



# State of New Jersey

## State Health Benefits Program

Plan Year 2023 Rate Setting Recommendation  
Analysis

Local Government Employee Group  
As presented to the Commission on September 14, 2022

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# Executive Summary

The purpose of this Analysis is to recommend premium levels for the Local Government Employer Group of the State Health Benefits Program (SHBP) for January 1, 2023 through December 31, 2023.

Recommended premium rate changes are based on a review of the experience of the Medical and Prescription Drug benefits offered to Active Employees and Retirees by the SHBP. The updated projections for Plan Year 2023 are based on medical and prescription drug claims incurred January 1, 2021 through December 31, 2021 and paid through March 31, 2022. The following summarizes the major highlights in this Rate Setting Analysis:

- The total recommended Plan Year 2023 premium rate change for the combined Local Government Actives, Early Retirees, and Medicare Retirees is an increase of 20.0%. This reflects the following:
  - The recommended rate change for Local Government Actives is a 24.0% increase for medical and a 3.7% increase for the prescription drug premium rates, for a total increase of 21.6%.
  - The recommended rate change for Local Government Early Retirees is a 16.6% increase for medical and a 5.7% decrease for the prescription drug premium rates, for a total increase of 13.0%.
  - The Medicare Retiree medical decrease for Plan Year 2023 is 7.9%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change in Plan Year 2023 is a 7.8% increase.
- The projected combined Active and Retiree Medical and Prescription Drug Claim Stabilization Reserve Balance is projected to be below the targeted 2.0 months of plan cost in Plan Year 2023. As a result, 2.0% margin has been added to the Active, Early Retiree, and Medicare Retiree Medical and Prescription Drugs premiums.

## Recommended Premium Rate Changes

The recommended Plan Year 2023 premium rate changes are as follows: a 21.6% increase for Active Employees, a 13.0% increase for Early Retirees and a 0.7% increase for Medicare Retirees. The Medicare Retirees medical increases for Plan Year 2023 includes both self-insured medical premiums and fully insured Medicare Advantage premiums. For all groups combined, the recommended change is an increase of 20.0%.

The recommended premiums rate changes for Plan Year 2023 by benefit plan are listed below.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
<b>Actives</b>					
PPO / NJDIRECT / HDHP	24.0%	1.9%	10.3%	3.8%	21.6%
HMO	24.1%	1.9%	1.9%	1.9%	21.0%
Tiered Network	24.2%	0.3%	8.6%	3.4%	20.9%
<b>Total</b>	<b>24.0%</b>	<b>1.9%</b>	<b>9.8%</b>	<b>3.7%</b>	<b>21.6%</b>
<b>Early Retirees</b>					
PPO / NJDIRECT / HDHP	16.6%			(5.7%)	13.0%
HMO	16.6%			(5.7%)	12.6%
<b>Total</b>	<b>16.6%</b>			<b>(5.7%)</b>	<b>13.0%</b>
<b>Medicare Retirees</b>					
Total	(7.9%)			7.8%	0.7%
<b>Grand Total</b>	<b>22.8%</b>			<b>3.8%</b>	<b>20.0%</b>

The table below shows the projected total Claim Stabilization Reserve at the end of Plan Years 2021 through 2023 for Local Government. The projected reserve balances are based on the reserve balance as of June 30, 2021 provided by the State. The CSR balances below are intended to illustrate how the claims stabilization reserve may fluctuate due to gains and losses in the active and retiree plans. Actual balances as of December 31, 2022 and December 31, 2023 may differ.

### **SHBP Projected Claim Stabilization Reserve**

(in \$ millions)

	Active	Retiree	Total
12/31/2021	\$298	(\$4)	\$294
12/31/2022	\$155	(\$50)	\$105
12/31/2023	\$182	(\$37)	\$145
Months of Plan Cost as of 12/31/2023	1.6	(0.7)	0.9

## COVID-19

Aon's current guidance is to project medical claims using 2021 claims data normalized for the impacts of COVID-19. For the Plan Year 2023 Rate Setting Analysis, 2021 claims used for projecting 2022 and 2023 are adjusted using a blend of actual vs. expected claims experience, Aon National COVID-19 medical claim factors, and Aon North East Regional COVID-19 medical claims factors. The Local Government 2021 medical normalization factor for Actives is 1.01, for Early Retirees is 1.01, and for Medicare Retirees is 1.07.

Plan Year 2022 and 2023 estimates are limited by unknown factors, including:

- Cost of regular testing for COVID-19 and multiple infection peaks
- Cost of new drugs or vaccines that are developed and requirements for employers to cover those costs, at any price
- Unforeseen impact of provider economic distress & healthcare system capacity limits
- Potential higher ongoing costs of patients who recovered from COVID-19 illness
- Increased severity of claims as a result of delayed treatment
- Spillover of delayed non-essential care from 2020 and 2021
- Impact of federal assistance
- Potential to create anti-selection among employee population (i.e. COBRA, covered dependents, opt-in rates)

The Plan Year 2023 premium projections do not include any additional margin for COVID-19.

## Additional Disclosures

The projections in this analysis are measured on an incurred basis and are consistent with the assumptions and methodology disclosed herein. Future projections may differ significantly from the current projections presented in this analysis due to (but not limited to) such factors as the following:

- Plan experience differing from what is anticipated by the economic or demographic assumptions;
- Changes in actuarial methods or in economic or demographic assumptions;
- Changes in plan provisions or applicable law.

Plan Year 2022 Rate Setting analyses included vendor reported savings for each program. Savings for these programs in the Plan Year 2023 rate setting analyses are assumed to be included in the claims and do not include any additional savings in 2022 and 2023 other than what is noted in this document.

This analysis contains the primary actuarial assumptions and methods used to develop the cost projections but may not include a comprehensive list of these methodologies and assumptions. Aon provided guidance with respect to these assumptions, and it is our belief that the assumptions represent reasonable expectations of anticipated plan experience.

# Plan Year 2023 Overview

The following plan design changes were approved by the SHBP Plan Design Committee for Plan Year 2017 and were subsequently reaffirmed through 2023:

- Reimbursement Change for Out-of-Network (OON) Services: All PPO plans limit plan payments for out-of-network physical therapy, chiropractor, and acupuncture services. This change applies to both SHBP Actives and SHBP Early Retirees.
- Mandatory Generic: For all multi-source drugs (brand drugs with generic equivalents available), the SHBP plan pays for the cost of the generic equivalent. Members who choose to fill the prescription for the brand name drug are responsible for the generic copay, plus the difference in cost. This applies to Active and Early Retiree prescription drug plans only.
- Prescription Drug Formulary: All SHBP Active and Early Retiree prescription drug plans conform to Optum's Premium Formulary, which directs prescriptions to more cost-effective, clinically-equivalent medications.

Additional Plan Design Changes that have been approved and will be in effect for Plan Year 2023 are as follows:

- Implementation of Fair Health National Database Reimbursement Methodology: Effective March 1, 2020, Out-of-Network medical claims for plans that reimburse based on FAIR Health database will be reimbursed based on the National Database of associated charges, rather than based on charges grouped by three-digit zip code. Savings for this change are assumed to be in the underlying claims experience and will continue in Plan Year 2023. This change does not impact Medicare Retirees.
- HMS Data Integrity Vendor: In accordance with Public Law 2019, Chapter 143, the State recently conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and Data Warehouse services for self-insured Active, Early, and Medicare Retirees. This law requires the third party Medical Claims Reviewer to provide ongoing review and oversight of current medical claims processes. In addition, the Medical Claims Reviewer also must collect, store and maintain a secure archive of medical and prescription drug claims and other health services payment information, as well as document the cost and nature of claims incurred, demographic information on the covered population, emerging utilization and demographic trends. Actual 2021 savings are assumed to be in the underlying claims experience. Actual 2021 fees as well as estimated 2022 and 2023 savings and fees are provided by HMS. This program is assumed to not impact Medicare Retirees.
- New Medicare Eligibility Vendor: The State implemented SSDC services to identify and conduct outreach to pre-65 retirees and spouses who are currently eligible or could become eligible for Medicare, in order to ensure enrollment in Medicare when appropriate. Estimated savings for

this program are assumed to be in the underlying claims experience. This program does not impact Actives and Medicare Retirees.

- Navigation Advocacy: Effective January 1, 2020, Horizon implemented Horizon Health Guide, an enhanced Navigation and Advocacy Model. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience. This program does not impact Medicare Retirees.
- Livongo Diabetes Management: Effective January 31, 2020, Livongo, a diabetes management program was launched for Actives and Early Retirees. The goal of the program is to help keep members living with diabetes in the safe zone of blood glucose levels by providing a cellular-enabled glucometer with testing strips and access to coaching and a 24/7 chat feature. Livongo identifies eligible participants through Medical and Rx claims data and sends targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- Livongo Whole Person: Beginning Plan Year 2021, Livongo is also implementing the Livongo "Whole Person", which provides a broader suite of services such as Livongo for Cardiovascular, Livongo for Weight Management, and Livongo for Behavioral Health in addition to the Livongo for Diabetes Management in effect since January 31, 2020. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- Hinge Health: Effective 2021, the State implemented Hinge Health, a coach-led, digital program using sensor guided exercise therapy for chronic back and joint pain. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- Amino: Effective 2021, the State implemented Amino, a provider directory promoting transparency that helps employees make smarter healthcare choices. The tool matches members with the highest quality, lowest cost in-network providers for their specific needs. Estimated savings for this program are assumed to be in the underlying claims experience. This program is assumed to impact Medicare Advantage Retirees beginning plan year 2022. No additional savings will be included for purposes of the rate setting projection.
- Wondr Health (formerly Naturally Slim): Effective 2021, the State implemented Wondr Health, an online weight loss program that uses informative videos and learning tools to teach



participants how to lose weight and improve their overall health. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.

- eviCore: Effective January 1, 2021, the State implemented eviCore’s Advanced Imaging Solution, which delivers cost savings and improved patient outcomes by guiding members to receive the appropriate test or treatment using prior authorizations and medical necessity reviews. Estimated savings for this program are assumed to be reflected in the underlying claims experience. This program does not impact Medicare Retirees.
- Included Health (Formerly Grand Rounds): Effective April 1, 2021, the State implemented Grand Round’s Expert Medical Second Opinion Solution. The program provides guidance for members to access expert second opinions for health conditions and cases to ensure the right diagnosis and treatment plan while reducing unnecessary procedures and costs. No additional savings are included for purposes of the rate setting projection. This program does not impact Medicare Retirees.

## Vendor Changes

Medical Vendors: Effective January 1, 2020, all self-insured medical plans are administered solely by Horizon. Aon assumes no change in the self-insured medical and fully-insured Medicare Advantage vendors in Plan Year 2023.

Pharmacy Benefit Manager: Effective January 1, 2020, prescription drug benefits for Actives and Retirees are administered by Optum as a result of a 2019 Reverse Auction Bid Solicitation administered by Truveris, Inc. Optum is assumed to administer all of the prescription drug plans in Plan Year 2023.

## Federal Health Care Reform

In-Network Out-of-Pocket Maximum: Effective 1/1/2023, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$9,100 single / \$18,200 family. This benefit change will not have a significant impact on projected costs. The chart below summarizes a history of these out-of-pocket maximums:

Plan Year	Out-of-Pocket Maximum (Single/Family)
2021	\$8,550 / \$17,100
2022	\$8,700 / \$17,400
2023	\$9,100 / \$18,200

Health Insurance Exchanges: The public health insurance exchanges that are mandated by Federal Health Care Reform (which began in 2014), and the State's marketplace effective for coverage in 2021 and later, are assumed to have minimal impact on enrollment or cost levels within the SHBP due to the SHBP low employee contributions and rich benefit designs.

ACA 9010: Section 9010 of the ACA imposed a Health Insurer Fee (HIF) on each covered entity engaged in the business of providing health insurance for United States health risks. The HIF will help fund the federal subsidies given to lower-income families that may not have coverage. On January 22, 2018, Congress passed a spending bill which placed a moratorium on this tax in Plan Year 2019. As of December 20, 2019, the HIF is in place for Plan Year 2020, however this has been repealed beginning Plan Year 2021.

Further Consolidated Appropriations Act, 2020: On December 20, 2019, the President signed an omnibus bill that included a repeal of the excise tax on high-cost employer-sponsored health coverage, the medical device excise tax, and the health insurance providers fee (also known as the health insurance tax). Although the excise tax has been twice delayed, it was scheduled to go into effect in 2022. The medical device excise tax was scheduled to expire on December 31, 2019. The health insurance providers fee had a moratorium placed on it during 2019, will go back into effect in 2020, and will be eliminated permanently beginning in 2021.

Full-Time Employee Definition: The Patient Protection and Affordable Care Act (Affordable Care Act) defines full-time employees as employees who work 30 or more hours per week. The employer mandate, which is applicable to full-time employees, was essentially first effective 1/1/2015. This requirement is not projected to have a cost impact on the SHBP because in general, the State offers coverage to all full-time employees.

Telehealth Expansion Act: Signed 12/21/2021, this bill extends for the next two years the requirement adopted at the outset of the COVID-19 pandemic that health benefits plans reimburse health care providers for telehealth and telemedicine services at the same rate as in-person services, with limited exceptions. The bill reimburses providers for all forms of healthcare, including behavioral health, delivered through telehealth at the same rate as in-person care, and it bans payers from placing restrictions on locations from where services are provided, and the technological platforms used. No additional cost impact is assumed since this program is already in place.

No Surprises Act: Effective 1/1/2022, medical carriers must provide a reasonable estimate of the expected cost of a service before the service is carried out on a patient. This law is designed to regulate the frequency of surprise billings.

United States Preventive Services Task Force on ACA Preventive Service recommendations: Effective 3/1/2022, the recommended age for select preventive cancer screenings is being lowered. This may increase utilization of preventive care but is deemed to have no significant impact on cost in this analysis.

## **New Jersey State Mandates**

NJ COVID-19 Emergency Guidance: During the COVID-19 pandemic, the SHBP is subject to emergency guidance elimination member cost sharing on COVID-19 testing as well as telemedicine services.

New Jersey Reproductive Freedom of Choice Act: Effective 1/13/2022, this legislation codifies the constitutional right to freedom of reproductive choice.

SHBP Firefighter Cancer Screening Act: Effective 1/1/2023, this bill mandates access to cancer screenings for full-time paid firefighters in the State. The bill includes screenings for colon, lung, bladder, oral, thyroid, skin, blood, breast, cervical, testicular, and prostate cancers. The first screening will take place within the first three years of employment and a firefighter is then entitled to a screening every three years thereafter. This mandates access to cancer screenings for firefighters through health care benefits. Cost impact on cancer screenings is estimated to increase SHBP liability by ~\$7 per firefighter (FF) per month. The SHBP currently covers about 90% of cancer screening costs so the \$7 represents paying for 100% of the procedures.

These New Jersey State mandates are not expected to materially impact the projected Local Government Plan Costs and are not reflected in the projected Plan Year 2023 costs and premiums.

## **Eligibility Changes and Other Eligible Members**

### Chapter 375 Coverage of Adult Children

New Jersey currently mandates the coverage of adult children under age 31 at a premium level that is equivalent to the child rate included in the standard premium tables, loaded 2% for additional expenses. The Adult child rate will be approximately 88% of the Single Employee rate. Adult dependent Local Government enrollment is 72 participants as of April 2022.

## **Enrollment Changes**

Exhibit 1A shows historical enrollment patterns from 2020 through 2022 and includes a projection of enrollment from 2022 to 2023. This projection assumes that Local Government Actives is projected to increase 2.0% in Plan Year 2023; Early Retiree enrollment is projected to increase 2.0% in Plan Year 2023; and Medicare Retiree enrollment is projected to increase 2.0% in Plan Year 2023.

Exhibit 1B reflects the distribution of projected Plan Year 2023 enrollment among benefit options. Approximately 59% of Local Government Actives are assumed to be enrolled in the PPO10 plan and 21% of Local Government Actives are assumed to be enrolled in the PPO15 plan. Enrollment

in the HMO10 plan is projected to be approximately 3% of the total Active enrollment. Approximately 85% of Local Government Retirees are assumed to be enrolled in the PPO10 plan or the PPO15 plan. Projected enrollment noted above do not reflect any potential future impacts associated with COVID-19 (i.e. furloughs, layoffs, etc.)

Exhibit 1C shows enrollment by benefit option and coverage tier as of April 2022.

Dependents per Subscriber are based on ratios using Local Government enrollment as of January 2022 and are assumed to remain constant for Plan Year 2023.

