



# State of New Jersey

## State Health Benefits Program

Plan Year 2022 Rate Setting Recommendation Analysis

State Employee Group

August 17, 2021

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# Executive Summary

The purpose of this analysis is to recommend premium rates for the State Employee and Retiree Group of the State Health Benefits Program (SHBP) for January 1, 2022 through December 31, 2022.

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 projections for Plan Year 2022 are based on medical and prescription drug claims incurred January 1, 2020 through December 31, 2020 and paid through March 31, 2021. The following summarizes the major highlights in this Renewal Analysis:

- The total recommended Plan Year 2022 premium rate change for the combined State Actives, Early Retirees, and Medicare Retirees is 2.4%. This reflects the following:
  - The recommended rate change for the State Actives is a 1.3% increase for medical and a 7.0% increase for the prescription drug premium rates, for a total increase of 2.1%
    - The recommended rate change for the State Active CWA Unity, CWA Unity 2019, NJDIRECT, and NJDIRECT 2019 plan options is a 3.8% increase for medical and a 10.7% increase for the prescription drug premium rates, a total increase of 4.8%.
  - The recommended rate change for State Early Retirees is a 6.4% increase for medical and a 3.1% decrease for the prescription drug premium rates, for a total increase of 4.6%
  - The Medicare Retirees medical increase for Plan Year 2022 is 4.6%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change for Plan Year 2022 is an 5.1% increase.

## Recommended Premium Renewal Changes

The recommended Plan Year 2022 premium rate changes are as follows: a 2.1% increase for Active Employees, an 4.6% increase for Early Retirees, and a 4.9% increase for Medicare Retirees. For all groups combined, the recommendation is an increase of 2.4%.

The recommended renewal changes for Plan Year 2022 by benefit plan are listed below.

	Medical	Rx	Total
<b>Actives</b>			
PPO / HDHP	(5.6%)	(0.5%)	(4.8%)
HMO	(5.6%)	(0.5%)	(4.8%)
Tiered Network	(2.6%)	(8.2%)	(3.7%)
CWA Unity / NJ DIRECT PPO	3.8%	10.7%	4.8%
<b>Total</b>	<b>1.3%</b>	<b>7.0%</b>	<b>2.1%</b>
<b>Early Retirees</b>			
PPO	6.4%	(3.1%)	4.6%
HMO	6.4%	(3.1%)	4.4%
CWA Unity / NJ DIRECT PPO	6.4%	(3.1%)	4.6%
<b>Total</b>	<b>6.4%</b>	<b>(3.1%)</b>	<b>4.6%</b>
<b>Medicare Retirees</b>			
Total	4.6%	5.1%	4.9%
<b>Grand Total</b>	<b>1.6%</b>	<b>6.2%</b>	<b>2.4%</b>

The Medicare Retirees medical increases for Plan Year 2022 include both self-insured medical plans administered by Horizon and fully insured Medicare Advantage plans administered by Aetna.

## COVID-19

Aon's current guidance is to project medical claims using 2020 claims data normalized for the impacts of COVID-19. For the Plan Year 2022 Renewals, 2020 claims used for projecting 2021 and 2022 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 State medical normalization factor for Actives is 1.10, for Early Retirees is 1.09, and for Medicare Retirees is 1.24.

Plan Year 2021 and 2022 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 into 2021
- Impact of federal assistance
- Potential to create anti-selection among employee population (i.e. COBRA, covered dependents, opt-in rates)

The Plan Year 2022 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 that anticipated by the economic or demographic assumptions;
- Changes in actuarial methods or in economic or demographic assumptions;
- Changes in plan provisions or applicable law.

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 2022 Overview

The following plan design changes were approved by the SHBP Plan Design Committee for Plan Year 2017 and were subsequently reaffirmed for Plan Years 2018 through 2021. These are assumed to continue to be in effect for Plan Year 2022:

- Physical Therapy Out-of-Network (OON) Reimbursement Change: All PPO plans limit plan payments for out-of-network physical therapy services to the average of the in-network rate for physical therapy 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.
- Step Therapy Changes: State Active employees who were not previously impacted by Step Therapy are now subject to this program. Step Therapy requires members to try a more cost-effective, clinically-equivalent drug before certain drugs will be covered.

