Liabilities were calculated based on contracts as of November, 2020

**Please note Products not included in Aggregate Stop Loss are NOT included in the Monthly Rolling Cap.

***If this renewal package includes any CDHP (H.S.A./H.R.A) plan designs, and Individual and/or Aggregate stop loss coverage is noted above, the stop loss coverage will include both medical and pharmacy claims.

Report 6

Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
008719309	1	FLEX DENTAL	48	<u>\$27.70</u>	<u>\$55.53</u>	<u>\$88.53</u>	<u>\$55.53</u>	<u>\$88.53</u>
			Total HBP	\$27.70	\$55.53	\$88.53	\$55.53	\$88.53
085875000	2	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
			Total HBP	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
085875000	8	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		LUMENOS HSA,\$2250/4500 DED	36305	\$863.55	\$1,727.13	\$2,581.38	\$1,727.13	\$2,581.38
		LUMENOS RX,\$2250/4500 DED	36306	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$897.32	\$1,799.71	\$2,672.56	\$1,799.71	\$2,672.56
085875000	9	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		LUMENOS HRA,\$2250/\$4500	36303	\$882.24	\$1,764.95	\$2,645.76	\$1,764.95	\$2,645.76
		LUMENOS RX,\$2250/\$4500	36304	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$916.01	\$1,837.53	\$2,736.94	\$1,837.53	\$2,736.94
085875000	11	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		3-TIER MGDRX,\$10/\$25/\$35	20541	\$304.19	\$608.39	\$912.57	\$608.39	\$912.57
		CENTURY PREFERRED,\$25.00	36939	<u>\$907.73</u>	<u>\$1,815.47</u>	<u>\$2,723.22</u>	<u>\$1,815.47</u>	<u>\$2,723.22</u>
			Total HBP	\$1,245.69	\$2,496.44	\$3,726.97	\$2,496.44	\$3,726.97
085875001	2	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
			Total HBP	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18



Report 6

Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +			Employee and Child	Employee and Children
				Employee	Spouse	Family		
085875001	6	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		LUMENOS HSA,\$2250/4500 DED	36305	\$863.55	\$1,727.13	\$2,581.38	\$1,727.13	\$2,581.38
		LUMENOS RX,\$2250/4500 DED	36306	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$897.32	\$1,799.71	\$2,672.56	\$1,799.71	\$2,672.56
085875001	7	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		3-TIER MGDRX,\$10/\$35/\$50	24975	\$284.27	\$568.53	\$852.82	\$568.53	\$852.82
		CENTURY PREFERRED,\$30.00	36940	\$902.62	\$1,805.22	\$2,707.84	\$1,805.22	\$2,707.84
		Total HBP		\$1,220.66	\$2,446.33	\$3,651.84	\$2,446.33	\$3,651.84
085875003	2	FLEX DENTAL	48	\$32.56	\$69.99	\$87.91	\$69.99	\$87.91
		Total HBP		\$32.56	\$69.99	\$87.91	\$69.99	\$87.91
085875003	7	FLEX DENTAL	48	\$32.56	\$69.99	\$87.91	\$69.99	\$87.91
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	\$861.02	\$1,722.05	\$2,576.31	\$1,722.05	\$2,576.31
		Total HBP		\$893.58	\$1,792.04	\$2,664.22	\$1,792.04	\$2,664.22
085875003	8	FLEX DENTAL	48	\$32.56	\$69.99	\$87.91	\$69.99	\$87.91
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$2000/\$4000	33299	\$882.24	\$1,764.95	\$2,645.76	\$1,764.95	\$2,645.76
		LUMENOS RX,\$2000/\$4000	33300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$914.80	\$1,834.94	\$2,733.67	\$1,834.94	\$2,733.67
085875004	2	FLEX DENTAL	48	\$32.56	\$69.99	\$87.91	\$69.99	\$87.91
		Total HBP		\$32.56	\$69.99	\$87.91	\$69.99	\$87.91



Report 6

Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875004	6	FLEX DENTAL	48	\$32.56	\$69.99	\$87.91	\$69.99	\$87.91
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	<u>\$861.02</u>	<u>\$1,722.05</u>	<u>\$2,576.31</u>	<u>\$1,722.05</u>	<u>\$2,576.31</u>
		Total HBP		\$893.58	\$1,792.04	\$2,664.22	\$1,792.04	\$2,664.22
085875100	2	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
		Total HBP		\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
085875100	4	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$2250/4500 DED	36305	\$863.55	\$1,727.13	\$2,581.38	\$1,727.13	\$2,581.38
		LUMENOS RX,\$2250/4500 DED	36306	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$897.32	\$1,799.71	\$2,672.56	\$1,799.71	\$2,672.56		
085875100	5	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$2250/\$4500	36303	\$882.24	\$1,764.95	\$2,645.76	\$1,764.95	\$2,645.76
		LUMENOS RX,\$2250/\$4500	36304	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$916.01	\$1,837.53	\$2,736.94	\$1,837.53	\$2,736.94		
085875101	2	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
		Total HBP		\$33.77	\$72.58	\$91.18	\$72.58	\$91.18