## Enrollment Migration to Lower Cost Plans

Local Active Plans: For Local Government Actives, due to the implementation of the CWA Unity, CWA Unity 2019, NJDIRECT PPO, and NJDIRECT 2019 PPO plan options (effective July 1, 2019) and Tiered Network plan options (effective January 1, 2016), it is anticipated that members will choose to migrate to these low cost, high value options in Plan Year 2023 as noted below.

Local Retiree Plans: Chapter 78 does not apply to existing retirees as of 7/1/2011 or to employees who had 20 or more years of service on 7/1/2011. For this reason, we are assuming no changes to retiree contributions for Plan Year 2023, which means that the majority of retirees will continue to have no contribution for the cost of their retiree health benefits. As such, no migration is assumed for Retirees.

## NJDIRECT PPO Enrollment

For Plan Year 2022, it is assumed that the Local Government Active and Early Retiree NJ DIRECT PPO plan enrollment will be based on actual census data through April 2022, as provided by the State.

For Plan Year 2023, it is assumed that 1.0% of Local Government Actives are new hires who enroll in the NJDIRECT 2019 PPO plan.

No other enrollment changes are assumed for the PPO plan options, Legacy HMO plans, and the NJDIRECT PPO plans

## Tiered Network Enrollment

The SHBP Plan Design Committee approved a Tiered Network plan option for SHBP Active Employees, effective January 1, 2016.

The Tiered Network Plan is offered by Horizon. Actual enrollment through of April 2022 will be assumed for Plan Year 2022. Approximately 0.5% of Local Government Active Horizon Legacy

PPO 10 and PPO 15 participants are assumed to migrate to the Tiered Network plan in Plan Year 2023.

## New Retiree Plan Enrollment

Effective June 26, 2019, the State Health Benefits Plan Design Committee approved PDC Resolution 2019-6 which required SHBP Early Retirees to be offered the same plan options as Actives (Tiered Network, NJDIRECT PPO, HD1500 (excluding employer HSA funding)). For Plan Years 2022 and 2023, new retiree plan enrollment will be based on census data provided by the State through April 2022. No additional migration is assumed.

## Active Demographic Changes

The Active Employee average age decreased by 0.1 from Plan Year 2021 to Plan Year 2022. The average HMO Employee age is approximately 2.6 years older than the average PPO employee. The average age of Employees enrolling in the Horizon New Plans is approximately 2.2 years younger than the Employees in the Legacy PPO Plan. Employees enrolled in the NJDIRECT plan option are about 3.4 years younger than employees enrolled in the Legacy PPO plan.

### Average Employee Age

	April 2021	April 2022	Change
Legacy PPO	46.4	46.3	(0.1)
Legacy HMO	48.5	48.9	0.4
Horizon New Plans	43.9	44.1	0.2
NJDIRECT	43.3	42.9	(0.4)
<b>Total</b>	<b>46.1</b>	<b>46.0</b>	<b>(0.1)</b>

# Trend Analysis

The recommended claim trend assumptions for Plan Years 2022 and 2023 are:

	Plan Year 2022		Plan Year 2023	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	6.00%	7.50%	6.00%	7.50%
PPO Early Retirees	6.00%	7.50%	6.00%	7.50%
Self-Insured Medicare Retirees	5.50%	6.00%	5.50%	6.00%
HMO/Tiered Network Actives	6.50%	7.50%	6.50%	7.50%
HMO/Tiered Network Early Retirees	6.00%	7.50%	6.00%	7.50%

\*Does not include anti-selection trend adjustments outlined below.

The Medicare Retiree trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2023 Medicare Advantage premium rates are provided by Aetna and are shown on the following page.

Exhibits 2A and 2B presents historical SHBP trend experience and the recommended trend assumptions for Plan Year 2023 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2020 to December 31, 2021 and have been normalized for estimated benefit and vendor changes.

Recommended trends are developed using vendor recommended trends, national Aon trend guidance (which reflects vendor surveys, Pharmacy Benefit Manager national surveys and other external sources) as well as actual SHBP plan experience adjusted for expected future trends. The vendor recommended trends and national Aon trend guidance are shown in the table below:

Plan Year 2023	Vendor Recommendation		National AON Trend Guidance	
	Horizon	Optum	Medical	Rx
PPO Actives	5.0%	7.3%	6.5%	8.2%
PPO Early Retirees	5.0%	7.5%	6.5%	8.2%
HMO/Tiered Network Actives	5.0%	7.3%	6.5%	8.2%
Self-Insured Medicare Retirees	5.0%	5.6%	5.5%	8.2%

\*Gross trend shown before impact of plan design changes.

\*\*Aon National Guidance trends do not include the impact of plan design leveraging.

## Medical Trends:

- PPO Actives: The PPO Active medical trend is 6.0% in Plan Year 2022, a 0.5% increase from the 5.5% medical trend in the Plan Year 2022 Rate Setting Analysis. The PPO Active medical trend is 6.0% for Plan Year 2023.

- PPO Early Retirees: The Plan Year 2022 Early Retiree PPO medical trend is 6.0%, a 1.0% increase from the Plan Year 2022 Rate Setting Analysis. The Plan Year 2023 medical trend is 6.0%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 5.5% in Plan Years 2022 and 2023, which is a 0.5% increase from the Plan Year 2022 Medicare Retiree medical trend in the Plan Year 2022 Rate Setting Analysis.
- HMO Actives: The Plan Year 2022 HMO Actives medical trend is 6.5%, a 1.5% increase from what was used in the Plan Year 2022 Rate Setting Analysis. The Plan Year 2023 HMO Active medical trend assumption is 6.5%.
- HMO Early Retirees: The Plan Year 2022 HMO Early Retiree medical trend is 6.0%, a 1.0% increase from what was used in the Plan Year 2022 Rate Setting Analysis. The Plan Year 2023 HMO Early Retiree medical trend assumption is 6.0%.

Prescription Drug Trends: Aon recommended trends are based on historical experience trends, the Aon trend survey, input from the Pharmacy Benefit Manager, and industry marketplace trends. Prescription drug trends are higher compared to the Plan Year 2022 Rate Setting Analysis as a result of expected high specialty drug trends.

The Plan Year 2022 prescription drug trend is 7.5% for Actives and Early Retirees and 6.0% for Self-Insured Medicare Retirees, which is a 2.5% increase for Actives, a 2.0% increase for Early Retirees, and a 0.5% increase for Self-Insured Medicare Retirees compared to what was used in the Plan Year 2022 Rate Setting Analysis. The recommended prescription drug trend for Plan Year 2023 is 7.5% for Actives and Early Retirees and 6.0% for Self-Insured Medicare Retirees.

Additional Trend Adjustments: Based on expected entrants and terminations of Local Government employers from the SHBP, the medical and prescription drug trends have been increased by 25 basis points. This adjustment is consistent with long-term expectations and reflects anti-selection risk (employers with good experience are terminating or those with poor experience are joining which will affect the SHBP's overall loss ratio).

Medicare Advantage: The Medicare Advantage rates in Plan Years 2022 and 2023 were provided by Aetna. Below is a table summarizing the fully insured Medicare Advantage per member per month rates for Plan Years 2022 and 2023. Aetna has projected that an \$11.04 PMPM gain-share premium credit may be available to reduce 2023 costs and the rates below reflect that reduction. Costs could be higher if the gain share does not apply. The Plan Year 2023 Medicare Advantage Premium Rates reflect pricing offered by Aetna on June 17, 2022.

**Aetna Monthly Per Member Medicare Advantage Premium Rates**

<b>Local Government</b>	<b>Aetna Medicare Advantage Rates</b>		
	<b>2022</b>	<b>2023</b>	<b>\$ Change</b>
<b>PPO 10</b>	\$ 171.41	\$ 152.47	\$ (18.94)
<b>PPO 15</b>	\$ 154.06	\$ 135.12	\$ (18.94)
<b>HMO 10</b>	\$ 195.54	\$ 176.60	\$ (18.94)
<b>HMO 1525</b>	\$ 161.14	\$ 142.20	\$ (18.94)

\* MA rates shown above do not include additional 2.0% margin. Final premium rates do reflect the additional 2.0% margin.



# Financial Projections

## Aggregate Financial Projections

Using the assumptions and methodology described in this Rate Setting Development section of this analysis, below are the current estimated projected costs for Plan Years 2021, 2022 and 2023.

**Projected Financial Results**  
**(in \$ millions)**

	<b>PPO 10</b>	<b>PPO 15</b>	<b>Legacy HMOs</b>	<b>New Plans*</b>	<b>Total</b>
<b>Plan Year 2021</b>					
Premium Rates x Enrollment	\$997.7	\$293.2	\$59.0	\$175.0	\$1,524.9
Incurred Claims	\$1,124.5	\$307.2	\$67.4	\$187.8	\$1,686.9
Administrative Charges	\$28.2	\$8.8	\$2.1	\$6.8	\$45.9
Net Gain (Loss)	(\$155.0)	(\$22.8)	(\$10.5)	(\$19.6)	(\$207.9)
<b>Plan Year 2022</b>					
Premium Rates x Enrollment	\$1,098.5	\$312.4	\$59.2	\$200.2	\$1,670.3
Incurred Claims	\$1,203.2	\$322.7	\$65.2	\$213.9	\$1,805.0
Administrative Charges	\$33.3	\$10.2	\$2.2	\$8.5	\$54.2
Net Gain (Loss)	(\$138.0)	(\$20.5)	(\$8.2)	(\$22.2)	(\$188.9)
<b>Plan Year 2023</b>					
Premium Rates x Enrollment	\$1,313.1	\$375.6	\$70.1	\$265.3	\$2,024.1
Incurred Claims	\$1,269.1	\$341.6	\$69.0	\$249.1	\$1,928.8
Administrative Charges	\$33.3	\$10.2	\$2.2	\$9.3	\$55.0
Net Gain (Loss)	\$10.7	\$23.8	(\$1.1)	\$6.9	\$40.3

\* The New Plans column includes the NJDIRECT PPO plan effective July 1, 2019 and the new Early Retiree plan options effective January 1, 2021

The current Plan Year 2021 cost has increased approximately \$121.5 million from the projected cost shown in the Plan Year 2022 Rate Setting Analysis. This increase in actual cost vs. premium rates leads to a larger projected loss for Plan Year 2021 of \$207.9 million compared to the projected loss of \$86.6 million in the Plan Year 2022 Rate Setting Analysis.

The current Plan Year 2022 results project a \$188.9 million increase in the loss as compared to the Plan Year 2022 Rate Setting Analysis.

The Plan Year 2023 Rate Setting Analysis is projected to produce a \$40.3 million gain for Local Government Actives and Retirees, reflecting the 2.0% margin added to address the below-target Claims Stabilization Reserve balance. The Plan Year 2023 aggregate projected cost is approximately \$1.9 billion: \$1.3 billion for Actives and \$0.6 billion for Retirees.

More detailed aggregate projections are attached in Exhibit 3. The losses and gains displayed in this table and in Exhibit 3 assume that all premiums are fully funded.

## Financial Gain /(Loss)

### Plan Year 2021

For Plan Year 2021, there was an 8.3% increase in total active plan costs from the results shown in Plan Year 2022 Rate Setting Analysis. This increase in plan cost is primarily a result of the following:

- The projected Plan Year 2021 claims in the Plan Year 2022 Rate Setting Analysis was based on 2020 claims experience. Based on updated incurred 2021 experience paid through March 2022, the total projected active cost increased 6.7%.
  - Calendar Year 2021 PPO medical claims experience shows a 18.0% increase in PMPM claims. The 2022 Rate Setting Analysis estimated a 9.0% trend. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience.
    - Large increases in member utilization were expected in 2021 due to a rebound from COVID-19. However, actual utilization appears to exceed these expectations.
    - Outpatient and Professional visits have increased 26.5% and 18.2%, respectively. Additionally, Specialist visits have increased 16.4%.
    - Emergency Room trend is 17% and Urgent Care trend is 38%.
  - Calendar Year 2021 prescription drug claims experience shows a 3.7% PMPM trend, lower than the 5.25% expected trend from the Plan Year 2022 Rate Setting Analysis.
    - Optum prescription drug reporting shows an 11.0% PMPM trend in Inflammatory conditions and a 9.8% PMPM trend in Diabetes.
    - Drug mix contributed no increase to overall trend, compared to Optum's benchmark of 4.2%.
- The 2022 Rate Setting Analysis was based on Plan Year 2020 billing file enrollment provided by the State. The State has advised that this enrollment was overstated, resulting in an average PMPM 2021 plan cost which was understated by approximately 1.5%. This has been corrected in this Rate Setting Analysis.

- Based on actual rebates provided by the State, Plan Year 2021 active prescription drug rebates increased from the Plan Year 2022 Rate Setting Analysis, reducing projected active costs by 0.2%.
- Differences between expected and actual overhead charges and investment income is expected to increase active costs by 0.3%.

Total estimated retiree cost is projected to increase 6.0% from the Plan Year 2022 Rate Setting Analysis.

- The projected Plan Year 2021 claims in the Plan Year 2022 Rate Setting Analysis was based on 2020 claims experience. Based on updated incurred 2021 experience paid through March 2022, total projected retiree cost increased 3.5%.
  - Calendar Year 2021 PPO claims experience shows a 16.7% increase in Early Retiree PMPM claims. The 2022 Rate Setting Analysis estimated an 8.7% Early Retiree trend. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience.
    - Large increases in member utilization were expected in 2021 due to COVID-19. However, actual utilization appears to exceed these expectations.
    - Outpatient and Professional visits have increased 24.7% and 15.5%, respectively. Specialist visits increased 14.1%.
    - Emergency Room trend is 15% and Urgent Care trend is 35%.
- The 2022 Rate Setting Analysis was based on Plan Year 2020 billing file enrollment provided by the State. The State has advised that this enrollment was overstated, resulting in an average 2021 PMPM plan cost for Local Government Early and Medicare Retirees which was understated by approximately 3.2%. This has been corrected in this Rate Setting Analysis.
- There is a 0.4% decrease in total retiree cost due to updated prescription drug claims experience
  - Calendar Year 2021 total Retiree prescription drug trend is 1.9%, lower than the 5.75% assumed trend in the Plan Year 2022 Rate Setting Analysis, contributing to the decrease in retiree cost.
    - Drug mix contributed to a 1.4% decrease in overall trend, offset by a 3.0% cost trend.

- Calendar Year 2021 prescription drug reporting from Optum shows a 19.9% PMPM trend in inflammatory conditions, and a 7.8% trend in diabetes.
- Based on actual rebates provided by the State, Plan Year 2021 retiree prescription drug rebates increased from the Plan Year 2022 Rate Setting Analysis, reducing projected retiree cost by 1.2%. This is offset by decreases in EGWP credits which increased projected retiree costs by 0.6%.
- Differences between expected and actual overhead charges and investment income is expected to increase active costs by 0.3%.

### **Plan Year 2022**

For Plan Year 2022, total active plan cost is projected to increase 11.4% from the results shown in Plan Year 2022 Rate Setting Analysis. This increase in total active plan cost is primarily a result of the following:

- There is a 7.1% increase in total projected active cost due to updated enrollment and medical and prescription drug claims experience.
  - 2022 estimates shown in the Plan Year 2022 Rate Setting Analysis were understated by approximately 1.5% due to overstated 2020 enrollment provided by the State, as discussed above.
  - Updated medical claims experience in 2021 was higher than expected, as discussed above.
  - Enrollment in the higher cost PPO10 and PPO15 plan options was higher than projected in the Plan Year 2022 Rate Setting Analysis, resulting in higher projected Plan Year 2022 cost.
- The Plan Year 2022 Rate Setting Analysis included additional savings for third party vendor solutions as well as Horizon's Navigation Advocacy program. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience. These estimated savings have been removed from the projection with the exception of HMS. This update is expected to result in a 3.6% increase in projected active costs.
- Trend assumptions used in the Rate Setting Analysis have been increased to reflect the current inflationary environment and other expected factors. Updated trend assumptions are expected to increase projected active costs by 0.7%.

- Based on updated information from Optum, increases in active prescription drug rebates are projected to decrease projected active costs by approximately 0.3%.
- Changes in overhead charges and investment income is expected to increase active costs by 0.3%.