Additional Plan Design Changes that have been made and are assumed to continue to be in effect for Plan Year 2022 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. The underlying State Active and Early Retiree 2020 incurred claims were reduced 0.3% to account for claims that were incurred prior to March 1, 2020. This estimated impact was provided by Horizon. This legislation is assumed to continue in Plan Year 2022. 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. This program is estimated to reduce State Active medical claims by \$8.1 million in Plan Year 2021 and \$10.0 million in Plan Year 2022. State Active fees are estimated to be \$1.8 million in Plan Year 2021 and \$2.2 million in Plan Year 2022. This program is estimated to reduce State Early Retiree medical claims by \$1.2 million in Plan Year 2021 and \$1.4 million in Plan Year 2022. State Early Retiree fees are estimated to be \$0.3 million in Plan Years 2021 and 2022. Estimated savings and fees were based on data provided by HMS. This program does 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. This program is estimated to reduce State Early Retiree medical claims by \$0.8 million in Plan Year 2021 and \$2.4 million in Plan Year 2022. State Early Retiree fees are estimated to be \$0.2 million in Plan Year 2021 and \$0.3 million in Plan Year 2022. Estimated savings and fees were based on data provided by SSDC.

- Navigation Advocacy: Effective January 1, 2020, Horizon implemented Horizon Health Guide, an enhanced Navigation and Advocacy Model. The implementation of this program is estimated to reduce Active and Early Retiree projected Plan Year 2021 medical claims by 3.5% and Plan Year 2022 medical claims by an additional 3.0%. These impacts were provided by Horizon. 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 sending targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. This program is estimated to reduce State Active medical claims by \$7.5 million in Plan Year 2021 and \$16.6 million in Plan Year 2022 and reduce State Active prescription drug claims by \$2.4 million in Plan Year 2021 and \$4.7 million in Plan Year 2022. State Active fees are estimated to be \$4.1 million in Plan Year 2021 and \$8.2 million in Plan Year 2022. This program is estimated to reduce State Early Retiree medical claims by \$1.1 million in Plan Year 2021 and \$2.3 million in Plan Year 2022 and reduce State Early Retiree prescription drug claims by \$0.3 million in Plan Year 2021 and \$0.7 million in Plan Year 2022. State Early Retiree fees are estimated to be \$0.6 million in Plan Year 2021 and \$1.2 million in Plan Year 2022. Estimated savings and fees were based on data provided by Livongo. 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 January 31, 2020. This program is estimated to reduce State Active medical claims by \$2.6 million in Plan Year 2021 and \$4.4 million in Plan Year 2022. State Active fees are estimated to be \$2.0 million in Plan Year 2021 and \$3.3 million in Plan Year 2022. This program is estimated to reduce State Early Retiree medical claims by \$0.4 million in Plan Year 2021 and \$0.6 million in Plan Year 2022. State Early Retiree fees are estimated to be \$0.3 million in Plan Year 2021 and \$0.5 million in Plan Year 2022. Estimated savings and fees were based on data provided by Livongo. 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. This program is estimated to reduce State Active medical claims by \$11.7 million in Plan Year 2021 and \$11.2 million in Plan Year 2022. State Active fees are estimated to be \$3.1 million in Plan Year 2021 and \$3.0 million in Plan Year 2022. This program is estimated to reduce State Early Retiree medical claims by \$1.7 million in Plan Year 2021 and \$1.6 million in Plan Year 2022. State Early Retiree fees are estimated to be \$0.4 million in Plan Years 2021 and 2022. Estimated savings and fees were based on data provided by Hinge Health. 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. This program is estimated to reduce State Active medical claims by \$4.0 million in Plan Years 2021 and 2022. State Active fees are estimated to be \$2.4 million in Plan Years 2021 and 2022. This program is estimated to reduce State Early Retiree medical claims by \$0.6 million in Plan Years 2021 and 2022. State Early Retiree fees are estimated to be \$0.3 million in Plan Years 2021 and 2022. Estimated savings and fees were based on data provided by Amino. This program does not impact Medicare Retirees.