Report 6

Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +			Employee and Child	Employee and Children
				Employee	Spouse	Family		
085875101	5	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	30859	\$924.80	\$1,850.02	\$2,773.39	\$1,850.02	\$2,773.39
		LUMENOS RX,\$1750/\$3500	30860	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$958.57	\$1,922.60	\$2,864.57	\$1,922.60	\$2,864.57
085875101	7	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$882.94	\$1,766.08	\$2,645.90	\$1,766.08	\$2,645.90
		LUMENOS RX,\$1750/3500 DED	31303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$916.71	\$1,838.66	\$2,737.08	\$1,838.66	\$2,737.08
085875102	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875102	6	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		LUMENOS RX,\$2000/4000 DED	24225	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$2000/4000 DED	27006	<u>\$861.02</u>	<u>\$1,722.05</u>	<u>\$2,576.31</u>	<u>\$1,722.05</u>	<u>\$2,576.31</u>
		Total HBP		\$897.06	\$1,799.58	\$2,673.66	\$1,799.58	\$2,673.66
085875102	7	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$2000/\$4000	33299	\$882.24	\$1,764.95	\$2,645.76	\$1,764.95	\$2,645.76
		LUMENOS RX,\$2000/\$4000	33300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$918.28	\$1,842.48	\$2,743.11	\$1,842.48	\$2,743.11



Report 6

Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875103	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
			Total HBP	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875103	4	FLEX DENTAL CT BVV LG ASO LUMENOS HSA,\$2000/4000 DED LUMENOS RX,\$2000/4000 DED	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
			16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			35148	\$893.01	\$1,786.04	\$2,670.10	\$1,786.04	\$2,670.10
			35149	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$929.05	\$1,863.57	\$2,767.45	\$1,863.57	\$2,767.45
085875103	5	FLEX DENTAL CT BVV LG ASO LUMENOS HRA,\$2000/\$4000 LUMENOS RX,\$2000/\$4000	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
			16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			35144	\$918.06	\$1,836.57	\$2,753.22	\$1,836.57	\$2,753.22
			35150	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$954.10	\$1,914.10	\$2,850.57	\$1,914.10	\$2,850.57
085875104	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
			Total HBP	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875104	4	FLEX DENTAL 3-TIER MGDRX,\$15/20/\$25 CENTURY PREFERRED COMP	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
			24223	\$313.96	\$628.13	\$941.41	\$628.13	\$941.41
			36935	<u>\$883.94</u>	<u>\$1,768.36</u>	<u>\$2,650.88</u>	<u>\$1,768.36</u>	<u>\$2,650.88</u>
			Total HBP	\$1,233.94	\$2,474.02	\$3,689.64	\$2,474.02	\$3,689.64



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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875104	5	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		3-TIER MGDRX,\$15/20/\$25	24221	\$313.96	\$628.13	\$941.41	\$628.13	\$941.41
		CENTURY PREFERRED,\$15.00	36937	<u>\$960.72</u>	<u>\$1,923.10</u>	<u>\$2,878.83</u>	<u>\$1,923.10</u>	<u>\$2,878.83</u>
		Total HBP		\$1,310.72	\$2,628.76	\$3,917.59	\$2,628.76	\$3,917.59
085875105	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875105	4	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	28742	\$888.54	\$1,777.06	\$2,658.83	\$1,777.06	\$2,658.83
		LUMENOS RX,\$1750/3500 DED	30851	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$924.58	\$1,854.59	\$2,756.18	\$1,854.59	\$2,756.18		
085875105	5	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	35146	\$916.21	\$1,832.85	\$2,747.63	\$1,832.85	\$2,747.63
		LUMENOS RX,\$1750/\$3500	35147	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$952.25	\$1,910.38	\$2,844.98	\$1,910.38	\$2,844.98		
085875106	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35

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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +			Employee and Child	Employee and Children
				Employee	Spouse	Family		
085875106	4	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		3-TIER MGDRX,\$15/20/\$25	24223	\$313.96	\$628.13	\$941.41	\$628.13	\$941.41
		CENTURY PREFERRED COMP	36935	\$883.94	\$1,768.36	\$2,650.88	\$1,768.36	\$2,650.88
		Total HBP		\$1,233.94	\$2,474.02	\$3,689.64	\$2,474.02	\$3,689.64
085875106	5	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		3-TIER MGDRX,\$15/20/\$25	24221	\$313.96	\$628.13	\$941.41	\$628.13	\$941.41
		CENTURY PREFERRED,\$15.00	36937	\$960.72	\$1,923.10	\$2,878.83	\$1,923.10	\$2,878.83
		Total HBP		\$1,310.72	\$2,628.76	\$3,917.59	\$2,628.76	\$3,917.59
085875107	2	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875107	7	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$882.94	\$1,766.08	\$2,645.90	\$1,766.08	\$2,645.90
		LUMENOS RX,\$1750/3500 DED	31303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$918.98	\$1,843.61	\$2,743.25	\$1,843.61	\$2,743.25
085875107	8	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$924.80	\$1,850.02	\$2,773.39	\$1,850.02	\$2,773.39
		LUMENOS RX,\$1750/\$3500	33304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$960.84	\$1,927.55	\$2,870.74	\$1,927.55	\$2,870.74



