

Exhibit “A”



October 2016

A solution for Township of West Orange

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A UnitedHealthcare Company

Administrative Services

Customer Name : Township of West Orange
Plan Effective Date : 1/1/2017

All fees shown as per employee per month (PEPM) unless otherwise noted

Administration and access fees	Subscribers	Fees 1/1/2017	Fees 1/1/2018	Fees 1/1/2019
Medical claims - excludes run-in	597	\$67.20	\$67.20	\$67.20
Medical client advisor commission	597	Included	Included	Included
UnitedHealthcare Choice Plus ® network- access fee	387	Included	Included	Included
Medicare Employees	210	Included	Included	Included
Required stop loss interface fee	597	Included	Included	Included
Stop loss interface - If a non-preferred vendor is selected, this surcharge fee will also apply@	597	\$2.10	\$2.10	\$2.10
Utilization management (UM)	387	Included	Included	Included
Case management (CM)	387	Included	Included	Included
NurseLine (NL)	387	Included	Included	Included
Maternity management (MM)	387	Included	Included	Included
Telemedicine (Teladoc)	597	Included	Included	Included
Claim Fiduciary	597	Included	Included	Included
Cost reduction and savings program - large bill review/fee negotiation and secondary/travel network - % of savings	387	30%	30%	30%
Subtotal	387	\$69.30	\$69.30	\$69.30
Disease management (DM)	387	\$3.75	\$3.75	\$3.75
Health and wellness (HW)	387	\$3.95	\$3.95	\$3.95
Medicare utilization management	210	\$1.75	\$1.75	\$1.75
Truven Health Analytics reporting – three licenses included @@	597	\$0.30	\$0.30	\$0.30
Medical and pharmacy integration - per participating employee per month @@	387	\$1.00	\$1.00	\$1.00
Implementation Credit - One time, first year only \$40,000				

@ exception made to reduce to \$2.10 PEPM for RTMS only

@@ services not available if PBM does not currently have connectivity with UMR

External PBM Vendors are subject to prior approval and may require additional fees.

Financial Commentary

Customer Name : Township of West Orange
Plan Effective Date : 1/1/2017

UMR is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contracts between Township of West Orange and UMR, this document will provide supplemental information to the Administrative Services.

The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This proposal requires a minimum lead time from notice of sale to the plan effective date for implementation. This will depend upon plan complexity and group size.

The following is a list of the standard administrative services offered by UMR with year-one fees only listed. In addition to our standard services, we have indicated those additional services that may be offered at an additional fee. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from quoted fees.

Account Services		
Services	Included In Medical Fee	Comments/Fees
Implementation and maintenance of account	Yes	
Representatives available for two enrollment meeting(s) annually	Yes	This assumes local business travel and normal hours.
Standard initial enrollment packets	Yes	Additional cost applies for home mailing of enrollment packets.
Standard ID card production and issuance mailed to employee's home address. Includes one card for employee only, employee plus children, dependent only; two cards for employee plus spouse, employee plus partner, and family coverage	Yes	Additional fees: Cost plus postage for ID cards bulk shipped to individual group locations, expedited overnight ID card shipments. ID cards above the standard supplied are available at \$1.00 per card.
Township of West Orange logo on ID card	Yes	
UMR generated numeric alternative member ID (not based on SSN)	Yes	
Ongoing account management	Yes	
Prepare and deliver an electronic copy of one ERISA summary plan description (SPD), amendments, and one plan document for each plan, in English	Yes	Township of West Orange is responsible for the legal sufficiency of these booklets. Printing and mailing of plan document, SPDs, and amendments is an additional fee of cost plus postage.
Eligibility processing:	Yes	
Electronic enrollment processing:		
· Files from multiple locations are acceptable		
Submission Format:		
· UMR standard format or HIPAA 834 Compliant Format		
Submission Frequency:		
· Full file weekly with a full population file audit on a quarterly schedule (preferred)		
· Full file on any other frequency with a full population file audit on a quarterly schedule (acceptable)		
· Changes file on any frequency with a full population file on a quarterly schedule (acceptable)		
· Full file weekly or bi-weekly (acceptable)		
Transmission method:		
· FTP with PGP encryption (preferred)		
· SSH, SFTP, SSL transfers (acceptable)		