- 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. This program is estimated to reduce State Active medical claims by \$4.2 million in Plan Year 2021 and \$3.4 million in Plan Year 2022. State Active fees are estimated to be \$3.0 million in Plan Year 2021 and \$2.6 million in Plan Year 2022. This program is estimated to reduce State Early Retiree medical claims by \$1.0 million in Plan Year 2021 and \$0.9 million in Plan Year 2022. State Early Retiree fees are estimated to be \$0.7 million in Plan Year 2021 and \$0.6 million in Plan Year 2022. Estimated savings and fees were based on data provided by Wondr Health. This program does not impact Medicare Retirees.
- TurningPoint: Effective January 1, 2022, the State is implementing TurningPoint's Spinal Surgery Management Solution, which replaces existing fee-for-service spinal surgery claims with a guaranteed per member capitated rate. The utilization management program supports members and providers from condition identification through recovery by empowering members and providers with meaningful decision support ultimately resulting in high quality affordable care. The program is estimated to reduce Plan Year 2022 State Active and Early Retiree medical claims \$4.6 million and \$0.7 million, respectively. This program does not impact Medicare Retirees. Savings were provided by TurningPoint and reflects guaranteed savings only.
- 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. The program is estimated to reduce Plan Year 2021 State Active and Early Retiree medical claims \$1.4 million and \$0.2 million, respectively. The program is estimated to reduce Plan Year 2022 State Active and Early Retiree medical claims \$1.8 million and \$0.3 million, respectively. This program does not impact Medicare Retirees. Savings were provided by eviCore.

## Vendor Changes

Medical Vendors: Effective January 1, 2020, all self-insured medical plans are administered solely by Horizon. Aon assumes that Horizon will continue to be the sole self-insured medical vendor in Plan Year 2022.

Aon assumes that Aetna will continue to administer the fully-insured Medicare Advantage plan options for Plan Year 2022.

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 2022.

## Federal Health Care Reform

In-Network Out-of-Pocket Maximum: Effective 1/1/2022, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$8,700 single / \$17,400 family. This benefit change will not have a significant impact on projected costs. Aon did not include any specific additional administrative load for the Local Plans with private Rx cards, who may want to integrate the administration of their medical and prescription drug out-of-pocket limits. The chart below summarizes a history of these out-of-pocket maximums:



<b>Plan Year</b>	<b>Out-of-Pocket Maximum (Single/Family)</b>
2020	\$8,150 / \$16,300
2021	\$8,550 / \$17,100
2022	\$8,700 / \$17,400

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 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.

## New Jersey State Mandates

NJ Fertility Preservation Services: Effective April 12, 2020, coverage for standard fertility preservation services must be provided when a medically necessary treatment may directly or indirectly cause iatrogenic infertility, meaning impairment of fertility through surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

NJ Preventive Services Mandate: Effective April 15, 2020, the SHBC must provide coverage without any cost sharing for the following preventive services: evidence-based items or services that have a rating of an "A" or "B" in the current recommendations of the United States Preventive Services Task Force, immunizations that have in effect a recommendation for the Advisor Committee on Immunization Practices of the Centers of Disease Control and Prevention, evidence-informed preventive care for infants, children and adolescents outlined in the comprehensive guidelines supported by the Health Resources and Services Administration, and additional preventive care and screenings for women outline in the comprehensive guidelines supported by the Health Resources and Services Administration.

NJ Contraceptive Mandate 2020: Effective April 15, 2020, the previous Contraceptive Mandate is expanded to cover any contraceptive drug, device or product approved by the United States Federal Drug Administration (FDA), any over-the-counter contraceptive drug with FDA approval without a prescription, and voluntary male and female sterilization at no cost share.

NJ Breastfeeding Support 2020: Effective July 15, 2020, the SHBC is required to cover at no cost share breastfeeding equipment, such as a breast pump, and comprehensive lactation consultations and counseling.

NJ Early Elective C-Section: Effective 2019, the SHBP is prohibited from providing health benefits coverage for certain non-medically indicated early elective deliveries.

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.

These New Jersey State mandates are not expected to materially impact the projected SHBP Plan Costs.

