

Exhibit “A”

**RENEWAL OVERVIEW
FOR THE TOWNSHIP OF WEST ORANGE
DENTAL PROGRAM**

Quotation Overview

- ◆ Delta Dental of NJ had originally has proposed an increase of 0% for one year and +3.30% for two-years. After successful discussions with underwriting, they have agreed to a renewal action of 0% for a two-year policy.

Underwriting Overview

- ◆ Dental PPO Plus Premier Plan Loss Ratio for the period of August 2015 through July 2016 is reported as follows:
 - Town Actives, 72.6% (*down slightly from the last reporting period*)
 - Library Actives, 88.8%
 - Town Retirees (Premier Plus PPO), 96.1%
 - Library Retirees (Premier Plus PPO), 55.9% - *only 1 subscriber enrolled*
 - Town Retirees, (PPO), 79.7%
 - Library Retirees (PPO), 0% (*no current enrollment for this period*)
 - Overall Loss Ratio, 78.3%

Township of West Orange
Dental Renewal Comparison Summary
January 1, 2017

	Current Delta Dental Premier Plus PPO PPO Only	Renewal Delta Dental Premier Plus PPO
		<u>2 Years</u>
Town Active	\$287,712.00	\$287,712.00
Library Active	\$13,852.80	\$13,852.80
Retiree POS	\$82,639.95	\$82,640.76
Retiree PPO	\$24,842.12	\$24,842.16
Annual Total	\$409,046.87	\$409,047.72
Total Increase/Decrease		\$0.85 0.00%

Township of West Orange
Dental Quotation Comparison
January 1, 2017

	Current Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO 2 Years
Rate Guarantee		
Preventive & Diagnostic	100%	100%
Exams, Cleanings (each twice per 12 month period year per person)		
X-rays - full mouth series or panoramic (either one, once in three years)		
X-rays - bitewing (twice per 12 month period)		
X-rays - single films		
Fluoride Treatment (once per 12 month period, under age 19)		
Space Maintainers (once per space for missing posterior primary teeth, for children under 14)		
Remaining Basic	70%	70%
Fillings - composite and amalgam		
Extractions, Oral Surgery		
Endodontics (root canals on permanent teeth and root surgery, once per 24 months)		
Periodontics		
Sealants		
Prosthodontics & Crowns (after deductible)	50%	50%
Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+)		
Bridgework (once every 5 years for ages 16+)		
Repair of dentures		
Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+)		
Inlays		
(dependent children not eligible)		
Calendar Year Maximum (per person)	\$1,000	\$1,000
Calendar Year Deductible (waived on Preventative & Diagnostic)	\$25	\$25
Per Person	\$100	\$100
Family Aggregate		
Orthodontia (Dependent Children Only)	50%	50%
Lifetime Maximum (per patient)	\$800	\$800
Lifetime Deductible	\$0	\$0
Rates:		
Enrollment:		
Super Composite 270	\$88.80	\$88.80
Monthly Premium	\$23,976.00	\$23,976.00
Annual Premium	\$287,712.00	\$287,712.00
Renewal Increase		0.00%

Township of West Orange Public Library
Dental Quotation Comparison
January 1, 2017

	Current Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO
Rate Guarantee		2 Years
Preventive & Diagnostic	100%	100%
Exams, Cleanings (each twice per 12 month period year per person)		
X-rays - full mouth series or panoramic (either one, once in three years)		
X-rays - bitewing (twice per 12 month period)		
X-rays - single films		
Fluoride Treatment (once per 12 month period, under age 19)		
Space Maintainers (once per space for missing posterior primary teeth, for children under 14)		
Remaining Basic	70%	70%
Fillings - composite and amalgam		
Extractions, Oral Surgery		
Endodontics (root canals on permanent teeth and root surgery, once per 24 months)		
Periodontics		
Sealants		
Prosthodontics & Crowns (after deductible)	50%	50%
Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+)		
Bridgework (once every 5 years for ages 16+)		
Repair of dentures		
Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+)		
Inlays		
(dependent children not eligible)		
Calendar Year Maximum (per person)	\$1,000	\$1,000
Calendar Year Deductible (waived on Preventative & Diagnostic)	\$25	\$25
Per Person	\$100	\$100
Family Aggregate		
Orthodontia (Dependent Children Only)	50%	50%
Lifetime Maximum (per patient)	\$800	\$800
Lifetime Deductible	\$0	\$0
Rates:		
Super Composite	\$88.80	\$88.80
Enrollment: 13		
Monthly Premium	\$1,154.40	\$1,154.40
Annual Premium	\$13,852.80	\$13,852.80
Renewal Increase		0.00%

Township of West Orange
Dental Quotation Comparison - Retiree Premier + PPO
January 1, 2017