Financial Commentary

Standard accounting structure:	Yes	
· Accommodates separate claims reporting for different benefit plans		
· Accommodates separate claims data for different locations and groups		
Maintenance of all separate benefit plans	Yes	
Online invoicing which provides capabilities to:	Yes	
· View all prior month's invoices online		
· Sort and search enrollee information from downloadable Excel file		
· Download current billing detail and request subscriber terminations		
Bill administrative, stop loss and optional service fee(s)	Yes	Additional fee to bill insured policies other than stop loss or transplant (if applicable)
Online services accessed through employer Web site or umr.com such as: customer reporting access, electronic billing, and online administration options that include online eligibility maintenance, claim status inquiry, ID card request, and secure messaging	Yes	
Full/partial summary of benefits and coverage (SBC) creation with data UMR has on file (includes initial SBC plus one amendment per year, electronic version only provided to employer)	Yes	
Translation of SBC into non-English text	No	Additional charge: cost of translation
Print and ship SBC to employer at open enrollment	No	Additional charge: cost plus postage (approval required)
Inclusion of outside vendor data in SBC in UMR standard format (e.g. carved out benefits)	No	Additional charge: \$1,000 per SBC per benefit plan (approval required)
Any SBC created in excess of the initial SBC plus one revision to the initial SBC that is included with medical administration.	No	Additional charge: \$500 per SBC per benefit plan
External vendor interface (excluding stop loss)	No	Cost dependent upon interface complexity.
Enrollment file sent to external vendor in UMR file format	No	Additional charge: fees available upon request
Annual re-issuance of ID cards to all employees if changes in benefits do not occur	No	Additional charge: fees vary based on scope of request
OptumInsight™ will complete Mental Health Parity testing and analysis when requested by the customer	No	Additional charge: Actual vendor cost

Financial Commentary

Online Customer Reporting

Services	Included in Medical Fee	Comments/Fees
Standard management reports	Yes	
Online access to InfoPort SM , internet-based employer reporting tool	Yes	
New York and Massachusetts surcharge reporting (medical claims)	Yes	
Annual government filings of 1099 reports to the IRS regarding payments made to physicians and other health care professionals	Yes	
Provide required data necessary to enable Township of West Orange to file Form 5500	Yes	
Reserve estimates	Yes	
Non-standard or ad hoc reports, or standard reports at a non-standard frequency. Up to two hours included.	Yes	Additional hours charged at \$100 per hour
Truven Health Analytics reporting - expanded online customer reporting system. Up to three customer licenses are included	Yes	

Banking Services

Services	Included in Medical Fee	Comments/Fees
Customer-Maintained Banking Services (Standard)		
Customer establishes and maintains bank account at bank of their choice and determines funding method. UMR issues benefit payments from this account. Required for stop loss advanced funding.	Yes	Assumes one bank account per customer
Internet reporting - cash disbursement reporting and monthly financial reporting	Yes	
Positive pay check fraud control services	No	Additional charge: \$1,000 annual fee if UMR supported automated file; \$1,500 annual fee if manual or non-supported file.
Banking – additional check register reporting for multiple locations or bank accounts	No	Additional charge: \$450 one-time setup fee per each additional source code
Bank account change after initial setup	No	Additional charge: \$500 one-time setup fee
Custodial Banking Services (Optional)		
UMR establishes bank account and banking arrangements at BMO Harris (requires an initial deposit of two or three weeks estimated claims, depending on funding method selected). Stop loss advanced funding is not available.	No	Additional charge: \$250 monthly fee. Assumes one bank account.
- Internet reporting - cash disbursement reporting and monthly financial reporting - Account reconciliation - Positive pay check-fraud control services - Stop payment requests, check copies, outstanding check list maintenance and reporting, and search letters for un-cashed check diligence		
Banking – additional check register reporting for multiple locations or bank accounts	No	Additional charge: \$450 one-time setup fee per each additional source code

Financial Support Services

Services	Included in Medical Fee	Comments/Fees
Claim projections	Yes	
Projection of cost impact for benefit design changes	Yes	
Projection of conventional premium-equivalent rates	Yes	Not medically underwritten.
Actuarial Services:	No	
• Level 1: Reserve Analysis & Review		
• Level 2: Trend Analysis & Review (Level 1 election required)		
• Level 3: Benefit Analysis & Review (Levels 1 & 2 election required)		
• Additional services available:		
--- Risk sharing arrangements		
--- Financial analysis of plan design changes		
--- Other services		

Charged at \$400 per hour. Please see the UMR product guide for more details behind the actuarial services offered.

Financial Commentary

Claim Services		
Services	Included in Medical Fee	Comments/Fees
Plan implementation of Township of West Orange's employee benefits plans, setup of benefit design, eligibility data and a testing of sample claims	Yes	
Claim history load from prior administrator using an electronic method to load financial information to an individual's history. Standard items include calendar year deductible, out-of-pocket, lifetime maximums and mental health/substance abuse lifetime maximums.	Yes	One standard accumulator load
Claim adjudication services	Yes	
Print and distribute standard explanation of benefit (EOB) forms	Yes	
Toll-free telephone number	Yes	Additional charge: dedicated toll-free telephone number \$1,000 one-time setup fee
Claim service representatives are available Monday through Friday, 24 hours a day. (Hours are specific to the time zone of the customer's headquarters).	Yes	
Standard claim forms	Yes	Additional charge: non-standard forms (when applicable)
Internal medical claim review of specific health care claims to promote coding accuracy, benefit interpretation, apply reimbursement and medical policy. This includes utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests.	Yes	
Five federal external reviews for appeals for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage	Yes	Additional reviews will be charged at \$500 per review.
Online notification of all checks issued.	Yes	
Standard coordination of benefits for all claims when information is less than 12 months old	Yes	
Reasonable and customary guidelines for out-of-network surgical, medical, lab and X-ray claims using OptumInsight™ data	Yes	70% - 90% is available; customers typically select 85%
First-level appeal (mandatory)	Yes	Completed by claim appeal auditor in consultation with appropriate medical professional(s), if necessary. Appeals are resolved according to current Department of Labor (DOL) regulations. Does not include grievance process.
Second-level appeal (when elected by the employer; may be voluntary or mandatory)	Yes	Completed by claim appeal auditor, not involved in first-level appeal, in consultation with appropriate medical professional(s), if necessary. Appeals are resolved according to current DOL regulations. Does not include grievance process.
Access for your employees to the umr.com Web site, providing a private, secure, easy-to-use application for customer care including:	Yes	
· Claim status · Eligibility information · Search for network physicians and other health care providers		
· Online health and well-being information · Order a replacement ID card		