## Eligibility Changes

### Chapter 375 Coverage of Adult Children

The number of State adult children covered under Chapter 375 as of April 2021 is 128. The premiums for this group are required to be equivalent to the premium charges for children and are included in the standard premiums, with a 2% load for expenses. Plan Year 2022 renewal premiums have been calculated based on this requirement. The Adult Child rate will be approximately 88% of the Single Employee rate.

### Part-Time Coverage

Part-time Employees may enroll in any of the SHBP plans and as of April 2021, 188 State Part-time Employees participate. A rate load of 6% for Plan Year 2022 is recommended, no change from the rate load used in Plan Year 2021. The recommendation is based on the three-year average loss ratio for Part-time Employees from 2017-2019. Because of COVID-19's impact on 2020 utilization, 2020 data was not included in determining the Part-Time rate load.

## Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2019 through 2021 and includes a projection of enrollment from 2021 to 2022. The enrollment assumptions for Plan Years 2019 and 2020 are based on actual Active and Retiree average monthly enrollment during each year as reported by the State. The Plan Year 2021 enrollment is based on census data as of April 2021 provided by the State. For Plan Year 2022, this projection assumes that State Actives will remain the same in Plan Year 2022; Early Retiree enrollment is projected to decrease 1.5% in Plan Year 2022; and Medicare Retiree enrollment is projected to increase 2.0% in Plan Year 2022.

Exhibit 1B reflects the distribution of projected Plan Year 2022 enrollment among benefit options. Approximately 15% of State Actives are assumed to be enrolled in the PPO15 plan and 72% of State Actives are assumed to be enrolled in the CWA Unity/NJDIRECT plans. Enrollment in the Tiered Network plans is projected to be approximately 4% of the total Active enrollment. Approximately, 76% of State 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 2021.

Dependents per Subscriber are based on ratios using State enrollment as of April 2021 and are assumed to remain constant for Plan Year 2022.

## Enrollment Migration to Lower Cost Plans

State Active Plans: For State 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 2022 as noted in this memo.

State 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 2022, 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.

## CWA Unity PPO & NJDIRECT PPO Enrollment

For Plan Year 2021, it is assumed that the State Active and Early Retiree CWA Unity and NJ DIRECT PPO plan enrollment will be equal to actual April 2021 census data, as provided by the State.

For Plan Year 2022, it is assumed that 50% of State Active employees currently enrolled in the PPO plan options will migrate to the CWA Unity / NJDIRECT PPO plans, while 50% remain in the PPO plan options. Additionally, it is assumed that 4.0% of the Plan Year 2022 total State Active population are New Hires who enroll in the CWA Unity 2019 / NJDIRECT 2019 PPO Plan and 1.0% of the State Active subscribers retire each year and enroll in the CWA Unity or the NJ DIRECT PPO Early Retiree plans. Furthermore, 5.0% of Active Legacy HMO enrollment is assumed to migrate to the CWA Unity / NJDIRECT PPO Plan in Plan Year 2022.

## 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. Approximately 0.5% of State Active Legacy HMO participants are assumed to migrate to the Tiered Network plan in Plan Year 2022.

## 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, CWA Unity/NJDIRECT PPO, HD1500 (excluding employer HSA funding)). For Plan Years 2021 and 2022, new retiree plan enrollment will be based on April 2021 census data provided by the State. No additional migration is assumed.

## Active Demographic Changes

The Active Employee average age increased by 0.2 from Plan Year 2020 to Plan Year 2021. The average HMO Employee age is about a half year older than the average PPO Employee age. The average age of Employees enrolling in the Horizon New Plans increased slightly from Plan Year 2020 to 2021, and is approximately eight years younger than Employees in the Legacy Plans. Employees enrolled in the CWA Unity and NJDIRECT plan options are about 1.0 year older than employees enrolled in the Legacy PPO Plan.