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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875108	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
			Total HBP	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875108	7	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$882.94	\$1,766.08	\$2,645.90	\$1,766.08	\$2,645.90
		LUMENOS RX,\$1750/3500 DED	31303	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$918.98	\$1,843.61	\$2,743.25	\$1,843.61	\$2,743.25
085875108	8	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$924.80	\$1,850.02	\$2,773.39	\$1,850.02	\$2,773.39
		LUMENOS RX,\$1750/\$3500	33304	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$960.84	\$1,927.55	\$2,870.74	\$1,927.55	\$2,870.74
085875109	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
			Total HBP	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875109	5	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		3-TIER MGDRX,\$15/20/\$25	24223	\$313.96	\$628.13	\$941.41	\$628.13	\$941.41
		CENTURY PREFERRED COMP	36936	<u>\$883.94</u>	<u>\$1,768.36</u>	<u>\$2,650.88</u>	<u>\$1,768.36</u>	<u>\$2,650.88</u>
			Total HBP	\$1,233.94	\$2,474.02	\$3,689.64	\$2,474.02	\$3,689.64



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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875109	6	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		3-TIER MGDRX,\$15/\$30/\$45	21493	\$288.98	\$578.18	\$866.46	\$578.18	\$866.46
		CENTURY PREFERRED,\$20.00	36938	<u>\$933.98</u>	<u>\$1,869.63</u>	<u>\$2,798.63</u>	<u>\$1,869.63</u>	<u>\$2,798.63</u>
		Total HBP		\$1,259.00	\$2,525.34	\$3,762.44	\$2,525.34	\$3,762.44
085875110	2	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875110	7	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	30859	\$924.80	\$1,850.02	\$2,773.39	\$1,850.02	\$2,773.39
		LUMENOS RX,\$1750/\$3500	30860	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$960.84	\$1,927.55	\$2,870.74	\$1,927.55	\$2,870.74		
085875110	9	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$882.94	\$1,766.08	\$2,645.90	\$1,766.08	\$2,645.90
		LUMENOS RX,\$1750/3500 DED	31303	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$918.98	\$1,843.61	\$2,743.25	\$1,843.61	\$2,743.25		
085875200	1	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$2250/4500 DED	36305	\$863.55	\$1,727.13	\$2,581.38	\$1,727.13	\$2,581.38
		LUMENOS RX,\$2250/4500 DED	36306	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total HBP		\$897.32	\$1,799.71	\$2,672.56	\$1,799.71	\$2,672.56		

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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875200	3	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
			Total HBP	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
085875200	4	FLEX DENTAL CT BVV LG ASO LUMENOS HSA,\$1750/3500 DED LUMENOS RX,\$1750/3500 DED	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
			16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			31302	\$882.94	\$1,766.08	\$2,645.90	\$1,766.08	\$2,645.90
			31303	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$916.71	\$1,838.66	\$2,737.08	\$1,838.66	\$2,737.08
085875200	5	FLEX DENTAL CT BVV LG ASO LUMENOS HRA,\$1750/\$3500 LUMENOS RX,\$1750/\$3500	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
			16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			33303	\$924.80	\$1,850.02	\$2,773.39	\$1,850.02	\$2,773.39
			33304	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$960.84	\$1,927.55	\$2,870.74	\$1,927.55	\$2,870.74
085875201	3	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
			Total HBP	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
085875201	4	FLEX DENTAL LUMENOS RX,\$2000/4000 DED LUMENOS HSA,\$2000/4000 DED	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
			24225	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			27006	<u>\$861.02</u>	<u>\$1,722.05</u>	<u>\$2,576.31</u>	<u>\$1,722.05</u>	<u>\$2,576.31</u>
			Total HBP	\$894.79	\$1,794.63	\$2,667.49	\$1,794.63	\$2,667.49



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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875201	5	FLEX DENTAL	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$2000/\$4000	33299	\$882.24	\$1,764.95	\$2,645.76	\$1,764.95	\$2,645.76
		LUMENOS RX,\$2000/\$4000	33300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$916.01	\$1,837.53	\$2,736.94	\$1,837.53	\$2,736.94
085875202	1	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$2000/4000 DED	35148	\$893.01	\$1,786.04	\$2,670.10	\$1,786.04	\$2,670.10
		LUMENOS RX,\$2000/4000 DED	35149	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$929.05	\$1,863.57	\$2,767.45	\$1,863.57	\$2,767.45
085875202	2	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$2000/\$4000	35144	\$918.06	\$1,836.57	\$2,753.22	\$1,836.57	\$2,753.22
		LUMENOS RX,\$2000/\$4000	35150	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$954.10	\$1,914.10	\$2,850.57	\$1,914.10	\$2,850.57
085875202	3	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
085875203	3	FLEX DENTAL	48	<u>\$36.04</u>	<u>\$77.53</u>	<u>\$97.35</u>	<u>\$77.53</u>	<u>\$97.35</u>
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35

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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875203	4	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	31302	\$882.94	\$1,766.08	\$2,645.90	\$1,766.08	\$2,645.90
		LUMENOS RX,\$1750/3500 DED	31303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$918.98	\$1,843.61	\$2,743.25	\$1,843.61	\$2,743.25
085875203	5	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	33303	\$924.80	\$1,850.02	\$2,773.39	\$1,850.02	\$2,773.39
		LUMENOS RX,\$1750/\$3500	33304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$960.84	\$1,927.55	\$2,870.74	\$1,927.55	\$2,870.74
085875204	1	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HSA,\$1750/3500 DED	28742	\$888.54	\$1,777.06	\$2,658.83	\$1,777.06	\$2,658.83
		LUMENOS RX,\$1750/3500 DED	30851	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$924.58	\$1,854.59	\$2,756.18	\$1,854.59	\$2,756.18
085875204	2	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		CT BVV LG ASO	16848	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		LUMENOS HRA,\$1750/\$3500	35146	\$916.21	\$1,832.85	\$2,747.63	\$1,832.85	\$2,747.63
		LUMENOS RX,\$1750/\$3500	35147	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Total HBP		\$952.25	\$1,910.38	\$2,844.98	\$1,910.38	\$2,844.98
085875204	3	FLEX DENTAL	48	\$36.04	\$77.53	\$97.35	\$77.53	\$97.35
		Total HBP		\$36.04	\$77.53	\$97.35	\$77.53	\$97.35