Financial Commentary

- Member used online health assessment tool
- Links to pharmacy, mental health/substance abuse, vision, flexible spending account, health reimbursement account, health savings account, and/or dental sites, if services provided by UMR

During the term of the Agreement or six months following termination, Township of West Orange or its representatives may perform an annual audit of UMR services, at its own expense, subject to UMR standard requirements regarding prior notice, confidentiality, length, time and place, and findings.	Yes	
Application of the Cost Reduction and Savings program (CRS) providing additional savings on select facility and physician claims not eligible for standard network discounts (i.e., non-participating providers). Facility and physician savings programs apply to all medical products offering an out-of-network component and select out-of-network claims of network-based plans. The shared savings program includes a facility fee schedule, physician fee schedule, facility fee negotiation program and physician fee negotiation program.	No	Township of West Orange participants will automatically participate in the Shared Savings Program. Township of West Orange will be billed 30% of the savings monthly.
Claim data extract in UMR file format sent to external vendor	No	Additional charge: fees available upon request
Claim reprocessing (due to situations such as retroactive benefit or eligibility changes made by customer)	No	Additional charge: \$25.00 per claim
Non-standard EOBs, and/or copies of EOBs sent to the employer	No	Inclusion of plan logo is permissible. Additional charge: \$150 per hour for any other changes requiring system reconfiguration.
Claims fiduciary	Yes	
Run-out claims following the termination of our contract - UMR's standard is to process claims incurred prior to termination for a 6 month period following termination. For this service, the customer will pay UMR a fee equal to two (2) months of the last active month's fees for base administration (exclusive of any Rx Rebate credit) and network access. These fees are due and payable prior to the termination date. UMR will only process run-out claims if the customer is current with all premium and fee obligations. Other fees that may continue past the termination of the contract, include, but are not limited to: CRS fees, subrogation fees, fees for non-standard termination or ad-hoc reports, monthly or annual banking fees (if applicable), early termination penalties (if any), and Value Based Contracting fees (if using the Choice+ network).	No	Fee available upon termination.
Application of subrogation services	No	Additional charge: 30% of the subrogation recoveries on a monthly basis.
Administration of plans requiring integrated medical and pharmacy deductible and out of pocket with integrated PBM or other integrated service provider (list available upon request)	No	Additional charge: \$1.00 PPM (per participating employee per month)

Financial Commentary

Optional Claim Services

Service	Included in Medical Fee	Comments/Fees
Credit balance recoveries (AIM ledger initiated audit)	No	Additional charge: 20% of recovery. UMR contracts with an outside audit firm that audits credit balances from various hospitals. If the outside audit firm identifies that this Plan is owed a refund, the refund minus the auditing firms' commission, will be sent to the Plan Sponsor.
Overpayment recoveries - UMR shall make an attempt to recover overpayments over \$100 by requesting repayment. In the event the above recovery attempts are unsuccessful, the Plan Sponsor will receive written communication outlining the legal recovery process.	No	Fees are contingent upon additional recovery process requested.

Financial Commentary

Care Management Services - per employee per month (PEPM)

	Included in Fee Provided	Comments/Fees
Utilization Management (UM):	Yes	
- Concurrent review for inpatient, behavioral health, skilled nursing facility, acute rehabilitation and outpatient services - Identification/referral to disease management - Independent medical review - Discharge planning, home health care - Durable medical equipment - Outpatient Services (UMR's specified list) - Consultations - Standard reports - Online Internet resources		
UMR GPS	No	Additional charge: \$3.75 PEPM
- Packaged programs: case management, readmission prevention, maternity management, NurseLine/NurseChat, HealtheNotes, HealtheNote Reminders, Treatment Decision Support and access to Web tools - Standard report		
Case Management (CM):	Yes	
- Case management assessments - Coordination with complex treatment plan - Specialized transplant, oncology, behavioral health and high-risk newborns - High-risk pregnancies - Potential high-dollar treatment/ services, including stop loss - Independent medical review - Standard reports - Online Internet resources		
Readmission Prevention	No	Additional charge: \$0.30 PEPM
- Identify members recently discharged with specific conditions - Nurse contact via phone to ensure a timely follow is made with physician, medications are accurate and family/social supports are in place - Referral to case management, if needed - Standard report		
NurseLineSM (NL):	Yes	
24 hours a day, seven days a week access to trained registered nurses providing triage direction, potential treatment options, appropriate use of medications and health education information - Audio health library containing over 1,100 topics, such as physical and emotional conditions, procedures, medications and much more 140 languages, including English and Spanish - Hearing assistance accommodations		