### Average Employee Age

	<b>April 2020</b>	<b>April 2021</b>	<b>Change</b>
Legacy PPO	47.4	47.3	(0.1)
Legacy HMO	48.2	47.8	(0.4)
Horizon New Plans	40.0	40.2	0.2
CWA/NJDIRECT	48.3	48.3	0.0
<b>Total</b>	<b>47.0</b>	<b>47.2</b>	<b>0.2</b>

# Trend Analysis

The recommended claim trend assumptions for Plan Years 2021 and 2022 are:

	Plan Year 2021		Plan Year 2022	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	5.50%	5.00%	5.50%	5.00%
PPO Early Retirees	5.00%	5.50%	5.00%	5.50%
Self-Insured Medicare Retirees	5.00%	5.50%	5.00%	5.50%
HMO Actives	5.50%	5.00%	5.50%	5.00%
HMO Early Retirees	5.50%	5.50%	5.50%	5.50%
Tiered Network	5.50%	5.00%	5.50%	5.00%

The Medicare Retiree medical trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2022 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 2022 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2019 to December 31, 2020 and have been normalized for estimated benefit and vendor changes.

Aon 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 2022	Vendor Recommendation		National AON Trend Guidance
	Horizon	Optum	
PPO Actives	6.0%	N/A	5.0%
PPO Early Retirees	6.0%	N/A	5.0%
HMO	5.5%	N/A	5.0%
Rx Actives	N/A	5.7%	6.0%
Rx Early Retirees	N/A	5.6%	6.0%

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

\*\*Aon National Guidance trend does not include the impact of plan design leveraging.

## Medical Trends:

- **PPO Actives:** The PPO Active medical trend is 5.5% in Plan Year 2021, a 0.5% decrease from the 6.0% trend shown in the Plan Year 2021 Renewal Analysis. The recommended Active PPO medical trend is 5.5% for Plan Year 2022.
- **PPO Early Retirees:** The Plan Year 2021 Early Retiree PPO medical trend is 5.0%, no change from the Plan Year 2021 Renewal Analysis. The Plan Year 2022 medical trend is 5.0%.
- **Self-Insured Medicare Retirees (PPOs and HMOs):** The self-insured Medicare Retiree medical trend is 5.0% in Plan Years 2021 and 2022, unchanged from the Plan Year 2021 Medicare Retiree medical trend in the Plan Year 2021 Renewal Analysis.

- HMO Actives and Early Retirees: The Plan Year 2021 HMO Actives and Early Retirees medical trend is 5.5%, which is a 1.0% decrease from the 6.5% shown in the Plan Year 2021 Renewal Analysis. The HMO Active and Early Retiree trend assumption in Plan Year 2022 is 5.5%.

Prescription Drug Trends: Prescription drug claim experience has been favorable due to SHBP plan design changes, recent favorable market industry trend reductions and the change in PBM.

The recommended prescription drug trend for Actives and Retirees has remained at 5.0% for State Actives and 5.5% for State Early and Self-Insured Medicare Retirees in Plan Year 2021, consistent with what was used in the Plan Year 2021 Renewal Analysis. The recommended prescription drug trend for Plan Year 2022 is 5.0% for State Actives and 5.5% for State Early and Self-Insured Medicare Retirees.

Medicare Advantage: The Medicare Advantage rates in Plan Years 2021 and 2022 were provided by Aetna. Below is a table summarizing the fully insured Medicare Advantage per member per month rates for Plan Years 2021 and 2022. Aetna has projected that an \$11.04 PMPM gain-share premium credit may be available to reduce 2022 costs and the rates below reflect that reduction. Costs could be higher if the gain share does not apply.

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

State	Aetna Medicare Advantage Rates		
	2021	2022	\$ Change
<b>PPO 10</b>	\$ 125.81	\$ 132.47	\$ 6.66
<b>PPO 15</b>	\$ 107.67	\$ 114.33	\$ 6.66
<b>HMO 10</b>	\$ 183.33	\$ 195.22	\$ 11.89
<b>HMO 1525</b>	\$ 147.90	\$ 159.79	\$ 11.89

# Financial Projections

## Aggregate Financial Projections

Using the assumptions and methodology described in the Renewal Rate Development section of this analysis, below are Aon's current estimated projected costs for Plan Years 2020, 2021, and 2022.