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Allocation Rates

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
085875205	2	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
			Total HBP	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
085875205	3	FLEX DENTAL 3-TIER MGDRX,\$10/\$25/\$35 CENTURY PREFERRED,\$25.00	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
			20541	\$304.19	\$608.39	\$912.57	\$608.39	\$912.57
			36939	<u>\$907.73</u>	<u>\$1,815.47</u>	<u>\$2,723.22</u>	<u>\$1,815.47</u>	<u>\$2,723.22</u>
			Total HBP	\$1,245.69	\$2,496.44	\$3,726.97	\$2,496.44	\$3,726.97
085875206	1	FLEX DENTAL LUMENOS HSA,\$2250/4500 DED LUMENOS RX,\$2250/4500 DED	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
			36305	\$863.55	\$1,727.13	\$2,581.38	\$1,727.13	\$2,581.38
			36306	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$897.32	\$1,799.71	\$2,672.56	\$1,799.71	\$2,672.56
085875206	2	FLEX DENTAL	48	<u>\$33.77</u>	<u>\$72.58</u>	<u>\$91.18</u>	<u>\$72.58</u>	<u>\$91.18</u>
			Total HBP	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
085875206	3	FLEX DENTAL LUMENOS HRA,\$2250/\$4500 LUMENOS RX,\$2250/\$4500	48	\$33.77	\$72.58	\$91.18	\$72.58	\$91.18
			36303	\$882.24	\$1,764.95	\$2,645.76	\$1,764.95	\$2,645.76
			36304	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
			Total HBP	\$916.01	\$1,837.53	\$2,736.94	\$1,837.53	\$2,736.94

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Claim Calculation Detail

New Fairfield Board Of Education

Renewal Effective Date: July 1, 2021

This calculation is based on claims from the experience period 12/01/2019 through 11/30/2020. The trend period used in the renewal calculation is from 06/01/2020 through 12/31/2021. It reflects the anticipated change in claim cost and utilization from the experience period to the renewal period.

	Coverage Category			
	Medical	Drug	Dental	Total
1a. Experience Period Member Months	9,654	132	10,134	
1b. Experience Period Contract Months	3,977	108	4,237	
1c. Current Members	807	11	840	
1d. Projected Member Months	9,684	132	10,080	
2. Total Claims Paid	\$5,083,532	\$8,284	\$218,107	\$5,309,923
3. Claims Exceeding Stop Loss Attachment Point of \$225,000	\$35,565	\$0	\$0	\$35,565
4. Net Claims Paid (line 2 - 3)	\$5,047,967	\$8,284	\$218,107	\$5,274,358
5. Paid to Incurred Claims Factor	1.0202	0.9850	1.0240	
6. Incurred Claims	\$5,149,948	\$8,160	\$223,341	\$5,381,449
7. Experience Period Incurred Claims Adjusted to Reflect Current Benefit Levels	\$5,662,280	\$8,976	\$245,675	\$5,916,931
8. Trend Factor (19 Months)	1.1248	1.1812	1.0722	1.1227
9. Trended Claims (line 7 * 8)	\$6,368,933	\$10,602	\$263,413	\$6,642,948
10. Credibility Factor	100%	15%	100%	
11. Credible Claims (line 9 * 10)	\$6,368,933	\$1,590	\$263,413	\$6,633,936
12. Noncredible Claims	\$9,738,831	\$41,536	\$325,907	\$10,106,274
13. Noncredible Factor	0%	85%	0%	
14. Noncredible Claims x Noncredible Factor (12 x 13)	\$0	\$35,306	\$0	\$35,306
15. Total Future Cost of Experience Period Incurred Claims (line 11 + 14)	\$6,368,933	\$36,896	\$263,413	\$6,669,242
16. Benefit Enhancement - PPACA and Other Mandates	\$0	\$0	\$0	\$0
16a. Annual Benefit Changes (ABC)	\$0	\$0	\$0	\$0
17. Total Future Cost of Experience Period Incurred Claims including Benefit Enhancements (15 + 16 + 16a)	\$6,368,933	\$36,896	\$263,413	\$6,669,242
18. Future Cost of Experience Period Claims adjusted to Expected Paid Level	\$6,242,890	\$37,457	\$257,234	\$6,537,581

Report 8

Self Insured Footnotes

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

This contract will be issued in Connecticut.

The proposed services, rates and fees are effective from July 1, 2021 through June 30, 2022.

Our quote assumes that 336 employees will be enrolling for medical coverage, with an average member to employee ratio of 2.40.

Anthem Blue Cross Blue Shield Connecticut reserves the right to revise this proposal or modify these rates under any of the following circumstances:

- o Due to any taxes, fees and assessments prescribed by any statutory, regulatory or other legal authority, that in Anthem Blue Cross Blue Shield Connecticut's discretion, invalidates this quote.
- o Should the employer implement benefit changes that result in substantial changes in the service or networks, as determined by Anthem Blue Cross Blue Shield Connecticut.
- o Change in nature of employers business.
- o Should the total enrollment or enrollment distribution by membership type, product or location change by 5% or more from that assumed when preparing the pricing for this package.
- o If legislative and/or regulatory changes or mandates materially impact the stop loss policy or the employer's plan documents. Plan documents shall include the documents that set forth the terms of the plan.
- o Changes in proposal terms, conditions, services or product from this quotation.