Financial Commentary

Disease Management (DM):	Yes	
· Identification and stratification · Member recruitment · Management of asthma, chronic obstructive pulmonary disease, heart failure, coronary artery disease, depression, diabetes and hypertension · One-on-one telephonic sessions with a health coach · Educational materials · Quarterly newsletters for those identified with a chronic condition · Online Internet resources · Standard reports · HealtheNotes · Predictive modeling		
DM quarterly newsletter (for remainder of members without a condition)	No	Additional charge: \$1.25 PEPQ

Financial Commentary

Maternity Management (MM):

Yes

- Identification and stratification by self referral, Web enrollment, or clinical health risk assessment (CHRA)
- Member recruitment
- Pre-pregnancy coaching (member self referral and CHRA)
- One-on-one telephonic sessions with a registered nurse (OB/GYN background), one per trimester and one post-delivery call
- Educational materials
- Incentive reward for first or second trimester enrollees
- High-risk referral for case management
- Standard report

Comprehensive Health and Wellness (HW) Program:

Yes

- Identification and stratification via clinical health risk assessment (CHRA)
- Web or paper based CHRA with mailed results packet to employee
- Up to 10 telephonic sessions with a health coach (weight management, stress management, pre-diabetes, increasing activity, tobacco cessation and more)
- Educational materials
- Member recruitment
- Online Internet resources
- Quarterly newsletter for all eligible members
- Actions plans (online behavioral-based educational modules)
- Standard reports

Rewards and point management (must also purchase either transactional or comprehensive HW) - online tracking of program participation and incentive points earned in association with completion of CHRA, events and challenges, and action plans. Includes self-reported or batch-loaded events and challenges and reporting capabilities

No

Additional charge: \$1.65 PEPM

HealtheNotes:

Yes

- Targeted mailings to members and providers
- Identification of chronic condition gaps in care
- Provide information on preventing long-term issues and avoiding health care costs
- Identify opportunities/gaps in care through medical and/or pharmacy claim data

HealtheNote Reminders:

No

Additional charge: \$0.13 PEPM

- Targeted mailings to members
- Reminders to discuss recommended, routine preventive care with provider
- Targeted areas: women's health (mammography and cervical cancer screening), adolescent/childhood immunization, diabetes and cholesterol/coronary artery disease (CAD)
- Identify opportunities/gaps in care through medical claim data

Treatment Decision Support:

No

Additional charge: \$0.38 PEPM

- Telephonic sessions with registered nurses offering information on medical conditions/treatment options
- Targeted areas: musculoskeletal (back pain, knee and hip replacement), men's health (benign prostatic hypertrophy, prostate cancer), women's health (benign uterine conditions), breast cancer, coronary artery disease (CAD), coronary artery bypass graft (CABG), angioplasty and bariatric surgery.
- Referral to care management programs and in-network providers
- Identify opportunities/gaps in care through medical and/or pharmacy claim data
- Standard report

Financial Commentary

Emergency Room Decision Support:

- Outreach to individuals who have recently visited the emergency room (ER)
- Provide information/resources to help avoid unnecessary future visits to the ER
- Two levels of outreach: IVR and calls from registered nurses

No

Additional charge: \$0.13 PEPM

NOTE: Must also purchase NurseLine

- Identified opportunities through medical claim data
- Standard report

Healthy Back:

- Identify opportunities through medical and/or pharmacy claim data
- Telephonic clinical and lifestyle coaching by chiropractors and registered nurses
- Referral to quality providers focusing on conservative, nonsurgical treatment

No

Additional charge: \$0.50 PEPM

Must have 500 or more enrollees.

Note:

- Identify opportunities through medical and/or pharmacy claim data
- Educational materials

Spine and Joint Solution (SJS):

- Access to Centers of Excellence for select knee, hip and spine surgeries. Center of Excellence's accept bundled case rates for in scope procedures
- Clinical education about Centers of Excellence and the expectations around the pre- to post-operative period
- Dedicated onsite support while at the Centers of Excellence