For Retirees, total projected cost increased 8.0% from the results shown in the Plan Year 2022 Rate Setting Analysis. This increase in retiree plan costs is primarily a result of the following:

- Updated claims experience and enrollment resulted in a 3.9% increase in total retiree costs.
  - 2022 estimates shown in the Plan Year 2022 Rate Setting Analysis were understated by approximately 3.2% due to overstated 2020 enrollment provided by the State.
- The Plan Year 2022 Rate Setting Analysis included additional savings for third party vendor solutions as well as Horizon's Navigation Advocacy program. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience. These estimated savings have been removed from the projection with the exception of HMS. This update is expected to result in a 2.8% increase in projected retiree costs.
- Trend assumptions used in the Rate Setting Analysis have been increased to reflect the current inflationary environment and other expected factors. Updated trend assumptions are expected to increase projected retiree costs by 0.9%.
- Changes in overhead charges and investment income is expected to increase retiree costs by 0.3%.
- Based on updated information from Optum, increases in retiree prescription drug rebates are projected to decrease projected retiree costs by approximately 0.6%, offset by EGWP credit reduction which is projected to increase total cost by 0.7%.

## Self-Insured Vendor Administrative Fees and Claim Charges

The sections below show Plan Year 2023 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. Plan Year 2023 Horizon Medical Fees PEPM are assumed to be 5.0% higher compared to 2022. The fees are reported by the vendors in different categories and may appear aggregated within different rows in Exhibit 3, including incurred medical and prescription drug claims, capitation and administrative fees.

### **Horizon Medical PEPM Fees/Charges**

	Plan Year 2023			
	PPO	HMO	HDHP	Tiered
<b>Actives and Early Retirees</b>				
Part 1 Services	\$23.52	\$34.65	\$23.24	\$39.38
Part 2 Services	\$9.45	\$9.45	\$9.45	\$9.45
Medical Management	\$1.16	\$1.16	\$1.16	\$1.16
Disease Management	\$0.42	\$0.42	\$0.42	\$0.42
HSA Banking Fee (Per Account Per Month)	N/A	N/A	\$2.49	N/A
NJWELL*	\$19.95	\$19.95	\$19.95	\$19.95
<b>Medicare Retirees</b>				
Part 1 Services	\$24.15	\$24.15	N/A	N/A
Part 2 Services	\$7.88	\$7.88	N/A	N/A

\*Plan Year 2023 fees are per attributed NJWELL employee and paid on a Per Enrolled Per Month basis. An attributed member is defined as an employee that is engaged in the wellness platform through completion of one or more of the point-achieving activities including, but not limited to, Health Assessment, Biometric Screening, Flu Shots, Telemedicine Wellness/Disease Management Coaching, Online Activities, etc. The NJWELL program includes access to WebMd wellness resources, custom rewards lobby, online tracking tools, monthly webinars, and a comprehensive Health Management portal to track all activities.

Other fees/claim charges that may be included within the incurred medical and prescription drug claims, capitation and administrative fees within Exhibit 3 include but are not limited to:

- NJWELL and Retiree Wellness Program fees (physician attestation forms, gift cards, etc.)
- DPCMH and PCMH administrative fees and capitation amounts
- Claim recovery services

### **Prescription Drug Fees**

Administrative fees charged by Optum for the prescription drug program for Plan Year 2023 are \$5.20 PEPM for Commercial and \$8.00 PMPM for EGWP.

# Rate Setting Development

## Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2021, 2022 and 2023, separately for each PPO, Tiered Network, HMO and High Deductible plan. Costs were projected separately for each benefit plan for Actives, Early Retirees and Medicare Retirees, and for medical claims, prescription drug claims, administrative costs and aggregate premiums.

Plan Year 2023 premium increases were calculated separately for Actives, Early Retirees and Medicare Retirees, and for medical and prescription drug. Horizon experience was used to develop the PPO, HMO, and Tiered Network premium increases, and Optum experience was used for the prescription drug premium increases.

## Projection Assumptions

1. Using 2021 incurred claims data paid through March 2022 supplied by Horizon and Optum, incurred claims were completed for Plan Year 2021, separately for each benefit plan, for medical and prescription drugs and for Actives, Early Retirees and Medicare Retirees.
2. Capitation and other similar fixed claim charges were added to the incurred claims.
3. Estimated incurred claims in Plan Year 2021 were divided by average covered members to get average claims per member per year. Covered members were based on historical monthly census data and adjusted with assumptions for the number of members per coverage tier.
4. Aon's current guidance is to project medical claims using 2021 claims data normalized for the impacts of COVID-19. Estimated 2021 incurred claims used for projecting 2022 and 2023 are adjusted using a blend of actual vs. expected claims experience, Aon National COVID-19 medical claim factors, and Aon North East Regional COVID-19 medical claims factors. The Local Government medical normalization factor for Actives is 1.01, for Early Retirees is 1.01, and for Medicare Retirees is 1.07.
5. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2023 using the annual trend rates listed in the Trend Analysis section of this document.
6. Aggregate claims for Plan Year 2023 are the product of projected enrollment and the projected claims per member.

7. Plan Year 2023 projected Medicare Advantage fully-insured premiums are based on rates provided by Aetna on June 17, 2022.
8. Prescription drug rebates for Plan Year 2021 are based on actual rebate payment data received from the State. Projected rebates for Plan Years 2022 and 2023 are based on data provided by Optum.
9. Prescription drug rebates paid through the medical plan for Plan Year 2021 are based on actual rebate payment data provided by Horizon. Prescription Drug Rebates estimated to be paid through the medical plan for Plan Years 2022 and 2023 are incorporated in the medical claim projections and are based on the actual Plan Year 2021 data provided by and Horizon.
10. EGWP projections include monthly CMS capitation payments per Medicare-eligible Retiree for prescription drug coverage, prescription drug manufacturers' coverage gap reimbursement payments, an annual CMS payment for reinsurance on catastrophic claims, and CMS Low Income Cost Sharing (LICS) payments. These amounts are equal to recommendations from Optum for Plan Years 2021, 2022 and 2023.
  - a. CMS per capita payments: Plan Years 2021, 2022, and 2023 actual and expected CMS per capita payments were provided by Optum. The Plan Year 2023 CMS per capita payment is assumed to be -\$2.72 Per Member Per Month (PMPM).
  - b. Coverage Gap Discount: Plan Years 2021, 2022, and 2023 actual and expected coverage gap payments were provided by Optum. The Plan Year 2023 credits are assumed to be \$96.57 PMPM.
  - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2021 credit is not expected to be fully paid until the beginning of Plan Year 2023. Plan Years 2021, 2022, and 2023 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2023 credits are assumed to be \$105.65 PMPM.
  - d. Low Income Cost Sharing (LICS): Plan Years 2021 and 2022 actual and expected LICS payments were provided by Optum. For Plan Year 2023, the subsidy payment is assumed to be \$1.90 PMPM.
11. Total SHBP projected Plan Year 2023 claim costs are the sum of projected medical and prescription drug claims, capitation charges, payments from CMS related to EGWP Plus Wrap and prescription drug rebates.



12. Due to small enrollment and claims data, Local Government Actives and Local Government Early Retirees NJDIRECT projected claims will be based on PPO15 claims experience adjusted for the expected relative plan cost differences. The Plan Year 2023 premium rates will be developed on a combined basis with all other plan options.
13. Previously, the Tiered Network plan premium change reflected no of actual plan experience due to low enrollment and immature claims. Overtime, enrollment in this plan has grown and claims volatility has decreased. As such, it is recommended that the Tiered Network plan premium change reflects 50.0% actual experience in these plans.
14. Base administrative fees per subscriber per month or per member per month are multiplied by the projected average enrollment for the applicable projection Plan Year. Plan Year 2023 prescription drug administrative fees were provided by Optum. Plan Year 2023 Horizon medical administrative fees are assumed to increase 5% over Plan Year 2022 fees.
15. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$4.5 million for Plan Year 2023. Actual Plan Year 2021 overhead charges were provided by the State and were used to project charges for Plan Year 2023.
16. All other fees and claim charges reported by the vendors have been reflected in the projections.
17. Projected investment income of \$0.4 million was used to reduce projected administrative costs for Plan Year 2023. Actual Plan Year 2021 investment income was provided by the State and was used to project charges for Plan Year 2023.
18. Based on participation in NJWELL, employers are eligible for a 1% discount on their premium rates in the following plan year. Plan Year 2021 participation showed 23 Local Government employers (a total of 482 Employees) were eligible for this discount. The Plan Year 2022 costs have been adjusted to reflect the total number of Employees who will receive the 1% premium discount in Plan Year 2022. 1% of Employees are assumed to be eligible for this discount in Plan Year 2023.

## Claim Stabilization Reserve

1. Active and Retiree premiums include a 2.0% margin, since the projected total Claim Stabilization Reserve for the Local Government Group is expected to be below the recommended level of 2.0 months at the end of Plan Year 2023.
2. Projected Claim Stabilization Reserve at December 31, 2023 is based on the estimated Active and Retiree Claim Stabilization Reserves at June 30, 2021 provided by the Division.

3. The Active Claim Stabilization Reserve can be used to reduce Active premiums and the Retiree Claim Stabilization Reserve can be used to reduce the Retiree premiums. The Local Government Active and Retiree premium rate changes do not reflect a projected reduction in the Claim Stabilization Reserve in Plan Year 2023.

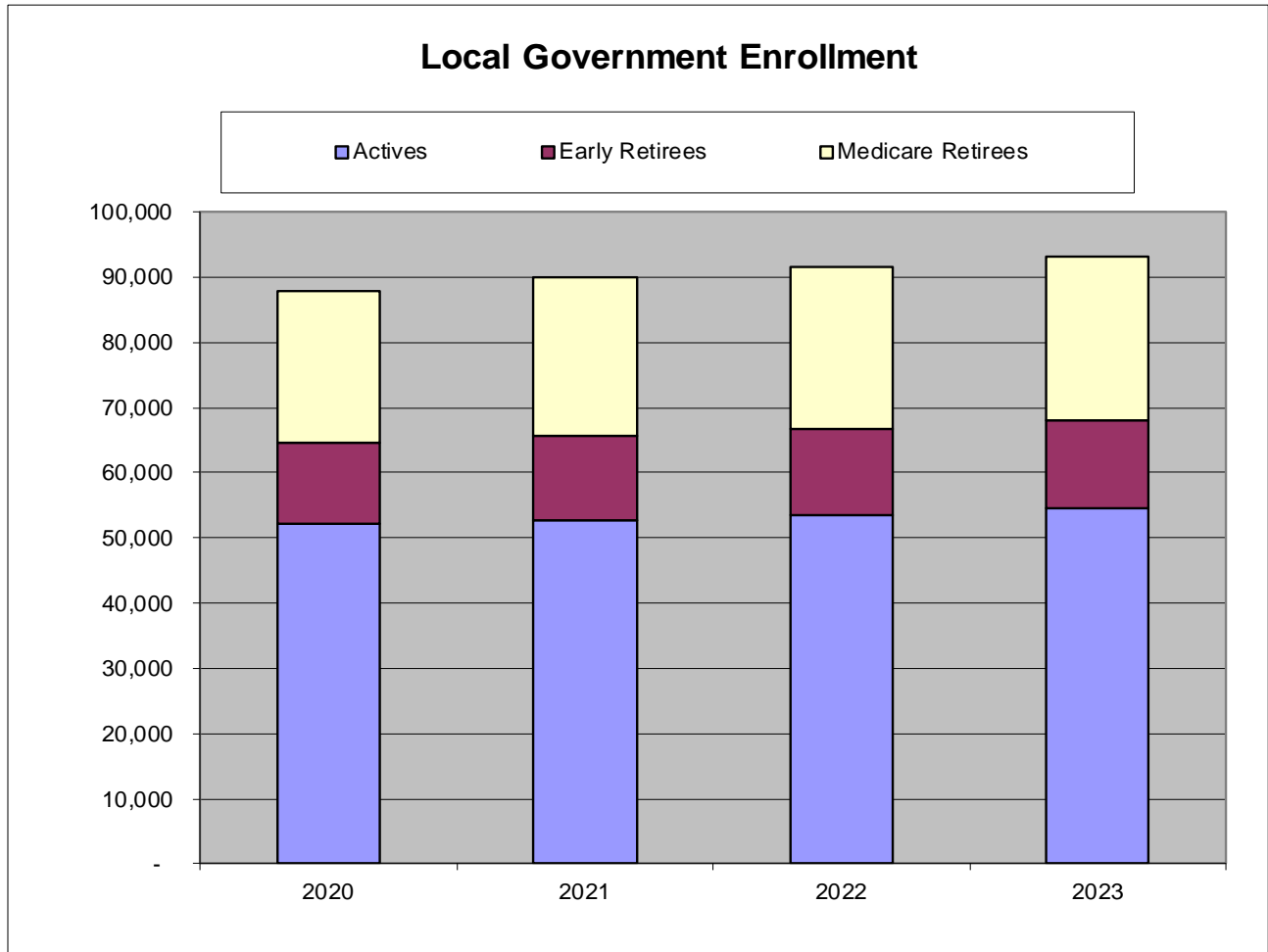
## Projected Premiums

1. Plan Year 2023 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to the Plan Year 2022 premium rates.
2. Aggregate Plan Year 2023 premiums are calculated by multiplying projected Plan Year 2023 enrollment by projected Plan Year 2023 premium rates.

## Data Assumptions

1. Claims: For medical and prescription drug claims, Aon is using claim files from each of the vendors which have claims incurred through December 31, 2021 and paid through March 31, 2022 for all groups.
2. Enrollment: Plan Year 2022 enrollment and Plan Year 2023 projected enrollment is based on actual census data provided by the State through April 2022. Actual calendar year 2021 census data from the Division is used for the 2021 exposure units in the cost analysis.

## Exhibit 1A – Enrollment Projections

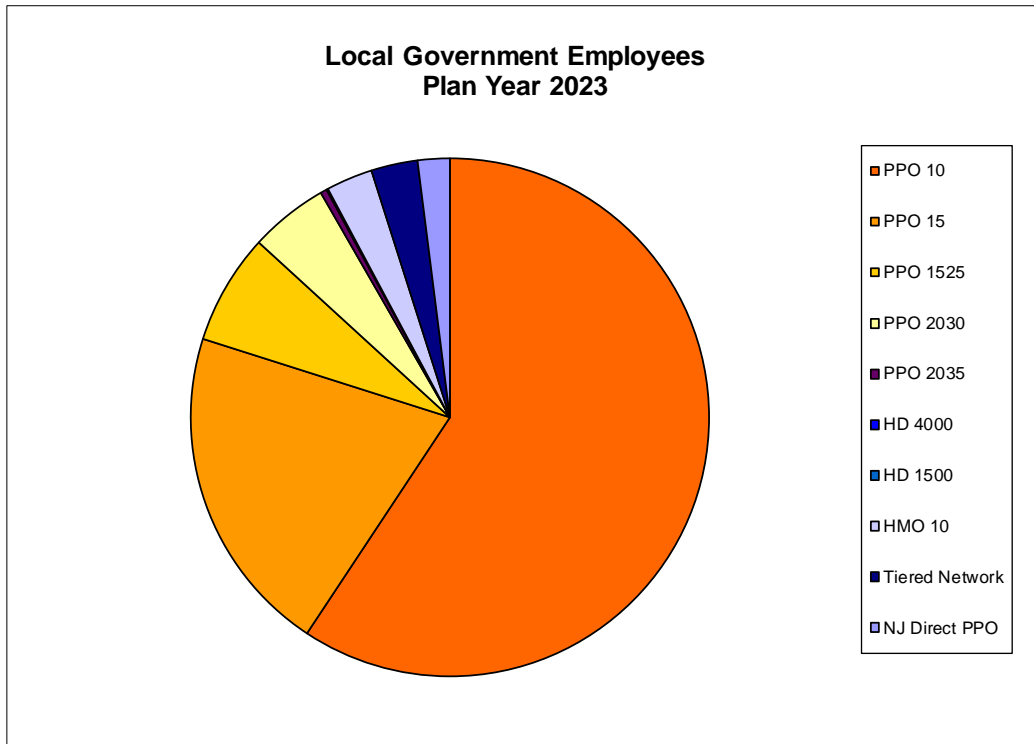


### Annual Change in Enrollment

	Actual 2020 to 2021	Actual 2021 to 2022	Actual* 2022 to 2023
Actives	1.3%	1.2%	2.0%
Early Retirees	3.8%	2.3%	2.0%
Medicare Retirees	3.7%	2.4%	2.0%

\*Projected 2022 enrollment for Active Employees and Retirees was assumed to be consistent with actual census data provided by the State through April 2022.

## Exhibit 1B Actives – Projected Plan Year 2023 Plan Distribution



Assumes approximately 62% of Employees will remain in the \$10 copay plans.