The cost for our standard reporting package is included in the proposed ASO fee. Non-standard reports may be subject to an additional fee depending on the complexity and frequency requested.

Electronic eligibility or tape feeds must be in a format compatible with our systems.

The renewal rates are based on the following age limits: Dependent Children to age 26/26.

The rates presented are guaranteed for the effective date indicated. Any changes or additions to current benefits will require an alternative quote.

Coverage for under 65 retirees is not allowed on a standalone basis.

The renewal rates assume Anthem is being offered as the sole carrier. If multiple carriers are being offered Anthem reserves the right to modify or withdraw the rates presented.

The renewal rates assume COBRA participation remains at no more than 10% of the covered population for the contract period.

The renewal contract is on a paid basis.

Anthem pricing assumes no underlying funding arrangements subsidizing member cost shares on Non-CDH Plans.

The benefits reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014.

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Self Insured Footnotes

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

Anthem Blue Cross and Blue Shield recommends that the employer contribution be at least 50% of the employee rate for the least expensive benefit plan offered for all active and retired employees who are enrolled in the group health plan. The attached renewal assumes that at least 50% of eligible employees and 75% of net eligible employees will participate in this plan. Anthem retains the right to reconsider the pricing of this renewal if these are not accurate, or if final enrollment is greater than 5% different from what was assumed in development of the rates.

Federal law requires group health plans to cover services for mental health care or substance abuse at the same levels as your medical services. Generally speaking, this means visit limits and the amounts you pay (such as copayments and deductibles) must be the same for covered services that treat body or mind. This is called "mental health parity."

Under final rules issued by EEOC under the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act, wellness incentives are subject to certain limits in some situations. Incentive limits may also apply under the Affordable Care Act. Employers are responsible for taking steps to comply with all legally required incentive limits. Please consult your attorneys or advisors for additional information as needed.

A fee shall be charged for Anthem's oversight of Enhanced Personal Health Care with Providers or Vendors. Such fee shall be 25% of the per attributed Member per month amount charged to Employer for the Provider performance bonus portion of the Enhanced Personal Health Care program.

Anthem pricing assumes various employer funding of the deductible for CDH Plans

The renewal rating reflects the adjusted pricing available through Anthem Alliance - Tier 1.

Anthem pricing assumes 0% employer funding of the deductible for PPO Mix Plans.

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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

Financial Assumptions

The services and fees within Anthem's proposal are valid for an effective date of July 1, 2021.

This proposal expires 30 days from the date of its release or on the effective date, whichever is sooner.

Unless otherwise noted, fees are quoted on a per contract per month (PCPM) basis.

Contract will be situated in Connecticut.

Rates are contingent upon meeting Anthem's group and member eligibility guidelines.

Rates assume Anthem will serve as sole medical carrier.

Anthem reserves the right to change the base administrative services fees upon the occurrence of any of the following events:

- New Fairfield Board Of Education's member to subscriber ratio is not within +/-5% of 2.40.
- New Fairfield Board Of Education's enrollment is not within +/-5% of 336 subscribers.
- Anthem is not the sole medical carrier for New Fairfield Board Of Education.
- Change in nature of employer's business.
- A change in ownership.
- New Fairfield Board Of Education moves any of the plan benefits administered by Anthem to another third party administrator or private exchange.
- A change to the plan benefits initiated by New Fairfield Board Of Education that result in substantial changes in the service or networks, as determined by Anthem.
- Any taxes, fees and assessments prescribed by any statutory, regulatory or other legal authority that, according to Anthem's discretion, invalidates this quote.
- Legislation or other matters resulting in an increase in the cost or amount of administrative services from those being proposed by Anthem.
- COBRA participation exceeds 10% of the covered population for the contract period.
- A minimum of 75% of net eligible employees do not enroll for medical coverage.

Additional Assumptions

- Anthem's proposal relied upon information provided by New Fairfield Board Of Education. The information provided is a part of the application. New Fairfield Board Of Education is obligated to provide accurate information. If material errors or omissions are found after rates are issued, we reserve the right to revise our rates in any manner or rescind our offer even if you were unaware of the material error or missions.

- Coverage of under 65 retirees necessitates that Anthem is the sole carrier for the active population. Retirees should not represent more than 10% of the total covered population.

- Eligibility data will be provided in Anthem's standard format. Additional charges may apply for non-standard formats.

- Since Anthem is neither a Hawaii authorized insurer nor a Hawaii Health Care Contractor, our benefits may not match the requirements of the Prepaid Health Care Act. We recommend that

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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

you obtain direct quotes for either an individual policy for employees who live and work in Hawaii or if there are several employees within an employer group to obtain group coverage from a Hawaii authorized insurer. This would ensure that all the state requirements are met.