Rate Guarantee	Current Delta PPO / Premier		Renewal Delta PPO / Premier 2 Year	
	PPO Network	Premier or Non Par	PPO Network	Premier or Non Par
Preventive & Diagnostic Exams, Cleanings (each twice per 12 month period year per person) X-rays - full mouth series or panoramic (either one, once in three years) X-rays - bitewing (twice per 12 month period) X-rays - single films Fluoride Treatment (once per 12 month period, under age 18)	100%	90%	100%	90%
Remaining Basic (after deductible) Fillings - composite and amalgam Extractions, Oral Surgery Endodontics (root canals on permanent teeth and root surgery, once per 24 months) Periodontics Sealants Space Maintainers (once per space for missing posterior primary teeth, for children under 14)	70%	50%	70%	50%
Prosthodontics & Crowns (after deductible) Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+) Bridgework (once every 5 years for ages 16+) Repair of dentures Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+) Inlays	50%	50%	50%	50%
Calendar Year Maximum	\$1,500		\$1,500	
Calendar Year Deductible Single Family	\$50 \$150		\$50 \$150	
Orthodontia (Dependent Children Only) Lifetime Maximum (per patient) Lifetime Deductible	Not Covered		Not Covered	
Rates:	Enrollment:			
Employee	31	\$47.59	\$47.59	
Employee & Child(ren)	2	\$92.76	\$92.76	
Employee & Spouse	33	\$88.00	\$88.00	
Family	16	\$145.12	\$145.12	
Monthly Premium		\$6,886.66	\$6,886.73	
Annual Premium		\$82,639.96	\$82,640.76	
Renewal Increase			0.00%	

Township of West Orange
Dental Quotation Comparison - Retiree PPO
January 1, 2017

		Current Delta Dental Premier Plus PPO	Renewal Delta Dental Premier Plus PPO
Rate Guarantee			2 Years
Preventive & Diagnostic Exams, Cleanings (each twice per 12 month period year per person) X-rays - full mouth series or panoramic (either one, once in three years) X-rays - bitewing (twice per 12 month period) X-rays - single films Fluoride Treatment (once per 12 month period, under age 19)		100%	100%
Remaining Basic (after deductible) Fillings - composite and amalgam Extractions, Oral Surgery Endodontics (root canals on permanent teeth and root surgery, once per 24 months) Periodontics Sealants Space Maintainers (once per space for missing posterior primary teeth, for children under 14)		70%	70%
Prosthodontics & Crowns (after deductible) Crowns and crown-related procedures (once every 5 years, permanent teeth only, ages 12+) Bridgework (once every 5 years for ages 16+) Repair of dentures Full and Partial Dentures (either one, once every 5 years; partial dentures for ages 16+) Inlays		50%	50%
Calendar Year Maximum		\$1,500	\$1,500
Calendar Year Deductible Single Family		\$50 \$150	\$50 \$150
Orthodontia (Dependent Children Only) Lifetime Maximum (per patient) Lifetime Deductible		Not Covered	Not Covered
Employee	15	\$41.44	\$41.44
Employee & Child(ren)	0	\$80.82	\$80.82
Employee & Spouse	9	\$76.68	\$76.68
Family	6	\$126.41	\$126.41
Monthly Premium		\$2,070.18	\$2,070.18
Annual Premium		\$24,842.12	\$24,842.16
Renewal Increase			0.00%

METLIFE
Employee Benefits Sales and Service
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Fax: 800-270-7430

December 13, 2016

Julie Graham
Senior Account Executive
Fairview Insurance Agency Associates
25 Fairview Avenue
Verona, New Jersey 07044

Re: A Proposal For West Orange

Dear Julie,

Thank you for your interest in MetLife and for the opportunity to quote on the dental program of **West Orange**.

Unfortunately, we are unable to provide competitive rates at this time. Therefore, we respectfully decline to issue a proposal for this group account.

If we can be of any assistance to you in the future, please don't hesitate to call us at the above number.

We welcome the opportunity to serve you again.

Yours truly,

Isaac Danziger

MetLife



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work™

December 14, 2016

Julie Graham
Senior Account Executive
Fairview Insurance Agency Associates
25 Fairview Avenue
Verona, New Jersey 07044

RE: Township of West Orange

Dear Julie:

Thank you for sending the Dental RFP for Township of West Orange. Unfortunately, we are not able to provide a savings compared to their 2017 renewal. If you should have any questions or concerns, please feel free to contact me.

Thank you for considering Horizon Blue Cross Blue Shield of New Jersey.

Sincerely,

Joseph Fortney

Joseph Fortney
Sales Executive
Major Accounts Market
Horizon Blue Cross Blue Shield of NJ
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Mount Laurel, NJ 08854