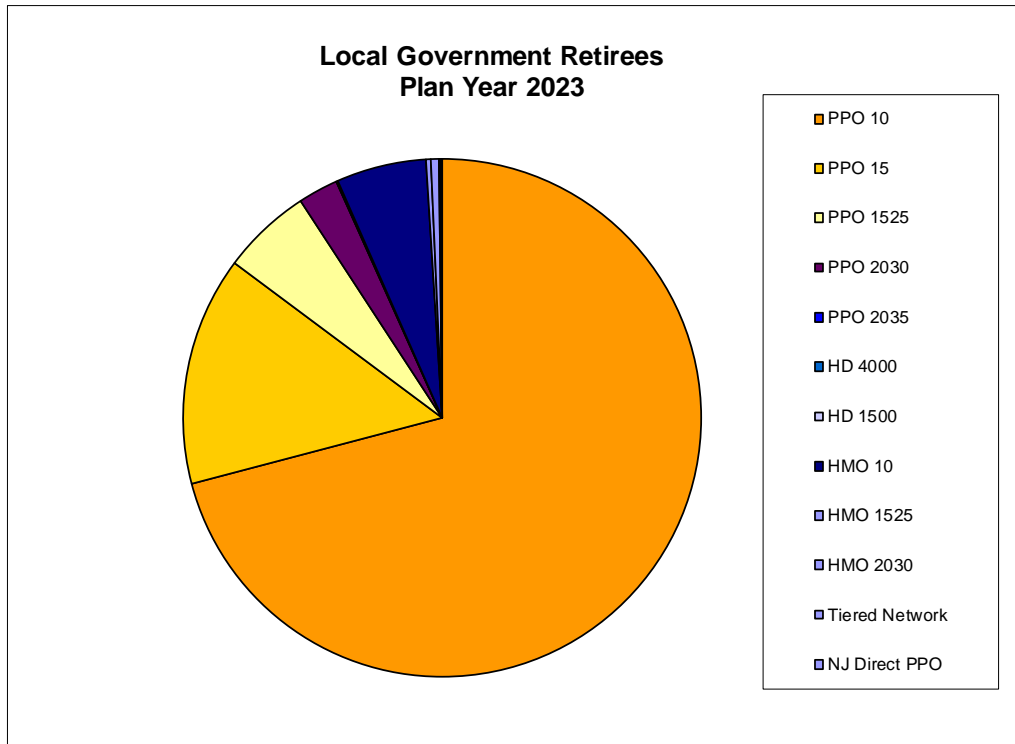
Assumes approximately 94% of Employees will enroll in the PPO plans, 3% in the HMO plans, 3% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 83% of Employees will enroll in the Legacy plans and approximately 17% in the new benefit options.

Actives	Horizon
PPO 10	59.3%
PPO 15	20.6%
PPO 1525	6.9%
PPO 2030	4.9%
PPO 2035	0.4%
HD 4000	0.1%
HD 1500	0.0%
HMO 10	2.9%
Tiered Network	2.9%
NJ Direct PPO	2.0%
<b>Total</b>	<b>100.0%</b>

\*Some plans may show 0.0% enrollment. These plans may include low enrollment which rounds to 0.0%.

**Exhibit 1B Early and Medicare Retirees – Projected Plan Year 2023 Plan  
Distribution**



Assumes approximately 77% of Retirees will remain in the \$10 copay plans.

Assumes approximately 93% of Retirees will enroll in the PPO plans, 6% in the HMO plans, and less than 1% in the High Deductible plan.

Assumes approximately 91% of Retirees will enroll in the Legacy plans and approximately 9% in the new benefit options.

<b>Retirees</b>	<b>Horizon</b>	<b>Aetna*</b>	<b>Total</b>
PPO 10	23.8%	47.1%	70.9%
PPO 15	5.3%	9.0%	14.3%
PPO 1525	5.6%	0.0%	5.6%
PPO 2030	2.5%	0.0%	2.5%
PPO 2035	0.0%	0.0%	0.0%
HD 4000	0.1%	0.0%	0.1%
HD 1500	0.0%	0.0%	0.0%
HMO 10	1.8%	3.8%	5.6%
HMO 1525	0.1%	0.2%	0.3%
HMO 2030	0.5%	0.0%	0.5%
Tiered Network	0.0%	0.1%	0.1%
NJ Direct PPO	<u>0.1%</u>	<u>0.0%</u>	<u>0.1%</u>
<b>Total</b>	<b>39.8%</b>	<b>60.2%</b>	<b>100.0%</b>

\*Some plans may show 0.0% enrollment. These plans may include low enrollment which rounds to 0.0%.

Exhibit 1C Actives - 2022 Enrollment

	2022 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>LOCAL GOVERNMENT - ACTIVE &amp; COBRA</b>					
<b>Medical Plans</b>					
NJ DIRECT10	11,567	4,910	11,270	4,418	32,165
NJ DIRECT15	4,157	1,678	3,969	1,380	11,183
NJ DIRECT1525	1,684	368	972	708	3,732
NJ DIRECT2030	1,041	344	947	330	2,663
NJ DIRECT2035	129	19	43	17	208
NJ DIRECT HD4000	26	2	14	5	47
NJ DIRECT HD1500	9	0	5	1	15
Horizon Legacy HMO (10)	585	223	468	268	1,543
OMNIA Health	673	151	360	145	1,328
NJDIRECT	75	59	112	42	288
NJDIRECT 2019	175	24	46	29	273
<b>Horizon Total</b>	<b>20,120</b>	<b>7,777</b>	<b>18,205</b>	<b>7,343</b>	<b>53,445</b>

Exhibit 1C Early and Medicare Retirees - 2022 Enrollment

	2022 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>LOCAL GOVERNMENT RETIREES</b>					
<b>Medical Plans</b>					
NJ DIRECT10	2,185	2,450	3,479	939	9,053
NJ DIRECT15	542	523	753	198	2,016
NJ DIRECT1525	1,023	797	243	75	2,137
NJ DIRECT2030	175	326	390	64	955
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	11	14	2	1	28
NJ DIRECT HD1500	0	0	0	0	0
Horizon Legacy HMO (10)	221	184	209	72	685
Horizon 1525 HMO	14	15	19	2	50
Horizon 2030 HMO	33	59	94	15	202
OMNIA Health	10	6	7	3	26
NJDIRECT	17	8	11	7	42
<b>Horizon Total</b>	<b>4,230</b>	<b>4,382</b>	<b>5,207</b>	<b>1,375</b>	<b>15,194</b>
Aetna Freedom 10	9,235	7,648	762	280	17,925
Aetna Freedom 15	1,731	1,508	132	49	3,420
Aetna Legacy HMO (10)	775	562	60	38	1,435
Aetna 1525 HMO	18	30	12	0	60
<b>Aetna Total</b>	<b>11,758</b>	<b>9,748</b>	<b>966</b>	<b>368</b>	<b>22,840</b>
<b>Total</b>	<b>15,988</b>	<b>14,130</b>	<b>6,173</b>	<b>1,743</b>	<b>38,033</b>

## Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<b><u>PPO Active</u></b>			
01/01/2020 - 12/31/2020	(9.4%)	(4.7%)	(4.7%)
01/01/2021 - 12/31/2021	18.0%	(5.0%)	23.0%
Average			9.1%
Recommended 2023 Trend Assumption			<b>6.0%</b>

<b><u>PPO Early Retiree</u></b>			
01/01/2020 - 12/31/2020	(15.3%)	(5.4%)	(9.9%)
01/01/2021 - 12/31/2021	16.7%	(5.1%)	21.8%
Average			5.9%
Recommended 2023 Trend Assumption			<b>6.0%</b>

<b><u>HMO Active</u></b>			
01/01/2020 - 12/31/2020	(14.5%)	(2.0%)	(12.5%)
01/01/2021 - 12/31/2021	41.6%	(5.1%)	46.7%
Average			17.1%
Recommended 2023 Trend Assumption			<b>6.5%</b>

<b><u>HMO Early Retiree</u></b>			
01/01/2020 - 12/31/2020	(11.4%)	(3.2%)	(8.2%)
01/01/2021 - 12/31/2021	7.4%	(4.1%)	11.5%
Average			1.6%
Recommended 2023 Trend Assumption			<b>6.0%</b>

### Normalizing Adjustments

7/1/2019: No Coverage Out-Of-Network Routine Lab

1/1/2020: Hospital Discount

1/1/2020: DEVA Audit Results

1/1/2020: Medicare Eligibility Vendor

3/1/2020: Fair Health National

1/1/2021: EviCore

1/1/2021: HMS



## Exhibit 2B – Prescription Drug Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<b>Active Rx</b>			
01/01/2020 - 12/31/2020	2.0%	(3.8%)	5.8%
01/01/2021 - 12/31/2021	3.7%	0.0%	3.7%
Average			4.8%
Recommended 2023 Trend Assumption			<b>7.5%</b>

<b>Early Retiree Rx</b>			
01/01/2020 - 12/31/2020	0.3%	(1.6%)	1.9%
01/01/2021 - 12/31/2021	3.1%	0.0%	3.1%
Average			2.5%
Recommended 2023 Trend Assumption			<b>7.5%</b>

<b>EGWP Rx</b>			
01/01/2020 - 12/31/2020	3.7%	(2.5%)	6.2%
01/01/2021 - 12/31/2021	1.2%	0.0%	1.2%
Average			3.7%
Recommended 2023 Trend Assumption			<b>6.0%</b>

Normalizing Adjustments:

1/1/2020: Rx RFP Results

1/1/2020: DEVA Audit Results

Exhibit 3A – Plan Year 2021 Aggregate Costs

Page 1 of 2

	Legacy Plans							1525		
	Total	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>										
Average Medical Members	198,302	24,408	4,729	103,226	32,869	2,013	6,103	11,910	80	174
Incurred Medical Claims	\$1,385,051,000	\$47,271,000	\$8,175,000	\$871,304,000	\$244,251,000	\$4,435,000	\$48,134,000	\$79,907,000	\$142,000	\$1,023,000
Capitation	\$44,832,000	\$0	\$0	\$27,940,000	\$8,951,000	\$0	\$1,835,000	\$2,682,000	\$0	\$48,000
Incurred Prescription Drug Claims	\$477,463,000	\$142,623,000	\$28,779,000	\$190,980,000	\$52,637,000	\$13,591,000	\$11,541,000	\$18,342,000	\$364,000	\$326,000
Prescription Drug Rebates	(\$141,169,000)	(\$35,654,000)	(\$7,195,000)	(\$62,854,000)	(\$17,235,000)	(\$3,398,000)	(\$4,966,000)	(\$4,966,000)	(\$91,000)	(\$99,000)
EGWP Credits	(\$79,194,000)	(\$57,116,000)	(\$11,067,000)	\$0	\$0	(\$4,710,000)	(\$198,000)	(\$5,141,000)	(\$186,000)	(\$57,000)
Administrative Fees	\$45,887,000	\$3,129,000	\$606,000	\$25,092,000	\$8,154,000	\$259,000	\$1,876,000	\$3,177,000	\$10,000	\$44,000
Total Cost	\$1,732,870,000	\$100,253,000	\$19,298,000	\$1,052,462,000	\$296,758,000	\$10,177,000	\$59,388,000	\$94,001,000	\$239,000	\$1,285,000
Total Premium	\$1,524,949,000	\$105,349,000	\$19,428,000	\$892,391,000	\$273,785,000	\$9,949,000	\$49,078,000	\$81,635,000	\$326,000	\$1,050,000
Gain (Loss)	(\$207,921,000)	\$5,096,000	\$130,000	(\$160,071,000)	(\$22,973,000)	(\$228,000)	(\$10,310,000)	(\$12,366,000)	\$87,000	(\$235,000)
<b>Employees</b>										
Average Medical Members	127,406	N/A	N/A	77,673	27,479	N/A	4,119	8,343	N/A	N/A
Incurred Medical Claims	\$988,143,000	N/A	N/A	\$637,044,000	\$198,930,000	N/A	\$31,407,000	\$60,601,000	N/A	N/A
Capitation	\$34,870,000	N/A	N/A	\$21,198,000	\$7,516,000	N/A	\$1,255,000	\$2,266,000	N/A	N/A
Incurred Prescription Drug Claims	\$189,714,000	N/A	N/A	\$129,633,000	\$39,901,000	N/A	\$6,399,000	\$2,290,000	N/A	N/A
Prescription Drug Rebates	(\$61,140,000)	N/A	N/A	(\$41,777,000)	(\$12,859,000)	N/A	(\$2,062,000)	(\$738,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$32,487,000	N/A	N/A	\$19,301,000	\$6,902,000	N/A	\$1,293,000	\$2,140,000	N/A	N/A
Total Cost	\$1,184,074,000	N/A	N/A	\$765,399,000	\$240,390,000	N/A	\$38,292,000	\$66,559,000	N/A	N/A
Total Premium	\$1,084,601,000	N/A	N/A	\$684,980,000	\$231,586,000	N/A	\$34,349,000	\$61,794,000	N/A	N/A
Gain (Loss)	(\$99,473,000)	N/A	N/A	(\$80,419,000)	(\$8,804,000)	N/A	(\$3,943,000)	(\$4,765,000)	N/A	N/A
<b>Early Retirees</b>										
Average Medical Members	37,053	N/A	N/A	25,553	5,390	N/A	1,899	1,370	N/A	150
Incurred Medical Claims	\$331,028,000	N/A	N/A	\$234,260,000	\$45,321,000	N/A	\$16,493,000	\$14,306,000	N/A	\$992,000
Capitation	\$9,881,000	N/A	N/A	\$6,742,000	\$1,435,000	N/A	\$557,000	\$374,000	N/A	\$46,000
Incurred Prescription Drug Claims	\$86,492,000	N/A	N/A	\$61,347,000	\$12,736,000	N/A	\$4,834,000	\$2,306,000	N/A	\$192,000
Prescription Drug Rebates	(\$29,717,000)	N/A	N/A	(\$21,077,000)	(\$4,376,000)	N/A	(\$1,661,000)	(\$792,000)	N/A	(\$66,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,472,000	N/A	N/A	\$5,791,000	\$1,252,000	N/A	\$548,000	\$260,000	N/A	\$33,000
Total Cost	\$406,156,000	N/A	N/A	\$287,063,000	\$56,368,000	N/A	\$20,771,000	\$16,454,000	N/A	\$1,197,000
Total Premium	\$293,160,000	N/A	N/A	\$207,411,000	\$42,199,000	N/A	\$14,245,000	\$9,712,000	N/A	\$921,000
Gain (Loss)	(\$112,996,000)	N/A	N/A	(\$80,652,000)	(\$14,169,000)	N/A	(\$6,526,000)	(\$6,742,000)	N/A	(\$276,000)
<b>Medicare Retirees</b>										
Average Medical Members	33,843	24,408	4,729	N/A	N/A	2,013	85	2,197	80	24
Incurred Medical Claims	\$65,880,000	\$47,271,000	\$8,175,000	N/A	N/A	\$4,435,000	\$234,000	\$5,000,000	\$142,000	\$31,000
Capitation	\$81,000	\$0	\$0	N/A	N/A	\$0	\$23,000	\$42,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$201,257,000	\$142,623,000	\$28,779,000	N/A	N/A	\$13,591,000	\$308,000	\$13,746,000	\$364,000	\$134,000
Prescription Drug Rebates	(\$50,312,000)	(\$35,654,000)	(\$7,195,000)	N/A	N/A	(\$3,398,000)	(\$77,000)	(\$3,436,000)	(\$91,000)	(\$33,000)
EGWP Credits	(\$79,194,000)	(\$57,116,000)	(\$11,067,000)	N/A	N/A	(\$4,710,000)	(\$198,000)	(\$5,141,000)	(\$186,000)	(\$57,000)
Administrative Fees	\$4,928,000	\$3,129,000	\$606,000	N/A	N/A	\$259,000	\$35,000	\$777,000	\$10,000	\$11,000
Total Cost	\$142,640,000	\$100,253,000	\$19,298,000	N/A	N/A	\$10,177,000	\$325,000	\$10,988,000	\$239,000	\$88,000
Total Premium	\$147,188,000	\$105,349,000	\$19,428,000	N/A	N/A	\$9,949,000	\$484,000	\$10,129,000	\$326,000	\$129,000
Gain (Loss)	\$4,548,000	\$5,096,000	\$130,000	N/A	N/A	(\$228,000)	\$159,000	(\$859,000)	\$87,000	\$41,000

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3A – Plan Year 2021 Aggregate Costs