- The Mental Parity and Addiction Equity Act of 2008 ("MHPAEA") requires that group health plan and group health insurers apply the same treatment and financial limits to mental health and substance abuse disorder benefits as they do to medical surgical limits. Anthem standard processes have been reviewed to comply with non-quantitative treatment limits. Plan sponsors are responsible for ensuring that their plan designs are compliant with all applicable federal laws governing plan design, including MHPAEA.
- Under final rules issued by EEOC under the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act, wellness incentives are subject to certain limits in some situations. Incentive limits may also apply under the Affordable Care Act. Employers are responsible for taking steps to comply with all legally-required incentive limits. Please consult your attorneys or advisors for additional information as needed.
- Pharmacy benefits will be administered utilizing Anthem's National formulary.
- Anthem's rate exhibits provide a general description of plan benefits only. Please refer to Anthem's Subscriber Agreement/Certificate of Coverage/Summary Booklets for detailed plan descriptions.
- Proposal assumes ACH withdrawals from group's bank account for claims and fees.
- Anthem pays claims and then bills our ASO client for reimbursement. Anthem's standard for claim billing is weekly with payment required within three business days from receipt of invoice.
- Reflects Anthem Alliance discounts and program of services available to Connecticut Municipal members.
- Multi-option plan offerings where the high low rate spreads exceed 25%, may carry an additional rate load. Rates are subject to rate review and approval by Underwriting.
- The final relationship between the Parties will be subject to and described in an Administrative Services Agreement and this agreement will be the binding agreement between the parties.

- The health benefit plan(s) reflected in this proposal is not considered to be grandfathered under the provisions of the Patient Protection and Affordable Care Act. Non-grandfathered plans are subject to additional provisions under the Patient Protection and Affordable Care Act that do not apply to grandfathered plans. For further information, please contact your account representative. OR

Included in Base Administrative Service Fees

Standard ID cards

Existing group structure. Additional charges may apply if new firm divisions or sub-groups are added.

State/federal reporting information that is necessary to comply with state or federal reporting requirements (e.g., 5500 reporting).

Open enrollment meeting support at locations mutually agreed upon by New Fairfield Board Of Education and Anthem.

Electronic version of the **benefit booklets**.



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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

The following standard medical management services:

- **Utilization Management** services, which include precertification, concurrent review, outpatient review, retrospective review and discharge planning, case management and transplant management.
- **Case Management** services, which include standard case management for inpatient members and specialized case management support (cancer, NICU and transplant).
- **Our ConditionCare** programs promote member education and self-care and provides a strategy for all participants with gradations for risk level that allows for targeted outreach and individualized intervention plans including support for the physician's plan of care
- **ComplexCare** is our complex case management program that helps members who need a higher level of support due to complex or high-risk chronic conditions.
- **The Behavioral Health utilization management and case management program**, which includes inpatient concurrent review, facility-based treatment concurrent review, outpatient review if required by benefit design, with care management focused on level of care transitions.

Specialty Pharmacy Precertification requires that providers obtain authorizations for a robust list of specialty drugs prior to giving the service. It may also include additional edits such as quantity, dose, and step therapy for certain drugs.

Our Cancer Care Quality program, which provides decision support and incentives to oncologists to help ensure our members get the most cost-effective and evidence-based cancer care.

MRA/MRI Management, which includes reviews of MRA/MRI services.

PT/OT/ST management, which includes reviews of physical therapy, occupational therapy and speech therapy services.

LiveHealth Online allows members to engage with a physician or behavioral health clinician via live web/video/chat on demand, in a structured, secure environment from any computer, smartphone or tablet.

The Future Moms program provides coaching and resources for all pregnant members – including support for high-risk maternity cases.

The 24/7 NurseLine service provides members with non-emergency access to nurses via a toll free number and access to an audio library of hundreds of health care topics in English and Spanish.

Anthem.com and Anthem Anywhere mobile tools, which include personal online health management tools powered by [Anthem], WebMD and Vitals:

- Our **Find a Doctor tool** allows members to search for providers and facilities via our website or mobile website/app.
- Transparency tools, including our **Estimate Your Cost tool**, provide comprehensive cost comparison and quality information for over 400 common medical procedures.
- **The WebMD Health Assessment tool**, which includes a comprehensive health evaluation, as well as condition-specific assessments for in-depth analysis.
 - » Tied to the Health Assessment program, the **Health Assistant** tool offers members their

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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

own virtual advisor to make positive changes in the areas of weight loss, exercise, nutrition, quitting smoking, stress management and emotional health.

- Other online and mobile tools promote health management including the Health Record tool, A-Z Health Topics, symptom checkers, message boards, message center, health trackers, an online Discounts program (SpecialOffers – which provides discounts to over 50 health-related products and services) and health videos/podcasts.

Blue Distinction programs :

- **Blue Distinction** is a national designation program that recognizes facilities that deliver quality specialty care for patients with highly complex medical needs. Designations are offered in six concentrations: transplant, bariatric, cardiac care, spine surgery, knee/hip replacements and maternity. A Blue Distinction optional travel reimbursement is also available.
- Our **Blue Distinction Total Value program** includes facilities in the six concentrations above that meet quality (BDC) thresholds and quality and cost criteria (BDC+).

Credits

- **Wellness credit** - A Wellness Fund of **\$15,000** has been credited toward the purchase of health and wellness services for the contract period of July 1, 2021 through June 30, 2022. Wellness Program receipts are required for reimbursement. Any unused Wellness Funds remaining after the close of the annual contract period will be retained by Anthem.

Exclusions

Under the Patient Protection and Affordable Care Act, plan sponsors are required to pay fees that will partially support the Patient-Centered Outcomes Research Institute. The fees are required for plan years ending after September 30, 2012, and before October 1, 2019. Fees for the Patient-Centered Outcomes Research Institute are not included in the above administrative fees.