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

	<b>CWA Unity/ NJ DIRECT</b>	<b>PPO 10</b>	<b>PPO 15</b>	<b>Legacy HMOs</b>	<b>New Plans*</b>	<b>Total</b>
<b>Plan Year 2020</b>						
Premium Rates x Enrollment	\$703.4	\$66.8	\$1,207.4	\$233.8	\$176.4	\$2,387.8
Incurred Claims	\$718.4	\$59.9	\$1,039.8	\$191.8	\$116.0	\$2,125.9
Administrative Charges	\$21.9	\$1.8	\$31.0	\$7.4	\$8.0	\$70.1
Net Gain (Loss)	(\$36.9)	\$5.1	\$136.6	\$34.6	\$52.4	\$191.8
<b>Plan Year 2021</b>						
Premium Rates x Enrollment	\$884.3	\$63.3	\$953.0	\$199.5	\$155.6	\$2,255.7
Incurred Claims	\$931.4	\$59.9	\$916.1	\$182.8	\$122.8	\$2,213.0
Administrative Charges	\$33.1	\$1.7	\$30.5	\$7.8	\$8.6	\$81.7
Net Gain (Loss)	(\$80.2)	\$1.7	\$6.4	\$8.9	\$24.2	(\$39.0)
<b>Plan Year 2022</b>						
Premium Rates x Enrollment	\$1,268.5	\$67.4	\$636.0	\$191.1	\$128.6	\$2,291.6
Incurred Claims	\$1,219.3	\$64.7	\$623.7	\$181.6	\$114.7	\$2,204.0
Administrative Charges	\$49.7	\$1.8	\$21.2	\$7.6	\$7.4	\$87.7
Net Gain (Loss)	(\$0.5)	\$0.9	(\$8.9)	\$1.9	\$6.5	(\$0.1)

\* New plans include the 15/25 PPO, 15/25 HMO, 20/30 PPO, 20/30 HMO, 20/35 PPO, 20/35 HMO, HD 1500, HD4000, and Tiered Network plan options

The current Plan Year 2020 financial results project an increase of \$162.8 million in the gain provided in the 2021 Renewal Analysis for Plan Year 2020. This reduction is due to utilization suppression, likely a result of COVID-19.

The current Plan Year 2021 financial results project an increase of approximately \$38.4 million in the total loss as compared to the Plan Year 2021 Renewal Analysis for Plan Year 2021.

The Plan Year 2022 renewal premiums are projected to produce approximately no gain or loss for State Actives and Retirees. The Plan Year 2022 aggregate projected cost for the State Group is approximately \$2.3 billion: \$1.7 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 2020

For Plan Year 2020, there was an 8.6% decrease in total active plan costs from the results shown in Plan Year 2021 Renewal Analysis. This decrease in plan cost is primarily a result of the following:

- There is a 9.7% decrease in projected 2020 active cost due to updated medical and prescription drug claims experience and enrollment, likely driven by a reduction in utilization due to COVID-19. Updated medical claims experience includes costs associated with telehealth services.
  - Calendar Year 2020 PPO claims experience shows an 8.3% reduction in PMPM claims.
    - Horizon reporting shows the decrease in medical experience trends is driven by a 20% decrease in doctor's office visits, 14% decrease in outpatient facility services, and a 13% decrease in inpatient professional services.
  - Calendar Year 2020 prescription drug claims experience shows a 0.2% PMPM trend driven by:
    - Optum reporting shows that State Active prescription drug utilization contributed to a 9.1% decrease in trend, offset by increased trend due to drug mix.
    - The major cost drivers were inflammatory conditions (11.4% trend), diabetes (14.2% trend), and oncology (29.5% trend) disease states.
- There is a 0.2% increase in cost as a result of changes in Plan Year 2020 administrative fees, offset by a 0.2% decrease due to differences between actual and expected overhead costs. The increase in fees is partly due to changes in expected and actual effective dates of point solution programs in 2020 and 2021.
- Based on updated information from Optum, Plan Year 2020 active prescription drug rebates decreased from the Plan Year 2021 Renewal Analysis, increasing overall active costs by 1.1%.