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	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT	Horizon NJ DIRECT 2019
<b>Employees and Retirees</b>								
Average Medical Members	7,893	586	414	147	18	2,695	682	355
Incurred Medical Claims	\$55,932,000	\$3,583,000	\$2,218,000	\$508,000	\$37,000	\$12,709,000	\$4,027,000	\$1,395,000
Capitation	\$2,078,000	\$175,000	\$67,000	\$37,000	\$5,000	\$748,000	\$179,000	\$87,000
Incurred Prescription Drug Claims	\$11,359,000	\$1,448,000	\$479,000	\$98,000	\$22,000	\$3,193,000	\$1,470,000	\$211,000
Prescription Drug Rebates	(\$3,636,000)	(\$461,000)	(\$154,000)	(\$33,000)	(\$7,000)	(\$1,031,000)	(\$487,000)	(\$68,000)
EGWP Credits	(\$662,000)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,899,000	\$154,000	\$143,000	\$45,000	\$5,000	\$1,012,000	\$158,000	\$124,000
Total Cost	\$66,970,000	\$4,842,000	\$2,753,000	\$655,000	\$62,000	\$16,631,000	\$5,347,000	\$1,749,000
Total Premium	\$57,958,000	\$3,858,000	\$2,983,000	\$717,000	\$122,000	\$17,906,000	\$5,407,000	\$3,007,000
Gain (Loss)	(\$9,012,000)	(\$984,000)	\$230,000	\$62,000	\$60,000	\$1,275,000	\$60,000	\$1,258,000
<b>Employees</b>								
Average Medical Members	5,627	N/A	414	100	18	2,655	623	355
Incurred Medical Claims	\$40,686,000	N/A	\$2,218,000	\$244,000	\$37,000	\$12,558,000	\$3,023,000	\$1,395,000
Capitation	\$1,537,000	N/A	\$67,000	\$26,000	\$5,000	\$737,000	\$176,000	\$87,000
Incurred Prescription Drug Claims	\$6,696,000	N/A	\$479,000	\$58,000	\$22,000	\$3,139,000	\$886,000	\$211,000
Prescription Drug Rebates	(\$2,158,000)	N/A	(\$154,000)	(\$19,000)	(\$7,000)	(\$1,012,000)	(\$286,000)	(\$68,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,407,000	N/A	\$143,000	\$30,000	\$5,000	\$999,000	\$143,000	\$124,000
Total Cost	\$48,168,000	N/A	\$2,753,000	\$339,000	\$62,000	\$16,421,000	\$3,942,000	\$1,749,000
Total Premium	\$42,699,000	N/A	\$2,983,000	\$473,000	\$122,000	\$17,633,000	\$4,975,000	\$3,007,000
Gain (Loss)	(\$5,469,000)	N/A	\$230,000	\$134,000	\$60,000	\$1,212,000	\$1,033,000	\$1,258,000
<b>Early Retirees</b>								
Average Medical Members	1,983	562	N/A	47	N/A	40	59	N/A
Incurred Medical Claims	\$14,764,000	\$3,473,000	N/A	\$264,000	N/A	\$151,000	\$1,004,000	N/A
Capitation	\$534,000	\$168,000	N/A	\$11,000	N/A	\$11,000	\$3,000	N/A
Incurred Prescription Drug Claims	\$3,336,000	\$1,063,000	N/A	\$40,000	N/A	\$54,000	\$584,000	N/A
Prescription Drug Rebates	(\$1,146,000)	(\$365,000)	N/A	(\$14,000)	N/A	(\$19,000)	(\$201,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A
Administrative Fees	\$403,000	\$142,000	N/A	\$15,000	N/A	\$13,000	\$15,000	N/A
Total Cost	\$17,891,000	\$4,481,000	N/A	\$316,000	N/A	\$210,000	\$1,405,000	N/A
Total Premium	\$13,990,000	\$3,733,000	N/A	\$244,000	N/A	\$273,000	\$432,000	N/A
Gain (Loss)	(\$3,901,000)	(\$748,000)	N/A	(\$72,000)	N/A	\$63,000	(\$973,000)	N/A
<b>Medicare Retirees</b>								
Average Medical Members	283	24	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$482,000	\$110,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$7,000	\$7,000	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$1,327,000	\$385,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$332,000)	(\$96,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$662,000)	(\$57,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$89,000	\$12,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$911,000	\$361,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$1,269,000	\$125,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	\$358,000	(\$236,000)	N/A	N/A	N/A	N/A	N/A	N/A

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3B – Plan Year 2022 Aggregate Costs

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	Total	Legacy Plans						1525		
		Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>										
Average Medical Members	200,243	25,129	4,822	103,967	32,584	1,915	5,480	11,905	82	162
Incurred Medical Claims	\$1,473,979,000	\$51,688,000	\$8,914,000	\$924,952,000	\$254,701,000	\$4,494,000	\$45,669,000	\$84,153,000	\$159,000	\$1,003,000
Capitation	\$47,922,000	\$0	\$0	\$29,898,000	\$9,426,000	\$0	\$1,755,000	\$2,824,000	\$0	\$47,000
Incurred Prescription Drug Claims	\$518,476,000	\$156,011,000	\$31,174,000	\$207,232,000	\$56,348,000	\$13,741,000	\$11,310,000	\$20,300,000	\$401,000	\$323,000
Prescription Drug Rebates	(\$153,716,000)	(\$37,948,000)	(\$7,583,000)	(\$69,506,000)	(\$18,905,000)	(\$3,342,000)	(\$3,759,000)	(\$5,408,000)	(\$98,000)	(\$96,000)
EGWP Credits	(\$81,723,000)	(\$59,180,000)	(\$11,355,000)	N/A	N/A	(\$4,510,000)	(\$214,000)	(\$5,379,000)	(\$194,000)	(\$53,000)
Administrative Fees	\$54,232,000	\$3,241,000	\$621,000	\$30,103,000	\$9,597,000	\$248,000	\$1,945,000	\$3,823,000	\$11,000	\$44,000
Total Cost	\$1,859,170,000	\$113,812,000	\$21,771,000	\$1,122,679,000	\$311,167,000	\$10,631,000	\$56,706,000	\$100,313,000	\$279,000	\$1,268,000
Total Premium	\$1,670,283,000	\$114,918,000	\$21,046,000	\$983,583,000	\$291,389,000	\$10,042,000	\$49,128,000	\$87,769,000	\$360,000	\$1,228,000
Gain (Loss)	(\$188,887,000)	\$1,106,000	(\$725,000)	(\$139,096,000)	(\$19,778,000)	(\$589,000)	(\$7,578,000)	(\$12,544,000)	\$81,000	(\$40,000)
<b>Employees</b>										
Average Medical Members	127,900	N/A	N/A	78,144	27,035	N/A	3,609	8,180	N/A	N/A
Incurred Medical Claims	\$1,047,120,000	N/A	N/A	\$674,731,000	\$205,469,000	N/A	\$29,076,000	\$62,335,000	N/A	N/A
Capitation	\$37,177,000	N/A	N/A	\$22,659,000	\$7,856,000	N/A	\$1,174,000	\$2,360,000	N/A	N/A
Incurred Prescription Drug Claims	\$205,360,000	N/A	N/A	\$140,432,000	\$42,221,000	N/A	\$6,077,000	\$2,505,000	N/A	N/A
Prescription Drug Rebates	(\$68,975,000)	N/A	N/A	(\$47,167,000)	(\$14,181,000)	N/A	(\$2,041,000)	(\$841,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$38,806,000	N/A	N/A	\$23,191,000	\$8,065,000	N/A	\$1,312,000	\$2,538,000	N/A	N/A
Total Cost	\$1,259,488,000	N/A	N/A	\$813,846,000	\$249,430,000	N/A	\$35,598,000	\$68,897,000	N/A	N/A
Total Premium	\$1,116,872,000	N/A	N/A	\$707,949,000	\$234,124,000	N/A	\$30,876,000	\$61,887,000	N/A	N/A
Gain (Loss)	(\$142,616,000)	N/A	N/A	(\$105,897,000)	(\$15,306,000)	N/A	(\$4,722,000)	(\$7,010,000)	N/A	N/A
<b>Early Retirees</b>										
Average Medical Members	37,641	N/A	N/A	25,823	5,549	N/A	1,780	1,441	N/A	139
Incurred Medical Claims	\$354,657,000	N/A	N/A	\$250,221,000	\$49,232,000	N/A	\$16,309,000	\$15,945,000	N/A	\$971,000
Capitation	\$10,655,000	N/A	N/A	\$7,239,000	\$1,570,000	N/A	\$555,000	\$418,000	N/A	\$45,000
Incurred Prescription Drug Claims	\$94,078,000	N/A	N/A	\$66,800,000	\$14,127,000	N/A	\$4,881,000	\$2,613,000	N/A	\$191,000
Prescription Drug Rebates	(\$31,461,000)	N/A	N/A	(\$22,339,000)	(\$4,724,000)	N/A	(\$1,632,000)	(\$874,000)	N/A	(\$64,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,172,000	N/A	N/A	\$6,912,000	\$1,532,000	N/A	\$600,000	\$330,000	N/A	\$34,000
Total Cost	\$438,101,000	N/A	N/A	\$308,833,000	\$61,737,000	N/A	\$20,713,000	\$18,432,000	N/A	\$1,177,000
Total Premium	\$392,057,000	N/A	N/A	\$275,634,000	\$57,265,000	N/A	\$17,639,000	\$13,497,000	N/A	\$1,129,000
Gain (Loss)	(\$46,044,000)	N/A	N/A	(\$33,199,000)	(\$4,472,000)	N/A	(\$3,074,000)	(\$4,935,000)	N/A	(\$48,000)
<b>Medicare Retirees</b>										
Average Medical Members	34,701	25,129	4,822	N/A	N/A	1,915	91	2,284	82	23
Incurred Medical Claims	\$72,202,000	\$51,688,000	\$8,914,000	N/A	N/A	\$4,494,000	\$284,000	\$5,873,000	\$159,000	\$32,000
Capitation	\$90,000	\$0	\$0	N/A	N/A	\$0	\$26,000	\$46,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$219,038,000	\$156,011,000	\$31,174,000	N/A	N/A	\$13,741,000	\$352,000	\$15,182,000	\$401,000	\$132,000
Prescription Drug Rebates	(\$53,280,000)	(\$37,948,000)	(\$7,583,000)	N/A	N/A	(\$3,342,000)	(\$86,000)	(\$3,693,000)	(\$98,000)	(\$32,000)
EGWP Credits	(\$81,723,000)	(\$59,180,000)	(\$11,355,000)	N/A	N/A	(\$4,510,000)	(\$214,000)	(\$5,379,000)	(\$194,000)	(\$53,000)
Administrative Fees	\$5,254,000	\$3,241,000	\$621,000	N/A	N/A	\$248,000	\$33,000	\$955,000	\$11,000	\$10,000
Total Cost	\$161,581,000	\$113,812,000	\$21,771,000	N/A	N/A	\$10,631,000	\$395,000	\$12,984,000	\$279,000	\$91,000
Total Premium	\$161,354,000	\$114,918,000	\$21,046,000	N/A	N/A	\$10,042,000	\$613,000	\$12,385,000	\$360,000	\$99,000
Gain (Loss)	(\$227,000)	\$1,106,000	(\$725,000)	N/A	N/A	(\$589,000)	\$218,000	(\$599,000)	\$81,000	\$8,000

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3B – Plan Year 2022 Aggregate Costs

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	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT	Horizon NJ DIRECT 2019
<b>Employees and Retirees</b>								
Average Medical Members	8,900	559	383	147	31	2,853	843	481
Incurred Medical Claims	\$66,316,000	\$3,600,000	\$2,103,000	\$436,000	\$17,000	\$16,818,000	\$5,730,000	\$3,226,000
Capitation	\$2,487,000	\$178,000	\$59,000	\$39,000	\$9,000	\$846,000	\$229,000	\$125,000
Incurred Prescription Drug Claims	\$13,252,000	\$1,478,000	\$482,000	\$70,000	\$41,000	\$4,116,000	\$1,428,000	\$769,000
Prescription Drug Rebates	(\$4,292,000)	(\$460,000)	(\$162,000)	(\$23,000)	(\$14,000)	(\$1,382,000)	(\$480,000)	(\$258,000)
EGWP Credits	(\$784,000)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,556,000	\$166,000	\$152,000	\$57,000	\$11,000	\$1,220,000	\$239,000	\$198,000
Total Cost	\$79,535,000	\$4,908,000	\$2,634,000	\$579,000	\$64,000	\$21,618,000	\$7,146,000	\$4,060,000
Total Premium	\$71,534,000	\$4,862,000	\$2,820,000	\$826,000	\$219,000	\$19,403,000	\$6,971,000	\$4,185,000
Gain (Loss)	(\$8,001,000)	(\$46,000)	\$186,000	\$247,000	\$155,000	(\$2,215,000)	(\$175,000)	\$125,000
<b>Employees</b>								
Average Medical Members	6,391	N/A	383	98	31	2,796	752	481
Incurred Medical Claims	\$48,589,000	N/A	\$2,103,000	\$150,000	\$17,000	\$16,415,000	\$5,009,000	\$3,226,000
Capitation	\$1,855,000	N/A	\$59,000	\$27,000	\$9,000	\$830,000	\$223,000	\$125,000
Incurred Prescription Drug Claims	\$7,647,000	N/A	\$482,000	\$25,000	\$41,000	\$3,968,000	\$1,193,000	\$769,000
Prescription Drug Rebates	(\$2,569,000)	N/A	(\$162,000)	(\$8,000)	(\$14,000)	(\$1,333,000)	(\$401,000)	(\$258,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,897,000	N/A	\$152,000	\$36,000	\$11,000	\$1,197,000	\$209,000	\$198,000
Total Cost	\$57,419,000	N/A	\$2,634,000	\$230,000	\$64,000	\$21,077,000	\$6,233,000	\$4,060,000
Total Premium	\$49,380,000	N/A	\$2,820,000	\$463,000	\$219,000	\$18,905,000	\$6,064,000	\$4,185,000
Gain (Loss)	(\$8,039,000)	N/A	\$186,000	\$233,000	\$155,000	(\$2,172,000)	(\$169,000)	\$125,000
<b>Early Retirees</b>								
Average Medical Members	2,176	536	N/A	49	N/A	57	91	N/A
Incurred Medical Claims	\$17,086,000	\$3,483,000	N/A	\$286,000	N/A	\$403,000	\$721,000	N/A
Capitation	\$623,000	\$171,000	N/A	\$12,000	N/A	\$16,000	\$6,000	N/A
Incurred Prescription Drug Claims	\$3,945,000	\$1,093,000	N/A	\$45,000	N/A	\$148,000	\$235,000	N/A
Prescription Drug Rebates	(\$1,319,000)	(\$366,000)	N/A	(\$15,000)	N/A	(\$49,000)	(\$79,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$534,000	\$156,000	N/A	\$21,000	N/A	\$23,000	\$30,000	N/A
Total Cost	\$20,869,000	\$4,537,000	N/A	\$349,000	N/A	\$541,000	\$913,000	N/A
Total Premium	\$20,403,000	\$4,722,000	N/A	\$363,000	N/A	\$498,000	\$907,000	N/A
Gain (Loss)	(\$466,000)	\$185,000	N/A	\$14,000	N/A	(\$43,000)	(\$6,000)	N/A
<b>Medicare Retirees</b>								
Average Medical Members	333	23	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$641,000	\$117,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$9,000	\$7,000	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$1,660,000	\$385,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$404,000)	(\$94,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$784,000)	(\$54,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$125,000	\$10,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$1,247,000	\$371,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$1,751,000	\$140,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	\$504,000	(\$231,000)	N/A	N/A	N/A	N/A	N/A	N/A

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3C – Plan Year 2023 Aggregate Costs