Additional Service Fees

- The cost of **processing 12 months of run-out claims** is excluded.
The charge for processing run-out claims is 20% of all run-out claims.

- **Discount Share Fees.** Anthem's proposal includes an access fee on in-network discounts. The fee will be equal to **2.00%** of in-network discounts. In-network discount is the difference between billed charges for covered services and the negotiated amount. The negotiated amount is the amount Anthem is contractually obligated to pay a network provider under a negotiated reimbursement arrangement, before application of member cost-share amounts, such as deductibles, copayments and coinsurance. Prescription drug claims, claims paid on a capitated basis, Traditional network fee schedule and Payment Innovation program payments are excluded from the fee calculation. This fee will be limited as follows: up to \$5,000 per claim.

- Fees associated with claims processed during the runout period including without limitation subrogation fees, recovery fees, discount share fees, will be charged during the runout period.

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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

Under 1,000 EPO/PPO Contracts

The following BlueCard fees will be included in the paid claims amount:

- The access fee is charged at a percentage no greater than 3.97% of the discount/differential subject to a maximum of \$2,000 per claim. Access fees vary depending upon the specific arrangement in local plan areas.
 - The AEA Fee is \$5.00 per professional provider claim and \$11.00 per institutional claim. Occasionally, Anthem and a Host Blue may contract for a lower fee by combining the Access Fee and the AEA fee.
 - The Central Financial Agency fee is \$0.35 per payment notice. The ITS transaction fee is \$0.05 per claims transaction.
 - Some BlueCard fees may not be charged in Anthem states. For a complete description of these fees, please consult your ASO Agreement.
- Subrogation services - These services do not involve front-end costs and are paid by New Fairfield Board Of Education as a percentage of recovery. The charge to Employer is 25% of gross subrogation recovery, or, if outside counsel is retained, 15% of the net recovery after a deduction for outside counsel fees.
- Enhanced Personal Health Care Fee: A fee shall be charged for Connecticut Anthem Health Plan Inc's oversight of Enhanced Personal Health Care with Providers or Vendors. Such fee shall be 25% of the per attributed Member per month amount charged to Employer to cover the costs of the Provider performance bonus related to Enhanced Personal Health Care.
- Recovery Services Provided by External Vendors – The charge is 25% of the amount recovered through the use of audit, identification and/or collection services provided by external vendors.
- External appeals - The PPACA requires that ASO groups provide a process for external claims appeals to be available in situations where adverse benefit determinations have been made. New Fairfield Board Of Education may contract with Anthem for this service or arrange to work directly with an external vendor. The year one price will be \$550 per external appeal for the service contracted with Anthem.
- Reporting - Management reports (e.g., standard account reporting package, performance guarantee reporting, lag reports, online reporting tool/access are included in our fees. In addition to these reports, Anthem will provide 20 hours of time needed to generate custom or ad-hoc reports (e.g., care management and utilization review reports) at no charge per year. The charge beyond 20 hours per year is \$150 per hour of time needed to generate the custom or ad-hoc report.
- Stop loss vendor coordination and integration - When stop loss is purchased from a carrier other than Anthem, there will be a charge of \$3.00 PCPM to cover additional costs and expenses related to coordination and integration activities. This charge also covers direct stop loss reporting to the 3rd party stop loss carrier. Agreements must be completed with the client and 3rd party stop loss carrier prior to reporting being released.

Pharmacy Benefit Administration

'- Pharmacy Benefit Administration – Anthem will pay to New Fairfield Board Of Education 100% of the drug rebates received from PBM and attributable to New Fairfield Board Of Education's Plan on a quarterly basis. Payment is subject to Anthem's timely receipt of payment and accompanying data from PBM. There will be additional fees for the following pharmacy services:



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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

Prior Authorization - level 1	\$55.00 per PA
Prior Authorization - level 2 (Physician Review)	\$800.00 per review
Custom Letters	\$1.00 per letter
Vaccine Administration	\$2.50 per vaccine claim
Member Submit Fee (includes Medicaid subrogation claims)	\$1.00 per claim occurrence
Step Therapy	\$0.30 per script
Quantity Limits & Dose Optimization	\$0.55 per script
Medication Review Note	\$0.25 per script
On-Site Pharmacy	\$2.50 per on-site pharmacy claim

Anthem shall retain the difference, if any, between the invoiced amount to New Fairfield Board Of Education and the amount paid to the pharmacy benefit manager for prescription drugs dispensed to the members as a portion of Anthem's reasonable compensation for services provided.

Anthem extends a comprehensive suite of trend and integrated health management programs and services as part of our health benefits offering. Please consult with your Account Manager to review our integrated health benefits solution. Additional fees may apply for select cost of care management services including prior authorizations, 2nd level reviews and choice clinical packages.

If New Fairfield Board Of Education terminates the pharmacy coverage through Anthem before the end of the agreement period, the early termination fee is \$6.00 PCPM times the average number of contracts for the six months preceding termination times the number of months remaining in the agreement period.