No

Additional charge: \$1.03 PEPM

- Clinical provided by Optum

Financial Commentary

Care Management - Additional Services

	Included in Fee Provided	Comments/Fees
HW transactional:		
Lifestyle Coaching: • Identification and stratification via clinical health risk assessment (CHRA) – CHRAs sold separately • Up to five telephonic sessions with a health coach (weight management, stress management, pre-diabetes, increasing activity, tobacco cessation and more) • Educational materials • Member recruitment • Online Internet resources • Actions plans (online behavioral-based educational modules) • Standard reports	No	Additional charge: \$ 430.00 per case NOTE: Must also purchase CHRAs
CHRA Review: • One telephonic session with a health coach to review clinical health risk assessment (CHRA) results - CHRAs sold separately. Includes biometrics screening review (if applicable). • Educational materials • Standard report	No	Additional charge: \$ 130.00 per review NOTE: Must also purchase CHRAs
Tobacco Cessation Program: • Up to five telephonic sessions with a health coach (define a personalized quit plan, educate on harmful effects of tobacco, act as an accountability partner) • Educational materials • Online Internet resources • Actions plans (online behavioral-based educational modules) • Outreach at six and 12 months to determine if member returned to tobacco (check-in only, not additional coaching) • Standard reports	No	Additional charge: \$ 430.00 per case
Quarterly Newsletter	No	\$1.25 per newsletter per eligible member per quarter (Add on for CHRAs and/or Coaching)
Nicotine Replacement Therapy (NRT) (requires purchase of Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco Cessation Program)	No	Additional charge: NRT patches - \$105 per six week supply per participant; NRT gum - \$165 per six week supply per participant. The supply is an add on for Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco Cessation Program.
Web-based clinical health risk assessment (CHRA) with mailed results packet to member	No	Additional charge: \$6.50 per CHRA
Paper-based CHRA with mailed results packet to member	No	Additional charge: \$13.00 per CHRA
Biometrics (NOTE: Special requests or late changes may incur additional fees. Contact your UMR representative for further information.):		
On-site basic lipid glucose panel - finger stick (requires minimum of 30 screens per event).	No	Additional charge: \$69.00 per participant per screening (UMR standard)
On-site basic lipid glucose panel - venipuncture (requires minimum of 30 screens per event).	No	Additional charge: \$69.00 per participant per screening (UMR standard)
On-site comprehensive biometric panel - venipuncture (requires minimum of 30 screens per event).	No	Additional charge: \$104 per participant per screening
Additional screenings to add on to on-site or walk in panels	No	Additional charge: Prostate specific antigen - \$18 per screening; Advanced thyroid - \$16 per screening; Vitamin D - \$26 per screening; Hemoglobin A1C - \$12 per screening; Cotinine - \$16 per screening.

Financial Commentary

Walk in (Off-site) - lipid glucose biometric panel venipuncture	No	Additional charge: \$82.00 per participant per screening (UMR standard)
Walk in (Off-site) - comprehensive biometric panel venipuncture	No	Additional charge: \$104 per participant per screening
Walk in (Off-site) - Full biometrics (including height, weight, blood pressure, and waist circumference) captured at select LabCorp locations	No	Additional charge: \$18 per participant (must be purchased in conjunction with biometric panel screening)
Bio IQ home kits	No	Additional charge: Fasting Lipid/glucose home kit - internet based: \$80.00 per kit; Fasting Lipid/HgA1c: \$80.00 per kit.
Health provider form (Health provider forms must be purchased in conjunction with biometric screenings.)	No	Additional charge: \$15.00 per form
on-site flu shots (require a minimum of 30 participants per two hour flu program w/ 1 RN - when flu clinics are combined with the screening event)	No	Additional charge: \$31.00 per shot
Privacy Screens	No	Additional charge: \$250 per lot (5 screens)
Nevada events (state fee)	No	Additional charge: \$700 per event
Misc. transactional:		
on-site Worksite Wellness Consultant: • Four hours of consultation • Provide various services to make the work environment more supportive of healthy behaviors • Individualized per customer needs • Standard report	No	Additional charge: \$2600 per 4 hours
on-site Worksite Wellness Consultant: • Eight hours of consultation • Provide various services to make the work environment more supportive of healthy behaviors • Individualized per customer needs • Standard report	No	Additional charge: \$2900 per 8 hours
Real Appeal - Year-long weight loss program • Promotional/communication assistance and materials (includes a brand manager & client manager) • Initial, personalization session • Weekly, Web-based group session • Ongoing, Web-based (face-to-face) individual coaching • Success kit (mailed to participant's home) - program success guide, nutrition guide and fitness guide, blender, body weight scale, food scale, workout DVDs, fitness band, pedometer and more • Online/mobile tools to track nutrition and physical activity • Standard reports	No	Session costs paid through medical claims (Contact your UMR representative for further information.)