For Retirees, there was a 11.5% decrease in total retiree plan costs from the results shown in the Plan Year 2021 Renewal Analysis. This is a result of the following:

- There is a 11.1% decrease in projected 2020 retiree plan cost due to updated medical and prescription drug claims experience and updated enrollment, likely a result of decreased utilization due to COVID-19. Updated medical claims experience includes costs associated with telehealth services.
  - Calendar Year 2020 PPO claims experience shows an Early Retiree medical claims trend of -11.8%
    - Horizon reporting shows the decrease in medical experience trend is driven by a 12% decrease in medical pharmacy claim spend, a 28% decrease in inpatient professional services, and a -21% doctor's office trend.
  - Calendar Year 2020 prescription drug claims experience shows a 3.2% prescription drug trend
    - Optum reporting shows that State Early Retiree prescription drug utilization contributed to a 6.3% decrease in trend, offset by a 10.3% increase due to drug mix.
    - Optum reporting shows the trends were driven by a 13.2% trend in inflammatory conditions and a 15.7% trend in oncology drug PMPMs.



- There is a 0.2% increase in cost as a result of changes in Plan Year 2020 administrative fees, offset by a 0.2% decrease due to differences between actual and expected overhead costs. The increase in fees is partly due to changes in expected and actual effective dates of point solution programs in 2020 and 2021.
- Based on updated information from Optum, decreases in retiree prescription drug rebates are projected to increase projected retiree costs by 0.1%, offset by increases in EGWP credits which are expected to decrease projected retiree costs by approximately 0.5%.

### **Plan Year 2021**

For Plan Year 2021, active medical and prescription drug costs are projected to decrease 0.4% compared to the results shown in the Plan Year 2021 Renewal Analysis. In addition, there is a 2.5% decrease in aggregate premiums as a result of April 2021 enrollment.

- Aggregate medical and prescription drug costs are estimated to increase 0.8% from the results shown in the Plan Year 2021 Renewal Analysis due to updated medical claims experience normalized for COVID-19 and prescription drug claims experience.
  - The Plan Year 2021 Renewal Analysis assumed that all PPO participants would migrate to the lower cost CWA Unity/NJDIRECT plan options. Actual enrollment through April 2021 show that only 53% of the active population is enrolled in these plan options, resulting in less than expected savings. This increase in total cost was offset by lower than expected enrollment.
- Updated medical and prescription drug benefit changes, including updated vendor estimates and changes to program implementation timing, are expected to result in a 2.3% reduction in total active cost, offset by a 0.4% increase due to changes in administrative fees.
- Prescription drug rebates are projected to decrease approximately \$14 million based on updated reporting provided by Optum, resulting in a 0.8% increase in total 2021 projected active cost.

Total projected costs for retirees decreased approximately 9.5% from the Plan Year 2021 Renewal Analysis, primarily due to lower-than-expected retiree enrollment.

- Total retiree costs are projected to decrease 10.1% due to differences in actual and expected enrollment.
- Total medical and prescription drug costs are projected to increase 0.8% due to updated medical claims experience normalized for COVID-19 and prescription drug claims experience.
- Additional medical and prescription drug benefit changes, administrative fee changes, and changes in overhead costs are expected to result in a 1.3% decrease in total retiree cost.
- Based on updated information provided by Optum, there is a 1.8% increase in projected retiree cost due to decreases in prescription drug rebates, offset by increased EGWP PMPM amounts resulting in a 0.7% reduction in projected retiree cost.

## Self-Insured Vendor Administrative Fees and Claim Charges

The sections below show Plan Year 2022 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. 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 2022			
	PPO	HMO	HDHP	Tiered
<b>Actives and Early Retirees</b>				
Part 1 Services	\$22.40	\$33.00	\$22.13	\$37.50
Part 2 Services	\$9.00	\$9.00	\$9.00	\$9.00
Medical Management	\$1.10	\$1.10	\$1.10	\$1.10
Disease Management	\$0.40	\$0.40	\$0.40	\$0.40
HSA Banking Fee (Per Account Per Month)	N/A	N/A	\$2.37	N/A
NJWELL*	\$19.00	\$19.00	\$19.00	\$19.00
<b>Medicare Retirees</b>				
Part 1 Services	\$23.00	\$23.00	N/A	N/A
Part 2 Services	\$7.50	\$7.50	N/A	N/A

\* Plan Year 2022 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 2022 are \$5.25 PEPM for Commercial and \$8.00 PMPM for EGWP.