	Legacy Plans							1525		
	Total	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>										
Average Medical Members	203,826	25,631	4,918	104,852	32,822	1,953	5,552	12,059	84	164
Incurred Medical Claims	\$1,585,106,000	\$46,896,000	\$7,974,000	\$994,818,000	\$273,770,000	\$4,140,000	\$49,506,000	\$90,834,000	\$143,000	\$1,091,000
Capitation	\$51,792,000	\$0	\$0	\$32,033,000	\$10,089,000	\$0	\$1,896,000	\$3,035,000	\$0	\$51,000
Incurred Prescription Drug Claims	\$564,492,000	\$169,077,000	\$33,785,000	\$214,417,000	\$59,491,000	\$14,892,000	\$11,953,000	\$33,359,000	\$435,000	\$353,000
Prescription Drug Rebates	(\$187,074,000)	(\$43,953,000)	(\$8,783,000)	(\$82,197,000)	(\$22,786,000)	(\$3,871,000)	(\$4,541,000)	(\$10,746,000)	(\$113,000)	(\$118,000)
EGWP Credits	(\$85,545,000)	(\$61,947,000)	(\$11,886,000)	N/A	N/A	(\$4,721,000)	(\$224,000)	(\$5,631,000)	(\$203,000)	(\$56,000)
Administrative Fees	\$55,042,000	\$3,329,000	\$638,000	\$29,977,000	\$9,561,000	\$255,000	\$1,969,000	\$4,018,000	\$11,000	\$45,000
Total Cost	\$1,983,813,000	\$113,402,000	\$21,728,000	\$1,189,048,000	\$330,125,000	\$10,695,000	\$60,559,000	\$114,869,000	\$273,000	\$1,366,000
Total Premium	\$2,024,085,000	\$117,366,000	\$21,475,000	\$1,195,763,000	\$354,151,000	\$10,324,000	\$59,819,000	\$114,583,000	\$367,000	\$1,572,000
Gain (Loss)	\$40,272,000	\$3,964,000	(\$253,000)	\$6,715,000	\$24,026,000	(\$371,000)	(\$740,000)	(\$286,000)	\$94,000	\$206,000
<b>Employees</b>										
Average Medical Members	130,037	N/A	N/A	78,512	27,162	N/A	3,644	8,260	N/A	N/A
Incurred Medical Claims	\$1,133,005,000	N/A	N/A	\$722,892,000	\$220,248,000	N/A	\$31,470,000	\$67,182,000	N/A	N/A
Capitation	\$40,148,000	N/A	N/A	\$24,188,000	\$8,387,000	N/A	\$1,266,000	\$2,532,000	N/A	N/A
Incurred Prescription Drug Claims	\$223,712,000	N/A	N/A	\$141,001,000	\$43,964,000	N/A	\$6,208,000	\$14,033,000	N/A	N/A
Prescription Drug Rebates	(\$85,445,000)	N/A	N/A	(\$53,853,000)	(\$16,792,000)	N/A	(\$2,371,000)	(\$5,360,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$39,286,000	N/A	N/A	\$22,963,000	\$8,007,000	N/A	\$1,320,000	\$2,675,000	N/A	N/A
Total Cost	\$1,350,706,000	N/A	N/A	\$857,191,000	\$263,814,000	N/A	\$37,893,000	\$81,062,000	N/A	N/A
Total Premium	\$1,378,206,000	N/A	N/A	\$856,953,000	\$284,620,000	N/A	\$37,431,000	\$84,079,000	N/A	N/A
Gain (Loss)	\$27,500,000	N/A	N/A	(\$238,000)	\$20,806,000	N/A	(\$462,000)	\$3,017,000	N/A	N/A
<b>Early Retirees</b>										
Average Medical Members	38,394	N/A	N/A	26,340	5,660	N/A	1,815	1,469	N/A	141
Incurred Medical Claims	\$385,456,000	N/A	N/A	\$271,926,000	\$53,522,000	N/A	\$17,730,000	\$17,318,000	N/A	\$1,056,000
Capitation	\$11,547,000	N/A	N/A	\$7,845,000	\$1,702,000	N/A	\$602,000	\$453,000	N/A	\$49,000
Incurred Prescription Drug Claims	\$103,397,000	N/A	N/A	\$73,416,000	\$15,527,000	N/A	\$5,364,000	\$2,872,000	N/A	\$210,000
Prescription Drug Rebates	(\$39,919,000)	N/A	N/A	(\$28,344,000)	(\$5,994,000)	N/A	(\$2,071,000)	(\$1,109,000)	N/A	(\$81,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,327,000	N/A	N/A	\$7,014,000	\$1,554,000	N/A	\$614,000	\$334,000	N/A	\$35,000
Total Cost	\$470,808,000	N/A	N/A	\$331,857,000	\$66,311,000	N/A	\$22,239,000	\$19,868,000	N/A	\$1,269,000
Total Premium	\$480,294,000	N/A	N/A	\$338,810,000	\$69,531,000	N/A	\$21,732,000	\$17,240,000	N/A	\$1,465,000
Gain (Loss)	\$9,486,000	N/A	N/A	\$6,953,000	\$3,220,000	N/A	(\$507,000)	(\$2,628,000)	N/A	\$196,000
<b>Medicare Retirees</b>										
Average Medical Members	35,395	25,631	4,918	N/A	N/A	1,953	93	2,330	84	23
Incurred Medical Claims	\$66,645,000	\$46,896,000	\$7,974,000	N/A	N/A	\$4,140,000	\$306,000	\$6,334,000	\$143,000	\$35,000
Capitation	\$97,000	\$0	\$0	N/A	N/A	\$0	\$28,000	\$50,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$237,383,000	\$169,077,000	\$33,785,000	N/A	N/A	\$14,892,000	\$381,000	\$16,454,000	\$435,000	\$143,000
Prescription Drug Rebates	(\$61,710,000)	(\$43,953,000)	(\$8,783,000)	N/A	N/A	(\$3,871,000)	(\$99,000)	(\$4,277,000)	(\$113,000)	(\$37,000)
EGWP Credits	(\$85,545,000)	(\$61,947,000)	(\$11,886,000)	N/A	N/A	(\$4,721,000)	(\$224,000)	(\$5,631,000)	(\$203,000)	(\$56,000)
Administrative Fees	\$5,429,000	\$3,329,000	\$638,000	N/A	N/A	\$255,000	\$35,000	\$1,009,000	\$11,000	\$10,000
Total Cost	\$162,299,000	\$113,402,000	\$21,728,000	N/A	N/A	\$10,695,000	\$427,000	\$13,939,000	\$273,000	\$97,000
Total Premium	\$165,585,000	\$117,366,000	\$21,475,000	N/A	N/A	\$10,324,000	\$656,000	\$13,264,000	\$367,000	\$107,000
Gain (Loss)	\$3,286,000	\$3,964,000	(\$253,000)	N/A	N/A	(\$371,000)	\$229,000	(\$675,000)	\$94,000	\$10,000

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3C – Projected Plan Year 2023 Aggregate Costs

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	2030		2035		HD 4000		HD 1500		Tiered Network		NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT	Horizon NJ DIRECT	Horizon NJ DIRECT	Horizon NJ DIRECT	
<b>Employees and Retirees</b>												
Average Medical Members	9,013	570	387	149	32	3,336	853	1,451				
Incurred Medical Claims	\$71,617,000	\$3,916,000	\$2,273,000	\$476,000	\$20,000	\$21,060,000	\$6,181,000	\$10,391,000				
Capitation	\$2,675,000	\$192,000	\$64,000	\$42,000	\$10,000	\$1,058,000	\$246,000	\$401,000				
Incurred Prescription Drug Claims	\$15,463,000	\$1,618,000	\$488,000	\$70,000	\$33,000	\$5,386,000	\$1,403,000	\$2,269,000				
Prescription Drug Rebates	(\$5,705,000)	(\$573,000)	(\$186,000)	(\$27,000)	(\$13,000)	(\$2,058,000)	(\$537,000)	(\$867,000)				
EGWP Credits	(\$821,000)	(\$56,000)	N/A	N/A	N/A	N/A	N/A	N/A				
Administrative Fees	\$2,585,000	\$170,000	\$151,000	\$56,000	\$11,000	\$1,438,000	\$239,000	\$589,000				
Total Cost	\$85,814,000	\$5,267,000	\$2,790,000	\$617,000	\$61,000	\$26,884,000	\$7,532,000	\$12,783,000				
Total Premium	\$87,394,000	\$5,598,000	\$3,420,000	\$954,000	\$255,000	\$27,592,000	\$8,366,000	\$15,086,000				
Gain (Loss)	\$1,580,000	\$331,000	\$630,000	\$337,000	\$194,000	\$708,000	\$834,000	\$2,303,000				
<b>Employees</b>												
Average Medical Members	6,453	N/A	387	99	32	3,277	760	1,451				
Incurred Medical Claims	\$52,347,000	N/A	\$2,273,000	\$164,000	\$20,000	\$20,621,000	\$5,397,000	\$10,391,000				
Capitation	\$1,990,000	N/A	\$64,000	\$29,000	\$10,000	\$1,041,000	\$240,000	\$401,000				
Incurred Prescription Drug Claims	\$9,328,000	N/A	\$488,000	\$20,000	\$33,000	\$5,224,000	\$1,144,000	\$2,269,000				
Prescription Drug Rebates	(\$3,563,000)	N/A	(\$186,000)	(\$8,000)	(\$13,000)	(\$1,995,000)	(\$437,000)	(\$867,000)				
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Administrative Fees	\$1,913,000	N/A	\$151,000	\$35,000	\$11,000	\$1,414,000	\$208,000	\$589,000				
Total Cost	\$62,015,000	N/A	\$2,790,000	\$240,000	\$61,000	\$26,305,000	\$6,552,000	\$12,783,000				
Total Premium	\$61,478,000	N/A	\$3,420,000	\$540,000	\$255,000	\$27,022,000	\$7,322,000	\$15,086,000				
Gain (Loss)	(\$537,000)	N/A	\$630,000	\$300,000	\$194,000	\$717,000	\$770,000	\$2,303,000				
<b>Early Retirees</b>												
Average Medical Members	2,220	547	N/A	50	N/A	59	93	N/A				
Incurred Medical Claims	\$18,579,000	\$3,790,000	N/A	\$312,000	N/A	\$439,000	\$784,000	N/A				
Capitation	\$675,000	\$185,000	N/A	\$13,000	N/A	\$17,000	\$6,000	N/A				
Incurred Prescription Drug Claims	\$4,336,000	\$1,201,000	N/A	\$50,000	N/A	\$162,000	\$259,000	N/A				
Prescription Drug Rebates	(\$1,674,000)	(\$464,000)	N/A	(\$19,000)	N/A	(\$63,000)	(\$100,000)	N/A				
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Administrative Fees	\$540,000	\$160,000	N/A	\$21,000	N/A	\$24,000	\$31,000	N/A				
Total Cost	\$22,456,000	\$4,872,000	N/A	\$377,000	N/A	\$579,000	\$980,000	N/A				
Total Premium	\$24,039,000	\$5,449,000	N/A	\$414,000	N/A	\$570,000	\$1,044,000	N/A				
Gain (Loss)	\$1,583,000	\$577,000	N/A	\$37,000	N/A	(\$9,000)	\$64,000	N/A				
<b>Medicare Retirees</b>												
Average Medical Members	340	23	N/A	N/A	N/A	N/A	N/A	N/A				
Incurred Medical Claims	\$691,000	\$126,000	N/A	N/A	N/A	N/A	N/A	N/A				
Capitation	\$10,000	\$7,000	N/A	N/A	N/A	N/A	N/A	N/A				
Incurred Prescription Drug Claims	\$1,799,000	\$417,000	N/A	N/A	N/A	N/A	N/A	N/A				
Prescription Drug Rebates	(\$468,000)	(\$109,000)	N/A	N/A	N/A	N/A	N/A	N/A				
EGWP Credits	(\$821,000)	(\$56,000)	N/A	N/A	N/A	N/A	N/A	N/A				
Administrative Fees	\$132,000	\$10,000	N/A	N/A	N/A	N/A	N/A	N/A				
Total Cost	\$1,343,000	\$395,000	N/A	N/A	N/A	N/A	N/A	N/A				
Total Premium	\$1,877,000	\$149,000	N/A	N/A	N/A	N/A	N/A	N/A				
Gain (Loss)	\$534,000	(\$246,000)	N/A	N/A	N/A	N/A	N/A	N/A				

\*Aetna enrollment in medical self-insured plans is assumed to migrate to Horizon plans due to the RFP.

\*\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 4A – Plan Year 2023 Monthly Active Premiums

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	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>							
Single	\$1,051.11	\$1,000.94	\$972.16	\$970.95	N/A	\$912.65	N/A
Employee+Spouse	\$2,102.22	\$2,001.88	\$1,944.32	\$1,941.90	N/A	\$1,825.30	N/A
Family	\$2,932.60	\$2,792.62	\$2,712.33	\$2,708.95	N/A	\$2,546.29	N/A
Employee+Child(ren)	\$1,881.49	\$1,791.68	\$1,740.17	\$1,738.00	N/A	\$1,633.64	N/A
Adult Child Rate	\$846.99	\$806.55	\$783.37	\$782.39	N/A	\$735.41	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
<b>Rx Card</b>							
Single	\$153.00	\$153.00	\$153.00	\$138.76	N/A	\$141.24	N/A
Employee+Spouse	\$306.00	\$306.00	\$306.00	\$277.52	N/A	\$282.48	N/A
Family	\$426.87	\$426.87	\$426.87	\$387.14	N/A	\$394.06	N/A
Employee+Child(ren)	\$273.87	\$273.87	\$273.87	\$248.38	N/A	\$252.82	N/A
Adult Child Rate	\$123.29	\$123.29	\$123.29	\$111.81	N/A	\$113.81	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
<b>Rx with Medical Coverage</b>							
Single	\$1,193.75	\$1,142.24	\$1,117.37	\$1,099.91	N/A	\$1,043.47	N/A
Employee+Spouse	\$2,387.51	\$2,284.49	\$2,234.74	\$2,199.81	N/A	\$2,086.94	N/A
Family	\$3,330.58	\$3,186.86	\$3,117.47	\$3,068.74	N/A	\$2,911.27	N/A
Employee+Child(ren)	\$2,136.82	\$2,044.62	\$2,000.10	\$1,968.83	N/A	\$1,867.80	N/A
Adult Child Rate	\$961.93	\$920.43	\$900.38	\$886.30	N/A	\$840.82	N/A



Exhibit 4A – Plan Year 2023 Monthly Active Premiums

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	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>NJ DIRECT PPO</b>	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<b><u>Medical Coverage Only</u></b>						
Single	\$784.89	\$509.28	\$755.29	\$744.04	\$935.89	\$930.96
Employee+Spouse	\$1,569.78	\$1,018.56	\$1,510.58	\$1,488.08	\$1,871.78	\$1,861.92
Family	\$2,189.84	\$1,420.89	\$2,107.26	\$2,075.87	\$2,611.13	\$2,597.38
Employee+Child(ren)	\$1,404.95	\$911.61	\$1,351.97	\$1,331.83	\$1,675.24	\$1,666.42
Adult Child Rate	\$632.46	\$410.38	\$608.61	\$599.55	\$754.14	\$750.17
	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>NJ DIRECT PPO</b>	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<b><u>Rx Card</u></b>						
Single	\$127.11	\$90.92	\$134.86	\$140.26	\$138.87	\$138.87
Employee+Spouse	\$254.22	\$181.84	\$269.72	\$280.52	\$277.74	\$277.74
Family	\$354.64	\$253.67	\$376.26	\$391.33	\$387.45	\$387.45
Employee+Child(ren)	\$227.53	\$162.75	\$241.40	\$251.07	\$248.58	\$248.58
Adult Child Rate	\$102.43	\$73.27	\$108.67	\$113.03	\$111.90	\$111.90
	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>NJ DIRECT PPO</b>	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<b><u>Rx with Medical Coverage</u></b>						
Single	\$902.62	\$600.20	\$890.15	\$874.39	\$1,064.95	\$1,060.02
Employee+Spouse	\$1,805.24	\$1,200.40	\$1,780.30	\$1,748.78	\$2,129.89	\$2,120.03
Family	\$2,518.30	\$1,674.56	\$2,483.52	\$2,439.55	\$2,971.20	\$2,957.45
Employee+Child(ren)	\$1,615.68	\$1,074.36	\$1,593.37	\$1,565.16	\$1,906.25	\$1,897.43
Adult Child Rate	\$727.32	\$483.64	\$717.28	\$704.59	\$858.13	\$854.16