Financial Commentary

Network Services

Service	Included in Fee Provided	Comments/Fees
Network access, management and administrative activities including physician (and other health care professional) relations, clinical profiling, contracting (including Value Based Contracting) and credentialing, network analysis and system development and verification of provider participating status and re-pricing to established contractual allowances	Yes	Managed by network(s) · Excludes direct contract arrangements held by Plan Sponsor · Not applicable to Medicare primary claims · Network access par and non-par administration and repricing do not apply to Medicare primary claims
Printing of provider directories	No	Additional charge: cost plus postage. On-line directories available at no charge.
OptumHealth™ Care Solutions - centers of excellence	No	Additional charge: cost per transplant fee basis
Congenital Heart Disease Resource Services offered through United Resource Networks	No	Additional charge: 30% of savings
Kidney Resource Services offered through United Resource Networks	No	Additional charge: 30% of savings
Premium Designation Network	Yes	No additional charge, but requires Plan Advisor

Discount Card Program

Services	Included in Fee Provided	Comments/Fees
Discount Card program enabling individuals to access pre-negotiated savings on out-of-pocket health care purchases. The program includes savings for:		Available for products not currently being quoted by UMR
Health care discount card - vision only	No	Additional charge: \$0.75 PEPM
Health care discount card - dental only	No	Additional charge: \$1.50 PEPM
Health care discount card - vision and dental only	No	Additional charge: \$1.85 PEPM
Health care discount card - vision, dental and hearing	No	Additional charge: \$1.95 PEPM

Financial Commentary

Flexible Spending Account (FSA) Services

Service	Included in Fee Provided	Comments/Fees
Standard FSA services including:	No	Additional charge: \$4.75 PEPAPM (per employee per account per month) - health care account (HCA).
- Extensive consumer education options and materials for effective member communications campaigns - Single claim submission with automatic roll-over from UMR medical system - Reimbursement minimum of \$10.00, \$25.00 or \$50.00 - Control check and payment processes - Customer care representation during normal business hours		Additional charge: \$3.75 PEPAPM - dependent care account (DCA).
- Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with a standard frequency of every other week - Strategic planning support and plan modeling - Standard FSA banking arrangements using separate bank account for FSA plan - Online claims submittal and FSA estimator tools - Direct deposit of payments to employee bank accounts; member must elect - Standard internet services with summary and detail level views of account activity - Interactive voice response and internet inquiry system - Approved vendor file adjudication - Basic consumer -decision support tools including Health Plan Cost Estimator (HPCE), Health Education Library, Cost Transparency and more		Additional annual software fee of \$6,500 for Health Plan Cost Estimator - Advanced. Includes loading of up to four medical or Rx plans and two hours of implementation meetings. Additional plans charge: \$3,500 per each block of four plans. Custom enhancements billed at \$150 per hour.
FSA claim administration for over-the-counter medication		
Standard reports		
Non-approved vendor file adjudication	No	Additional charge: fees available upon request
Check reimbursement with no minimum	No	Additional charge: \$0.50 PEPAPM
Debit Card, which offers direct payment for FSA and/or Parking and Transportation out-of-pocket expenses (not available with HSA)	No	Additional charge: \$1.40 per card per month
Auto-reimbursement not selected	No	Additional charge: \$0.50 PEPAPM
FSA run-in claims – set-up	No	Additional charge: \$2,000 one-time setup cost
Printing of plan booklet with mailing to customer	No	Additional charge: cost plus postage.
Transportation and parking	No	Additional charge: \$4.75 PEPAPM
Nondiscrimination testing, to ensure that contribution elections remain within the guidelines established by the IRS	No	Additional charge: actual vendor cost

Financial Commentary

Health Reimbursement Account (HRA)

Service	Included in Fee Provided	Comments/Fees
Standard administration services: - Integrates with the claim administration of the medical plan, allows automated rollover processing - HRA and medical plan claims are paid on a single check to provider - One explanation of benefits (EOB) combined with medical plan payments - Position HRA as first dollar coverage or with front-end deductible - Strategic planning support and plan modeling - Choose from various annual rollover configurations and asset accumulation options - Choose from various options for proration - HRA-specific reporting package - Standard internet services with summary and detail level views on account activity of HRA contribution amount - Extensive consumer education options and materials for effective member communication campaigns - Basic consumer -decision support tools including Health Plan Cost Estimator (HPCE), Health Education Library, Cost Transparency and more	No	Additional charge: \$4.00 PEPM
Debit Card (if the HRA is to cover pharmacy, a debit card will have to be issued to coordinate these pharmacy expenses applying to the HRA under the deductible).	No	Additional annual software fee of \$6,500 for Health Plan Cost Estimator - Advanced. Includes loading of up to four medical or Rx plans and two hours of implementation meetings. Additional plans charge: \$3,500 per each block of four plans. Custom enhancements billed at \$150 per hour.
		Additional charge: \$1.40 per card per month

Financial Commentary

Qualified High-Deductible Health Plan (QHDHP)

Service	Included in Fee Provided	Comments/Fees
Standard administration services: · QHDHP plan design(s) meet the IRS requirements · Coordinate implementation with multiple preferred financial institution partners for health savings account trustee services · No requirements to use one of the preferred financial institution partners · Employer's ability to set-up and administer various contribution schedules and strategies based on specific needs · Assist with setting up payroll connectivity to preferred processors · Streamlined administration and setup · Access to internet-based consumer tools · Strategic planning support and plan modeling · Product-specific reporting package · Access to Web-based consumer tools · Links to preferred financial institutions' account management tools · Extensive consumer education options and materials for effective member communication campaigns · Basic consumer-decision support tools including Health Plan Cost Estimator (HPCE), Health Education Library, Cost Transparency and more	Yes	Additional annual software fee of \$8,800 for Health Plan Cost Estimator - Advanced. Includes loading of up to four medical or Rx plans and two hours of implementation meetings. Additional plans charge: \$3,500 per each block of four plans. Custom enhancements billed at \$150 per hour.