Stop Loss Considerations

- Stop Loss protection can only be purchased in conjunction with our Administrative Services proposal.
- Under the Specific and Aggregate Contract option, the accumulation basis for stop loss will be incurred July 1, 2013 through June 30, 2022 paid July 1, 2021 through June 30, 2022.
- Anthem's proposal assumes claims incurred prior to the effective date are not included unless specifically noted.
- The annual specific attachment point is per member per contract period.
- The specific maximum liability for any individual will be unlimited.
- Proposed specific stop loss rates assume that the employer will continue its current level of contributions.
- Proposed specific stop loss rates assume that 100% of eligible employees and dependents will participate of those electing Anthem's medical plan options.
- No change in benefits provided by the group's employee benefit program shall be covered by the stop loss agreement nor shall any amounts paid as benefits resulting from such a change be counted towards the satisfaction of the attachment point. This limitation may be waived if a written acceptance of such a change is issued by the carrier.
- Only those coverages quoted and which are eligible under the group's employee benefit program are eligible under this stop loss program.
- An eligible employee is defined as an active, permanent employee who works for pay or profit at least 30 hours per week, 50 weeks per year as of the effective date and who completes the group imposed waiting period.
- Anthem requires that New Fairfield Board Of Education contributes a minimum of 50% of the employee premium for all active and retired employees enrolled in the group health plan.
- Specific Stop loss claims above the selected specific stop loss deductible limit will NOT count towards satisfaction of the aggregate attachment point.

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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

- New Fairfield Board Of Education must sign the administrative services agreement prior to the effective date, or agree to abide by Anthem's standard administrative practices until the administrative services agreement is signed.
 - If New Fairfield Board Of Education does not agree to this provision, claims processing could be delayed until an agreement is signed.
 - Please refer to Anthem's ASO and Stop Loss Agreements for complete details.
 - Proposed rates are payable by the invoice due date.
 - Stop Loss renewal terms are Illustrative Only, subject to review and revisions based on receipt of all updated and/or additional information.
- We will require a claims experience report through March 31, 2021 in order to finalize and determine any Individual Adjusted Deductible and/or rates.
- The Aggregate Stop Loss Maximum amount is \$1,000,000

Anthem retains a percentage of Program Integrity savings generated through the following services:

- Subrogation services : the charge is 25% of gross subrogation recovery
- Overpayment Identification and Claims Prepayment Analysis Activities: the charge to New Fairfield Board Of Education is 25% of (i) the amount recovered from review of claims and membership data and audits of Provider and Vendor activity to identify overpayments and (ii) the difference between the amount New Fairfield Board Of Education would have been charged absent prepayment analysis activities and the amount that was charged to New Fairfield Board Of Education following performance of the prepayment analysis activities. This includes, but is not limited to, activities related to COB, duplicates, contract compliance, and eligibility.

Anthem's proposal includes the claims savings services of National Care Network (NCN). NCN negotiates with nonparticipating providers on the amount of reimbursement for covered health care services. For claims that are more than a certain amount, NCN negotiates with nonparticipating provider on professional and institutional claims reimbursement to lower claim costs. The charge for discounts negotiated by our vendor, National Care Network, on certain non-network claims is 50% of savings.

* This renewal includes 2021 benefit changes pending Department of Insurance approval. Please see your Account Manager for details.

Buy-Up Health and Wellness Services:

- Anthem offers an expanded suite of health and wellness programs that deliver even a higher level of personalization and increased opportunities for cost savings. Please contact your Anthem Sales Consultant for information and pricing on these programs.

There are two new programs available at a separate fee under the cost of care initiative in 2018 - please see your Account Manager for details:

- Imaging Clinical Site of Care Review (available effective March 1, 2018)
- Genetic Testing (available effective January 1, 2017)

Clinical Package strategy:

This proposal includes Enhanced foundational program. Please contact your Anthem Sales Consultant for details.

The following buy-up Engagement packages are included:

- *Get Control*

All renewal factors, rates and pricing assume inforce benefits. Any changes to these benefits, whether required by the client or Anthem, may have

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Self Insured Assumptions

New Fairfield Board Of Education Renewal Effective Date: July 1, 2021

a corresponding impact on factors, rates and pricing.

This projection contains estimated future financial and utilization amounts. Those estimates, in turn, are dependent on several factors – including without limitation, the transmission rate, duration and spread of the COVID-19 outbreak, its severity, the extent and effectiveness of the actions taken to contain the spread of the virus and address its impacts extent and the regulatory mandates in response to the COVID-19 pandemic. This projection is also dependent on the potential impact and timing of pent-up demand for non-COVID-19 services when the pandemic and shelter-in-place restrictions abate. As several of those factors are dependent on future developments, which are highly uncertain and cannot be predicted with precision at this time, this projection is subject to change. We encourage plan sponsors to review this projection with its own benefit, actuarial and legal advisors as this fluid situation evolves.



**New Fairfield Town & BOE
Claim Analysis**

Policy Period	USI Expected Claim Amount	Anthem's Expected Claim Amount	Anthem's Maximum Claim Amount	Actual Net Claim Cost
2018-2019	\$5,207,887	\$6,371,311	\$7,645,574	\$5,482,404
2019-2020	\$6,046,292	\$5,777,232	\$6,932,678	\$5,087,057
2020-2021	\$6,089,867	\$6,804,264	\$8,165,117	\$5,685,815
2021-2022	\$5,946,016	\$6,322,140	\$7,586,568	\$6,794,928
2022-2023	\$5,894,980	\$6,708,811	\$8,050,573	\$7,713,766
2023-2024 (Jul-Sep)	\$1,928,818	\$1,978,992	\$2,374,791	\$1,304,533