Exhibit 4B – Plan Year 2023 Annual Active Premiums

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	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>							
Single	\$12,613	\$12,011	\$11,666	\$11,651	N/A	\$10,952	N/A
Employee+Spouse	\$25,227	\$24,023	\$23,332	\$23,303	N/A	\$21,904	N/A
Family	\$35,191	\$33,511	\$32,548	\$32,507	N/A	\$30,555	N/A
Employee+Child(ren)	\$22,578	\$21,500	\$20,882	\$20,856	N/A	\$19,604	N/A
Adult Child Rate	\$10,164	\$9,679	\$9,400	\$9,389	N/A	\$8,825	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
<b>Rx Card</b>							
Single	\$1,836	\$1,836	\$1,836	\$1,665	N/A	\$1,695	N/A
Employee+Spouse	\$3,672	\$3,672	\$3,672	\$3,330	N/A	\$3,390	N/A
Family	\$5,122	\$5,122	\$5,122	\$4,646	N/A	\$4,729	N/A
Employee+Child(ren)	\$3,286	\$3,286	\$3,286	\$2,981	N/A	\$3,034	N/A
Adult Child Rate	\$1,479	\$1,479	\$1,479	\$1,342	N/A	\$1,366	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
<b>Rx with Medical Coverage</b>							
Single	\$14,325	\$13,707	\$13,408	\$13,199	N/A	\$12,522	N/A
Employee+Spouse	\$28,650	\$27,414	\$26,817	\$26,398	N/A	\$25,043	N/A
Family	\$39,967	\$38,242	\$37,410	\$36,825	N/A	\$34,935	N/A
Employee+Child(ren)	\$25,642	\$24,535	\$24,001	\$23,626	N/A	\$22,414	N/A
Adult Child Rate	\$11,543	\$11,045	\$10,805	\$10,636	N/A	\$10,090	N/A

Exhibit 4B – Plan Year 2023 Annual Active Premiums

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	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>NJ DIRECT PPO</b>	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<b><u>Medical Coverage Only</u></b>						
Single	\$9,419	\$6,111	\$9,063	\$8,928	\$11,231	\$11,172
Employee+Spouse	\$18,837	\$12,223	\$18,127	\$17,857	\$22,461	\$22,343
Family	\$26,278	\$17,051	\$25,287	\$24,910	\$31,334	\$31,169
Employee+Child(ren)	\$16,859	\$10,939	\$16,224	\$15,982	\$20,103	\$19,997
Adult Child Rate	\$7,590	\$4,925	\$7,303	\$7,195	\$9,050	\$9,002
	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>NJ DIRECT PPO</b>	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<b><u>Rx Card</u></b>						
Single	\$1,525	\$1,091	\$1,618	\$1,683	\$1,666	\$1,666
Employee+Spouse	\$3,051	\$2,182	\$3,237	\$3,366	\$3,333	\$3,333
Family	\$4,256	\$3,044	\$4,515	\$4,696	\$4,649	\$4,649
Employee+Child(ren)	\$2,730	\$1,953	\$2,897	\$3,013	\$2,983	\$2,983
Adult Child Rate	\$1,229	\$879	\$1,304	\$1,356	\$1,343	\$1,343
	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>NJ DIRECT PPO</b>	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<b><u>Rx with Medical Coverage</u></b>						
Single	\$10,831	\$7,202	\$10,682	\$10,493	\$12,779	\$12,720
Employee+Spouse	\$21,663	\$14,405	\$21,364	\$20,985	\$25,559	\$25,440
Family	\$30,220	\$20,095	\$29,802	\$29,275	\$35,654	\$35,489
Employee+Child(ren)	\$19,388	\$12,892	\$19,120	\$18,782	\$22,875	\$22,769
Adult Child Rate	\$8,728	\$5,804	\$8,607	\$8,455	\$10,298	\$10,250

## Exhibit 4C – Plan Year 2023 Monthly Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
<b>Total Premium</b>										
Single - 0 Medicare	\$1,427.65	N/A	\$1,427.65	\$1,353.84	N/A	\$1,353.84	\$1,314.47	N/A	\$1,314.47	\$1,314.47
Single - 1 Medicare	N/A	\$384.38	\$384.38	N/A	\$366.68	\$366.68	N/A	\$443.64	\$443.64	\$594.06
EE+Spouse - 0 Medicare	\$3,112.36	N/A	\$3,112.36	\$2,951.43	N/A	\$2,951.43	\$2,865.92	N/A	\$2,865.92	\$2,865.92
EE+Spouse - 1 Medicare	\$1,684.71	\$384.38	\$2,069.09	\$1,597.59	\$366.68	\$1,964.27	\$1,551.45	\$443.64	\$1,995.09	\$2,145.51
EE+Spouse - 2 Medicare	N/A	\$768.76	\$768.79	N/A	\$733.36	\$733.39	N/A	\$887.28	\$887.26	\$1,188.11
Family - 0 Medicare	\$3,540.64	N/A	\$3,540.64	\$3,357.57	N/A	\$3,357.57	\$3,260.61	N/A	\$3,260.61	\$3,260.61
Family - 1 Medicare	\$2,112.99	\$384.38	\$2,497.37	\$2,003.73	\$366.68	\$2,370.41	\$1,946.14	\$443.64	\$2,389.78	\$2,540.20
Family - 2 Medicare	\$685.34	\$768.76	\$1,454.10	\$649.89	\$733.36	\$1,383.25	\$631.67	\$887.28	\$1,518.95	\$1,819.79
EE+Ch - 0 Medicare	\$1,998.74	N/A	\$1,998.74	\$1,895.40	N/A	\$1,895.40	\$1,840.67	N/A	\$1,840.67	\$1,840.67
EE+Ch - 1 Medicare	\$571.09	\$384.38	\$955.47	\$541.56	\$366.68	\$908.24	\$526.20	\$443.64	\$969.84	\$1,120.26
<b>Medical Premium</b>										
Single - 0 Medicare	\$1,236.81	N/A	\$1,236.81	\$1,163.00	N/A	\$1,163.00	\$1,128.97	N/A	\$1,128.97	\$1,128.97
Single - 1 Medicare	N/A	\$155.52	\$155.52	N/A	\$137.82	\$137.82	N/A	\$180.13	\$180.13	\$330.55
EE+Spouse - 0 Medicare	\$2,696.26	N/A	\$2,696.26	\$2,535.33	N/A	\$2,535.33	\$2,461.16	N/A	\$2,461.16	\$2,461.16
EE+Spouse - 1 Medicare	\$1,459.45	\$155.52	\$1,614.97	\$1,372.33	\$137.82	\$1,510.15	\$1,332.19	\$180.13	\$1,512.32	\$1,662.74
EE+Spouse - 2 Medicare	N/A	\$311.04	\$311.04	N/A	\$275.64	\$275.64	N/A	\$360.26	\$360.26	\$661.11
Family - 0 Medicare	\$3,067.30	N/A	\$3,067.30	\$2,884.23	N/A	\$2,884.23	\$2,799.88	N/A	\$2,799.88	\$2,799.88
Family - 1 Medicare	\$1,830.49	\$155.52	\$1,986.01	\$1,721.23	\$137.82	\$1,859.05	\$1,670.91	\$180.13	\$1,851.04	\$2,001.46
Family - 2 Medicare	\$593.68	\$311.04	\$904.72	\$558.23	\$275.64	\$833.87	\$541.94	\$360.26	\$902.20	\$1,203.04
EE+Ch - 0 Medicare	\$1,731.54	N/A	\$1,731.54	\$1,628.20	N/A	\$1,628.20	\$1,580.57	N/A	\$1,580.57	\$1,580.57
EE+Ch - 1 Medicare	\$494.73	\$155.52	\$650.25	\$465.20	\$137.82	\$603.02	\$451.60	\$180.13	\$631.73	\$782.15
<b>Rx Premium</b>										
Single - 0 Medicare	\$190.84	N/A	\$190.84	\$190.84	N/A	\$190.84	\$185.50	N/A	\$185.50	\$185.50
Single - 1 Medicare	N/A	\$228.86	\$228.86	N/A	\$228.86	\$228.86	N/A	\$263.51	\$263.51	\$263.51
EE+Spouse - 0 Medicare	\$416.10	N/A	\$416.10	\$416.10	N/A	\$416.10	\$404.76	N/A	\$404.76	\$404.76
EE+Spouse - 1 Medicare	\$225.26	\$228.86	\$454.12	\$225.26	\$228.86	\$454.12	\$219.26	\$263.51	\$482.77	\$482.77
EE+Spouse - 2 Medicare	N/A	\$457.72	\$457.75	N/A	\$457.72	\$457.75	N/A	\$527.02	\$527.00	\$527.00
Family - 0 Medicare	\$473.34	N/A	\$473.34	\$473.34	N/A	\$473.34	\$460.73	N/A	\$460.73	\$460.73
Family - 1 Medicare	\$282.50	\$228.86	\$511.36	\$282.50	\$228.86	\$511.36	\$275.23	\$263.51	\$538.74	\$538.74
Family - 2 Medicare	\$91.66	\$457.72	\$549.38	\$91.66	\$457.72	\$549.38	\$89.73	\$527.02	\$616.75	\$616.75
EE+Ch - 0 Medicare	\$267.20	N/A	\$267.20	\$267.20	N/A	\$267.20	\$260.10	N/A	\$260.10	\$260.10
EE+Ch - 1 Medicare	\$76.36	\$228.86	\$305.22	\$76.36	\$228.86	\$305.22	\$74.60	\$263.51	\$338.11	\$338.11

Exhibit 4C – Plan Year 2023 Monthly Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
		1525 HMO					
	Horizon PPO	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon HMO	Horizon PPO	Horizon HMO
<b>Total Premium</b>							
Single - 0 Medicare	\$1,295.75	\$1,190.28	N/A	\$1,190.28	\$1,190.28	\$1,232.03	\$1,131.20
Single - 1 Medicare	\$477.16	N/A	\$366.84	\$366.84	\$387.29	\$463.36	\$538.15
EE+Spouse - 0 Medicare	\$2,824.82	\$2,594.86	N/A	\$2,594.86	\$2,594.86	\$2,685.89	\$2,466.08
EE+Spouse - 1 Medicare	\$2,006.23	\$1,404.58	\$366.84	\$1,771.42	\$1,791.87	\$1,917.22	\$1,873.03
EE+Spouse - 2 Medicare	\$954.34	N/A	\$733.68	\$733.69	\$774.58	\$926.77	\$1,076.35
Family - 0 Medicare	\$3,213.53	\$2,951.93	N/A	\$2,951.93	\$2,951.93	\$3,055.49	\$2,805.43
Family - 1 Medicare	\$2,394.94	\$1,761.65	\$366.84	\$2,128.49	\$2,148.94	\$2,286.82	\$2,212.38
Family - 2 Medicare	\$1,576.35	\$571.38	\$733.68	\$1,305.06	\$1,345.95	\$1,518.15	\$1,619.33
EE+Ch - 0 Medicare	\$1,814.11	\$1,666.43	N/A	\$1,666.43	\$1,666.43	\$1,724.86	\$1,583.72
EE+Ch - 1 Medicare	\$995.52	\$476.15	\$366.84	\$842.99	\$863.44	\$956.19	\$990.67
<b>Medical Premium</b>							
Single - 0 Medicare	\$1,110.81	\$997.00	N/A	\$997.00	\$997.00	\$1,045.34	\$936.10
Single - 1 Medicare	\$255.36	N/A	\$145.04	\$145.04	\$165.49	\$239.46	\$314.25
EE+Spouse - 0 Medicare	\$2,421.59	\$2,173.48	N/A	\$2,173.48	\$2,173.48	\$2,278.83	\$2,040.68
EE+Spouse - 1 Medicare	\$1,566.14	\$1,176.48	\$145.04	\$1,321.52	\$1,341.97	\$1,472.95	\$1,418.83
EE+Spouse - 2 Medicare	\$510.74	N/A	\$290.08	\$290.09	\$330.98	\$478.96	\$628.54
Family - 0 Medicare	\$2,754.84	\$2,472.58	N/A	\$2,472.58	\$2,472.58	\$2,592.44	\$2,321.52
Family - 1 Medicare	\$1,899.39	\$1,475.58	\$145.04	\$1,620.62	\$1,641.07	\$1,786.56	\$1,699.67
Family - 2 Medicare	\$1,043.94	\$478.59	\$290.08	\$768.67	\$809.56	\$980.68	\$1,077.82
EE+Ch - 0 Medicare	\$1,555.16	\$1,395.82	N/A	\$1,395.82	\$1,395.82	\$1,463.47	\$1,310.53
EE+Ch - 1 Medicare	\$699.71	\$398.82	\$145.04	\$543.86	\$564.31	\$657.59	\$688.68
<b>Rx Premium</b>							
Single - 0 Medicare	\$184.94	\$193.28	N/A	\$193.28	\$193.28	\$186.69	\$195.10
Single - 1 Medicare	\$221.80	N/A	\$221.80	\$221.80	\$221.80	\$223.90	\$223.90
EE+Spouse - 0 Medicare	\$403.23	\$421.38	N/A	\$421.38	\$421.38	\$407.06	\$425.40
EE+Spouse - 1 Medicare	\$440.09	\$228.10	\$221.80	\$449.90	\$449.90	\$444.27	\$454.20
EE+Spouse - 2 Medicare	\$443.60	N/A	\$443.60	\$443.60	\$443.60	\$447.81	\$447.81
Family - 0 Medicare	\$458.69	\$479.35	N/A	\$479.35	\$479.35	\$463.05	\$483.91
Family - 1 Medicare	\$495.55	\$286.07	\$221.80	\$507.87	\$507.87	\$500.26	\$512.71
Family - 2 Medicare	\$532.41	\$92.79	\$443.60	\$536.39	\$536.39	\$537.47	\$541.51
EE+Ch - 0 Medicare	\$258.95	\$270.61	N/A	\$270.61	\$270.61	\$261.39	\$273.19
EE+Ch - 1 Medicare	\$295.81	\$77.33	\$221.80	\$299.13	\$299.13	\$298.60	\$301.99

Exhibit 4C – Plan Year 2023 Monthly Retiree Premiums

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	<b>HD 4000</b>	<b>NJ DIRECT PPO</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO \$0	Horizon PPO	Horizon PPO	Horizon HMO
<b>Total Premium</b>					
Single - 0 Medicare	\$710.80	\$1,234.75	\$1,063.31	\$1,038.75	\$1,037.75
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,549.56	\$2,691.83	\$2,318.05	\$2,264.48	\$2,262.33
EE+Spouse - 1 Medicare	\$838.76	\$1,457.08	\$1,254.74	\$1,225.73	\$1,224.58
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,762.80	\$3,062.28	\$2,637.06	\$2,576.11	\$2,573.67
Family - 1 Medicare	\$1,052.00	\$1,827.53	\$1,573.75	\$1,537.36	\$1,535.92
Family - 2 Medicare	\$341.20	\$592.78	\$510.44	\$498.61	\$498.17
EE+Ch - 0 Medicare	\$995.14	\$1,728.68	\$1,488.64	\$1,454.27	\$1,452.88
EE+Ch - 1 Medicare	\$284.34	\$493.93	\$425.33	\$415.52	\$415.13
<b>Medical Premium</b>					
Single - 0 Medicare	\$588.67	\$1,048.71	\$906.14	\$872.00	\$866.15
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,283.31	\$2,286.21	\$1,975.37	\$1,900.94	\$1,888.23
EE+Spouse - 1 Medicare	\$694.64	\$1,237.50	\$1,069.23	\$1,028.94	\$1,022.08
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,459.92	\$2,600.84	\$2,247.22	\$2,162.54	\$2,148.09
Family - 1 Medicare	\$871.25	\$1,552.13	\$1,341.08	\$1,290.54	\$1,281.94
Family - 2 Medicare	\$282.58	\$503.42	\$434.94	\$418.54	\$415.79
EE+Ch - 0 Medicare	\$824.15	\$1,468.21	\$1,268.59	\$1,220.80	\$1,212.63
EE+Ch - 1 Medicare	\$235.48	\$419.50	\$362.45	\$348.80	\$346.48
<b>Rx Premium</b>					
Single - 0 Medicare	\$122.13	\$186.04	\$157.17	\$166.75	\$171.60
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$266.25	\$405.62	\$342.68	\$363.54	\$374.10
EE+Spouse - 1 Medicare	\$144.12	\$219.58	\$185.51	\$196.79	\$202.50
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$302.88	\$461.44	\$389.84	\$413.57	\$425.58
Family - 1 Medicare	\$180.75	\$275.40	\$232.67	\$246.82	\$253.98
Family - 2 Medicare	\$58.62	\$89.36	\$75.50	\$80.07	\$82.38
EE+Ch - 0 Medicare	\$170.99	\$260.47	\$220.05	\$233.47	\$240.25
EE+Ch - 1 Medicare	\$48.86	\$74.43	\$62.88	\$66.72	\$68.65

\*The EE+Spouse - 1 Medicare, Family - 1 Medicare, Family – 2 Medicare & EE+Ch - 1 Medicare rates for the options above only reflect the non-Medicare portion of the premium rate. The total premium rate is equal to the split family rate plus the Medicare rate for the Medicare option and Tier that is elected.