Financial Commentary

COBRA Administration

Service	Included in Fee Provided	Comments/Fees
COBRA Services:	Yes	
· Collect and process monthly premium payments		
· Review disability status for COBRA extensions		
· Send termination and conversion rights letters		
· Notification letters by certified mail		
· Initial (DOL) letters for new hires		
· Two additional UMR lines of coverage		
COBRA – billing for outside vendors	No	Additional charge: \$0.05 PEPM for each additional vendor
COBRA – additional UMR lines of coverage	No	Additional charge: \$0.05 PEPM for each additional line

Dental Administration Services

Service	Included in Fee Provided	Comments/Fees
Dental claims administration services	No	Additional charge: \$2.55 PEPM, excludes run-in
Dental utilization management – in-house consultant	No	No additional charge
Dental utilization management – American Dental Examiners (ADE)	No	Additional charge: \$28.00 per review

Vision Administration Services

Service	Included in Fee Provided	Comments/Fees
Vision claims administration - indemnity vision benefit included with the medical plan document	No	Additional charge: \$1.00 PEPM
Vision claims administration - indemnity vision benefit independent of the medical plan document	No	Additional charge: \$1.75 PEPM
Spectera Vision - self-funded	No	Additional charge: \$1.50 PEPM

Short-term Disability Services (STD)

Service	Included in Fee Provided	Comments/Fees
STD claim administration services	No	Additional charge: \$2.35 PEPM excludes run-in.
STD clinical consultation	No	
STD check processing	No	Additional charge: \$0.10 PEPM

Stop Loss Services (SL)

Service	Included in Medical Fee	Comments/Fees
Interface with UMR's preferred third party stop loss vendors. Services include: daily monitoring of received/processed claims and care management transactions, premium billing and collection, and plan document changes/updates to the carrier for UMR's preferred vendors when stop loss coverage has been placed by UMR	Yes	
Stop loss coverage placed with a non-preferred vendors - additional surcharge	No	Additional charge: \$4.20 PEPM

Financial Commentary

Other Additional Services

Service	Included in Fee Provided	Comments/Fees
Administration of plans requiring integrated deductible and out of pocket with non-integrated service providers (pharmacy benefits manager (PBM), dental, vision, etc.)	No	Not available unless prior approval from UMR and subject to additional fees.
Case management and claims services coordination with insured medical carve out carriers, including transplant carve outs	No	Additional charge: \$0.35 PEPM
Telemedicine (Teladoc) services: · Access to Teladoc physician network · Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit) · Teladoc ID card · Portable electronic health record · Communications materials (pdf format)	Yes	
Customized communication materials	No	Additional fees would apply.
Custom member satisfaction survey	No	Pricing will vary depending on survey variance and methodology.
Bill life, short-term disability (STD), and long-term disability (LTD) premiums (if applicable)	No	Fee available upon request
Non-standard contracts that would include customized style sheets, foreign language translations, and engagement of UMR attorneys for negotiation of the agreements	No	Additional fees would apply
Plan advisor member and/or provider advocacy services (minimum enrollment requirement of 2,500 members for Plan Advisor Models 2 – 4): · Dedicated single point of member contact for the UMR lines of coverage purchased (medical, dental, flexible spending) · Customer specific toll-free telephone number · Coordinated member engagement that provides increased benefit design adherence, aggressive network steerage and referral to care management services · Outbound network steerage calls related to precertification requests · Seasonal health topic and preventive care messaging · Multiple vendor call coordination · Optional levels of provider engagement are available	No	Fee available upon request

Financial Commentary

Incentive Solutions		
Service	Included in Fee Provided	Comments/Fees
Incentive Solutions: Live Well Reward\$ - Level 1 Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.	No	No additional charge. Customers must purchase the following in order to qualify for Level 1: UMR's Clinical Health Risk Assessment, Biometrics (any modality, including UMR Physician Lab Form), and Tobacco Cessation Coaching. Note: requests for biometric vendors are subject to review/ approval. Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.
Incentive Solutions: Live Well Reward\$ - Level 2 Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.	No	Additional charge: \$1.05 PEPM. Customers must purchase the following in order to qualify for Level 2: UMR's Comprehensive Coaching Program (includes Clinical Health Risk Assessment), UMR's Disease Management Coaching Program (all seven, or any number of stand-alone conditions), Biometrics (any modality, including UMR Physician Lab Form), and Tobacco Cessation Coaching. Note: requests for biometric vendors are subject to review/ approval. Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.
Incentive Solutions: Live Well Reward\$ - Level 3 Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.	No	Additional charge: \$1.20 PEPM. Customers must purchase the following in order to qualify for Level 3: UMR's Comprehensive Coaching Program (includes Clinical Health Risk Assessment), UMR's Disease Management Coaching Program (all seven, or any number of stand-alone conditions) and Biometrics (any modality, including UMR Physician Lab Form), and Enhanced myHealth Center – which includes Events, Challenges and Incentive Tracking. Note: requests for biometric vendors are subject to review/ approval. Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.

Financial Commentary

Incentive Solutions: Live Well Reward\$ - Level 4	No	Additional charge: \$1.40 PEPM.
Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.		Customers must purchase the following in order to qualify for Level 4: UMR's Comprehensive Coaching Program (includes Clinical Health Risk Assessment) Biometrics (any modality, including UMR Physician Lab Form), and Enhanced myHealth Center – which includes Events, Challenges and Incentive Tracking. Note: requests for biometric vendors are subject to review/ approval. Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.
Incentive Solutions: Custom-Basic	No	Additional charge \$0.15 PEPM.
Includes: Tracking and managing qualifying activity and determining reward-eligibility for members, per the requirements of the program. If files are sent to UMR in order for UMR to fulfill rewards, must use standard file layout, or subject to additional fee.		Customers must elect one of the following reward types to pair with the Custom-Basic program: Prepaid Reward Cards - Single Use, Prepaid Reward Cards – Reloadable, Care Targeted Benefits, Health Incentive Account (HIA) Deposits, or Health Savings Account (HSA) Deposits.
Incentive Solutions: Custom-Advanced	No	Additional charge - fees analyzed per customer request, based on specific requirements. Fees quoted will reflect the operational and reporting costs to build, test and maintain the program for one year. UMR representative to provide resource estimate/approvals to quote.
Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the custom designed program.		Reserved for groups 3k+ lives. Customer must purchase Enhanced myHealth Center – which includes Events, Challenges and Incentive Tracking in order to qualify for Custom: Advanced, or an exception can be provided by your UMR Representative.
Incentive Solutions: Rewards - Health Savings Account (HSA) Deposits	No	Additional charge: \$0.45 PEPM. Must have QHDHP and Optum Bank as the financial institution. Employer-determined amount of dollars can be deposited into a member's Health Savings Account when held at Optum Bank. Fee includes up to 12 deposits per year, processed monthly.
Incentive Solutions: Rewards - Health Incentive Account (HIA) Deposits	No	Additional charge: \$0.90 PEPM. Employer-determined amount of dollars can be deposited into a member's Health Incentive Account. Fee includes the underlying/base HIA administration fee, as well as up to 12 deposits per year, processed monthly.
Incentive Solutions: Rewards - Prepaid Reward Card - Single Use	No	Additional charge: \$3.85 Per Card. Customers must purchase Custom-Basic or Custom-Advanced to elect this reward type.
Incentive Solutions: Rewards - Prepaid Reward Card - Reloadable	No	Additional charge: \$5.45 Per Card Per Year. Customers must purchase Live Well Rewards\$ Levels 1-4, Custom-Basic or Custom-Advanced to elect this reward type.
Incentive Solutions: Rewards - Care Targeted Benefits	No	Additional charge: \$4.50 PPM. Customers must purchase UMR's disease management program. Customer's must purchase Custom-Basic to elect this reward type.

Conditions

Customer Name : Township of West Orange Plan Effective Date : 1/1/2017

This proposal is valid for 90 days and does not bind coverage or obligate UMR.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from UMR prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

All quoted product fees assume UMR administers the medical plan.

UMR assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to; deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. 'Virtual Visits'). Please refer to the financial commentary tab for information on Teladoc services and associated fees. Please review any changes with your advisor.

The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA PCORI reinsurance fee which is remitted to the government (federal and/or state).

The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor, or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

UMR reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the plan or UMR.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, UMR does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

UMR is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume utilization and case management services are provided through UMR in order to access UnitedHealthcare Networks.

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, or if the number of covered employees changes by 15% or more from this proposal.

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

Conditions

UMR will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our organization.

Fees proposed assume the cost reduction and savings program is selected. If this program is not selected, additional fees will apply.

UMR provides an ERISA DOL appeals process. UMR does not participate in Grievance Review Panel Hearings.

UMR requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with UMR. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

UMR does not administer statutory disability benefits.

Health reimbursement account assumes 20% participation rate.

HSA trustees bill directly for HSA services.

UMR cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.

Implementation Credit

Customer Name : Township of West Orange
Plan Effective Date : 1/1/2017

UMR is offering a \$40,000 implementation credit to be applied to the group's administrative fee billing until the credit amount is exhausted. The credit will be applied starting with the initial billing.

Conditions:

- Requires a three year agreement. Early termination is subject to the early termination penalty outlined below.
- Assumes an enrolled subscriber count within 15% of the quoted subscriber count of 597.
- Assumes an effective date of 1/1/2017.

Early termination penalty:

Termination prior to 1/1/2018 = \$40,000

Termination prior to 1/1/2019 = \$26,667

Termination prior to 1/1/2020 = \$13,333