## Exhibit 4D – Plan Year 2023 Annual Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
<b>Total Premium</b>										
Single - 0 Medicare	\$17,132	N/A	\$17,132	\$16,246	N/A	\$16,246	\$15,774	N/A	\$15,774	\$15,774
Single - 1 Medicare	N/A	\$4,613	\$4,613	N/A	\$4,400	\$4,400	N/A	\$5,324	\$5,324	\$7,129
EE+Spouse - 0 Medicare	\$37,348	N/A	\$37,348	\$35,417	N/A	\$35,417	\$34,391	N/A	\$34,391	\$34,391
EE+Spouse - 1 Medicare	\$20,217	\$4,613	\$24,829	\$19,171	\$4,400	\$23,571	\$18,617	\$5,324	\$23,941	\$25,746
EE+Spouse - 2 Medicare	N/A	\$9,225	\$9,225	N/A	\$8,800	\$8,801	N/A	\$10,647	\$10,647	\$14,257
Family - 0 Medicare	\$42,488	N/A	\$42,488	\$40,291	N/A	\$40,291	\$39,127	N/A	\$39,127	\$39,127
Family - 1 Medicare	\$25,356	\$4,613	\$29,968	\$24,045	\$4,400	\$28,445	\$23,354	\$5,324	\$28,677	\$30,482
Family - 2 Medicare	\$8,224	\$9,225	\$17,449	\$7,799	\$8,800	\$16,599	\$7,580	\$10,647	\$18,227	\$21,837
EE+Ch - 0 Medicare	\$23,985	N/A	\$23,985	\$22,745	N/A	\$22,745	\$22,088	N/A	\$22,088	\$22,088
EE+Ch - 1 Medicare	\$6,853	\$4,613	\$11,466	\$6,499	\$4,400	\$10,899	\$6,314	\$5,324	\$11,638	\$13,443
<b>Medical Premium</b>										
Single - 0 Medicare	\$14,842	N/A	\$14,842	\$13,956	N/A	\$13,956	\$13,548	N/A	\$13,548	\$13,548
Single - 1 Medicare	N/A	\$1,866	\$1,866	N/A	\$1,654	\$1,654	N/A	\$2,162	\$2,162	\$3,967
EE+Spouse - 0 Medicare	\$32,355	N/A	\$32,355	\$30,424	N/A	\$30,424	\$29,534	N/A	\$29,534	\$29,534
EE+Spouse - 1 Medicare	\$17,513	\$1,866	\$19,380	\$16,468	\$1,654	\$18,122	\$15,986	\$2,162	\$18,148	\$19,953
EE+Spouse - 2 Medicare	N/A	\$3,732	\$3,732	N/A	\$3,308	\$3,308	N/A	\$4,323	\$4,323	\$7,933
Family - 0 Medicare	\$36,808	N/A	\$36,808	\$34,611	N/A	\$34,611	\$33,599	N/A	\$33,599	\$33,599
Family - 1 Medicare	\$21,966	\$1,866	\$23,832	\$20,655	\$1,654	\$22,309	\$20,051	\$2,162	\$22,212	\$24,018
Family - 2 Medicare	\$7,124	\$3,732	\$10,857	\$6,699	\$3,308	\$10,006	\$6,503	\$4,323	\$10,826	\$14,436
EE+Ch - 0 Medicare	\$20,778	N/A	\$20,778	\$19,538	N/A	\$19,538	\$18,967	N/A	\$18,967	\$18,967
EE+Ch - 1 Medicare	\$5,937	\$1,866	\$7,803	\$5,582	\$1,654	\$7,236	\$5,419	\$2,162	\$7,581	\$9,386
<b>Rx Premium</b>										
Single - 0 Medicare	\$2,290	N/A	\$2,290	\$2,290	N/A	\$2,290	\$2,226	N/A	\$2,226	\$2,226
Single - 1 Medicare	N/A	\$2,746	\$2,746	N/A	\$2,746	\$2,746	N/A	\$3,162	\$3,162	\$3,162
EE+Spouse - 0 Medicare	\$4,993	N/A	\$4,993	\$4,993	N/A	\$4,993	\$4,857	N/A	\$4,857	\$4,857
EE+Spouse - 1 Medicare	\$2,703	\$2,746	\$5,449	\$2,703	\$2,746	\$5,449	\$2,631	\$3,162	\$5,793	\$5,793
EE+Spouse - 2 Medicare	N/A	\$5,493	\$5,493	N/A	\$5,493	\$5,493	N/A	\$6,324	\$6,324	\$6,324
Family - 0 Medicare	\$5,680	N/A	\$5,680	\$5,680	N/A	\$5,680	\$5,529	N/A	\$5,529	\$5,529
Family - 1 Medicare	\$3,390	\$2,746	\$6,136	\$3,390	\$2,746	\$6,136	\$3,303	\$3,162	\$6,465	\$6,465
Family - 2 Medicare	\$1,100	\$5,493	\$6,593	\$1,100	\$5,493	\$6,593	\$1,077	\$6,324	\$7,401	\$7,401
EE+Ch - 0 Medicare	\$3,206	N/A	\$3,206	\$3,206	N/A	\$3,206	\$3,121	N/A	\$3,121	\$3,121
EE+Ch - 1 Medicare	\$916	\$2,746	\$3,663	\$916	\$2,746	\$3,663	\$895	\$3,162	\$4,057	\$4,057

Exhibit 4D – Plan Year 2023 Annual Retiree Premiums

	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO			Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium			
<b>Total Premium</b>							
Single - 0 Medicare	\$15,549	\$14,283	N/A	\$14,283	\$14,283	\$14,784	\$13,574
Single - 1 Medicare	\$5,726	N/A	\$4,402	\$4,402	\$4,647	\$5,560	\$6,458
EE+Spouse - 0 Medicare	\$33,898	\$31,138	N/A	\$31,138	\$31,138	\$32,231	\$29,593
EE+Spouse - 1 Medicare	\$24,075	\$16,855	\$4,402	\$21,257	\$21,502	\$23,007	\$22,476
EE+Spouse - 2 Medicare	\$11,452	N/A	\$8,804	\$8,804	\$9,295	\$11,121	\$12,916
Family - 0 Medicare	\$38,562	\$35,423	N/A	\$35,423	\$35,423	\$36,666	\$33,665
Family - 1 Medicare	\$28,739	\$21,140	\$4,402	\$25,542	\$25,787	\$27,442	\$26,549
Family - 2 Medicare	\$18,916	\$6,857	\$8,804	\$15,661	\$16,151	\$18,218	\$19,432
EE+Ch - 0 Medicare	\$21,769	\$19,997	N/A	\$19,997	\$19,997	\$20,698	\$19,005
EE+Ch - 1 Medicare	\$11,946	\$5,714	\$4,402	\$10,116	\$10,361	\$11,474	\$11,888
<b>Medical Premium</b>							
Single - 0 Medicare	\$13,330	\$11,964	N/A	\$11,964	\$11,964	\$12,544	\$11,233
Single - 1 Medicare	\$3,064	N/A	\$1,740	\$1,740	\$1,986	\$2,874	\$3,771
EE+Spouse - 0 Medicare	\$29,059	\$26,082	N/A	\$26,082	\$26,082	\$27,346	\$24,488
EE+Spouse - 1 Medicare	\$18,794	\$14,118	\$1,740	\$15,858	\$16,104	\$17,675	\$17,026
EE+Spouse - 2 Medicare	\$6,129	N/A	\$3,481	\$3,481	\$3,972	\$5,748	\$7,542
Family - 0 Medicare	\$33,058	\$29,671	N/A	\$29,671	\$29,671	\$31,109	\$27,858
Family - 1 Medicare	\$22,793	\$17,707	\$1,740	\$19,447	\$19,693	\$21,439	\$20,396
Family - 2 Medicare	\$12,527	\$5,743	\$3,481	\$9,224	\$9,715	\$11,768	\$12,934
EE+Ch - 0 Medicare	\$18,662	\$16,750	N/A	\$16,750	\$16,750	\$17,562	\$15,726
EE+Ch - 1 Medicare	\$8,397	\$4,786	\$1,740	\$6,526	\$6,772	\$7,891	\$8,264
<b>Rx Premium</b>							
Single - 0 Medicare	\$2,219	\$2,319	N/A	\$2,319	\$2,319	\$2,240	\$2,341
Single - 1 Medicare	\$2,662	N/A	\$2,662	\$2,662	\$2,662	\$2,687	\$2,687
EE+Spouse - 0 Medicare	\$4,839	\$5,057	N/A	\$5,057	\$5,057	\$4,885	\$5,105
EE+Spouse - 1 Medicare	\$5,281	\$2,737	\$2,662	\$5,399	\$5,399	\$5,331	\$5,450
EE+Spouse - 2 Medicare	\$5,323	N/A	\$5,323	\$5,323	\$5,323	\$5,374	\$5,374
Family - 0 Medicare	\$5,504	\$5,752	N/A	\$5,752	\$5,752	\$5,557	\$5,807
Family - 1 Medicare	\$5,947	\$3,433	\$2,662	\$6,094	\$6,094	\$6,003	\$6,153
Family - 2 Medicare	\$6,389	\$1,113	\$5,323	\$6,437	\$6,437	\$6,450	\$6,498
EE+Ch - 0 Medicare	\$3,107	\$3,247	N/A	\$3,247	\$3,247	\$3,137	\$3,278
EE+Ch - 1 Medicare	\$3,550	\$928	\$2,662	\$3,590	\$3,590	\$3,583	\$3,624



Exhibit 4D – Plan Year 2023 Annual Retiree Premiums

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	<b>HD 4000</b>	<b>NJ DIRECT PPO</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO	Horizon PPO
<b><u>Total Premium</u></b>					
Single - 0 Medicare	\$8,530	\$14,817	\$12,760	\$12,465	\$12,453
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$18,595	\$32,302	\$27,817	\$27,174	\$27,148
EE+Spouse - 1 Medicare	\$10,065	\$17,485	\$15,057	\$14,709	\$14,695
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$21,154	\$36,747	\$31,645	\$30,913	\$30,884
Family - 1 Medicare	\$12,624	\$21,930	\$18,885	\$18,448	\$18,431
Family - 2 Medicare	\$4,094	\$7,113	\$6,125	\$5,983	\$5,978
EE+Ch - 0 Medicare	\$11,942	\$20,744	\$17,864	\$17,451	\$17,435
EE+Ch - 1 Medicare	\$3,412	\$5,927	\$5,104	\$4,986	\$4,982
<b><u>Medical Premium</u></b>					
Single - 0 Medicare	\$7,064	\$12,585	\$10,874	\$10,464	\$10,394
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$15,400	\$27,435	\$23,704	\$22,811	\$22,659
EE+Spouse - 1 Medicare	\$8,336	\$14,850	\$12,831	\$12,347	\$12,265
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$17,519	\$31,210	\$26,967	\$25,950	\$25,777
Family - 1 Medicare	\$10,455	\$18,626	\$16,093	\$15,486	\$15,383
Family - 2 Medicare	\$3,391	\$6,041	\$5,219	\$5,022	\$4,989
EE+Ch - 0 Medicare	\$9,890	\$17,619	\$15,223	\$14,650	\$14,552
EE+Ch - 1 Medicare	\$2,826	\$5,034	\$4,349	\$4,186	\$4,158
<b><u>Rx Premium</u></b>					
Single - 0 Medicare	\$1,466	\$2,232	\$1,886	\$2,001	\$2,059
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,195	\$4,867	\$4,112	\$4,362	\$4,489
EE+Spouse - 1 Medicare	\$1,729	\$2,635	\$2,226	\$2,361	\$2,430
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,635	\$5,537	\$4,678	\$4,963	\$5,107
Family - 1 Medicare	\$2,169	\$3,305	\$2,792	\$2,962	\$3,048
Family - 2 Medicare	\$703	\$1,072	\$906	\$961	\$989
EE+Ch - 0 Medicare	\$2,052	\$3,126	\$2,641	\$2,802	\$2,883
EE+Ch - 1 Medicare	\$586	\$893	\$755	\$801	\$824

\*The EE+Spouse - 1 Medicare, Family - 1 Medicare, Family - 2 Medicare & EE+Ch - 1 Medicare rates for the options above only reflect the non-Medicare portion of the premium rate. The total premium rate is equal to the split family rate plus the Medicare rate for the Medicare option and Tier that is elected.

## Exhibit 5A – Plan Year 2023 Employee Plan Option Summary

	Government Actives										
	NJDIRECT PPO Plan	NJDIRECT 2019 PPO Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>											
Deductible (Single/Family) <sup>1</sup>	None	\$100	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,500/\$3,000	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$7,280/\$14,560	\$7,280/\$14,560	\$400/\$1,000	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$15 Copay	\$10 Copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>											
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30%	30%	20%	30%	Not covered	30%	30%	40%	40%	40%	Not covered
<b>Prescription Drug</b>											
OOP Maximum (Single/Family)	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640			\$1,820/\$3,640
Retail - Generic	\$7	\$7	\$3	\$3	\$3	\$7	\$3	\$7			\$7
Retail - Preferred Brand	\$16	\$16	\$10	\$10	\$10	\$16	\$18	\$21			\$16
Retail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$10	\$10	\$10	\$35	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Mail - Preferred Brand	\$40	\$40	\$15	\$15	\$15	\$40	\$36	\$52			\$40
Mail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$15	\$15	\$15	\$88	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference

<sup>1</sup> For all HDHP plans the in-network and out-of-network OOP Maximum and the in-network Deductible for Medical and Prescription Drug are integrated.

Note: Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. Copayments for Aetna Freedom10, Aetna Freedom15, Aetna HMO, and Horizon HMO are \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Aetna Freedom1525, Aetna Freedom2030, Aetna Freedom2035, Aetna Liberty, and Horizon OMNIA are shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

<sup>2</sup>On Select Services

The plan options shown above are provided for reference purposes and reflect potential options available to a member. The plan options shown above are not available for all members and can be dependent on multiple factors such as union designation, years of service, etc.

## Exhibit 5B – Plan Year 2023 Early Retiree Plan Option Summary

	Government Early Retirees											
	NJDIRECT PPO Early Retiree Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>												
Deductible (Single/Family) <sup>1</sup>	\$0	None	None	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,500/\$3,000	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$7,749/\$15,498	\$400/\$1,000	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>												
Deductible (Single/Family)	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	40%	Not covered
<b>Prescription Drug</b>												
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3	\$7	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$7
Retail - Preferred Brand	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18	\$21			\$16
Retail - Non-Preferred Brand	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member Pays the Difference			Member Pays the Difference
Mail - Generic	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36	\$52			\$40
Mail - Non-Preferred Brand	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member Pays the Difference			Member Pays the Difference

<sup>1</sup> For all HDHP plans the in-network and out-of-network OOP Maximum and the in-network Deductible for Medical and Prescription Drug are integrated.

<sup>2</sup> On Select Services

The plan options shown above are provided for reference purposes and reflect potential options available to a member. The plan options shown above are not available for all members and can be dependent on multiple factors such as union designation, years of service, etc.

## Exhibit 5C – Plan Year 2023 Medicare Retiree Plan Option Summary

	Government Medicare Advantage <sup>2</sup>				Government Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
<b>In-Network</b>									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698
Overall Coinsurance	None	None	None	None	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Out-of-Network</b>									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
<b>Prescription Drug<sup>4</sup></b>									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic <sup>3</sup>	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand <sup>3</sup>	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand <sup>3</sup>	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

<sup>1</sup> Coinsurance OOP Maximum applies on the applicable Horizon plans for IN outpatient private duty nursing, IN or OON ambulance, DME and some prosthetic and orthotic services

<sup>2</sup> Medicare Advantage plans do not have In-Network and Out-of-Network differentiation. Medicare Advantage plans provide coverage at the same benefit level regardless of network status for visits to any provider that accepts Medicare.

<sup>3</sup> Mail Copay amounts shown above are for 30 day prescriptions. Copays for 90-day prescriptions may differ.

<sup>4</sup> 30-day copays for Specialty Pharmacy in the Employer Group Waiver Plan (EGWP) range from \$1 for generic, \$6-\$13 for preferred brand, and \$10-\$30 for non-preferred brand depending on retiree plan option.

<sup>5</sup> On Select Services

The plan options shown above are provided for reference purposes and reflect potential options available to a member. The plan options shown above are not available for all members and can be dependent on multiple factors such as union designation, years of service, etc.

# About Aon

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