# Renewal Rate Development

## Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2020, 2021 and 2022, 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 2022 premium increases were calculated separately for Actives, Early Retirees and Medicare Retirees, and by medical and prescription drug. Aetna and 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 2020 incurred claims data paid through March 2021 supplied by Horizon, Aetna, and Optum, incurred claims were completed for Plan Year 2020, 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 2020 were divided by projected average covered members to get average claims per member per year. Covered members were based on historical billing enrollment data by coverage tier and adjusted with assumptions for the number of members per coverage tier.
4. Aon's current guidance is to project medical claims using 2020 claims data normalized for the impacts of COVID-19. Estimated 2020 incurred claims used for projecting 2021 and 2022 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 State medical normalization factor for Actives is 1.10, for Early Retirees is 1.09, and for Medicare Retirees is 1.24
5. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2022 using the annual trend rates listed in the Trend Analysis section of this document.
6. Aggregate claims for Plan Year 2022 are the product of projected enrollment and the projected claims per member.
7. Plan Year 2022 projected Medicare Advantage fully insured premiums are based on rates provided by Aetna.
8. Prescription drug rebates for Plan Year 2020 are based on actual rebate payment data received from the State. Projected rebates for Plan Years 2021 and 2022 are based on data provided by Optum. Rebates provided by Optum were adjusted to reflect historical State Active, Early Retiree, and Medicare Retiree distributions.

9. Prescription drug rebates paid through the medical plan for Plan Year 2020 are based on actual rebate payment data provided by Aetna and Horizon. Prescription Drug Rebates are estimated to be paid through the medical plan for Plan Years 2021 and 2022 are incorporated in the medical claim projections and are based on the actual Plan Year 2019 data provided by Aetna 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 2020, 2021, and 2022.
  - a. CMS per capita payments: Plan Years 2020, 2021, and 2022 expected CMS per capita payments were provided by Optum. The Plan Year 2022 CMS per capita payment is assumed to be \$1.91 Per Member Per Month (PMPM).
  - b. Coverage Gap Discount: Plan Years 2020, 2021, and 2022 expected coverage gap payments were provided by Optum. The Plan Year 2022 credits are assumed to be \$95.13 PMPM.
  - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2020 credit is not expected to be fully paid until the beginning of Plan Year 2022. Plan Years 2020, 2021, and 2022 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2022 credits are assumed to be \$110.87 PMPM.
  - d. Low Income Cost Sharing (LICS): Plan Years 2020 and 2021 actual and expected LICS payments were provided by Optum. For Plan Year 2022, the subsidy payment is assumed to be \$2.00 PMPM.
11. Total SHBP projected Plan Year 2022 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. For State Actives CWA Unity and NJDIRECT PPO plans, the projected Plan Year 2021 claims will be based on actual plan experience. For Plan Year 2022, it is assumed that 50% of State Active employees currently enrolled in the PPO plan options will migrate to the CWA Unity / NJDIRECT PPO plans, while 50% remain in the PPO plan options. Additionally, it is assumed that 4.0% of the Plan Year 2022 total State Active population are New Hires who enroll in the CWA Unity 2019 / NJDIRECT 2019 PPO Plan. Furthermore, 5.0% of Active Legacy HMO enrollment is assumed to migrate to the CWA Unity / NJDIRECT PPO Plan in Plan Year 2022. Plan Year 2022 projected claims will be based on actual plan experience and experience from the plans migrating to the CWA Unity/NJDIRECT adjusted for the relative plan difference.
13. Tiered Network Active projected costs in Plan Year 2022 reflects 50% of actual Plan Year 2020 medical and prescription drug claim experience.
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 2022 administrative fees were provided by Horizon, Aetna and Optum.

15. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$4.9 million for Plan Year 2022. Overhead charges were provided by the State.
16. All other fees and claim charges reported by the vendors have been reflected in the projections.

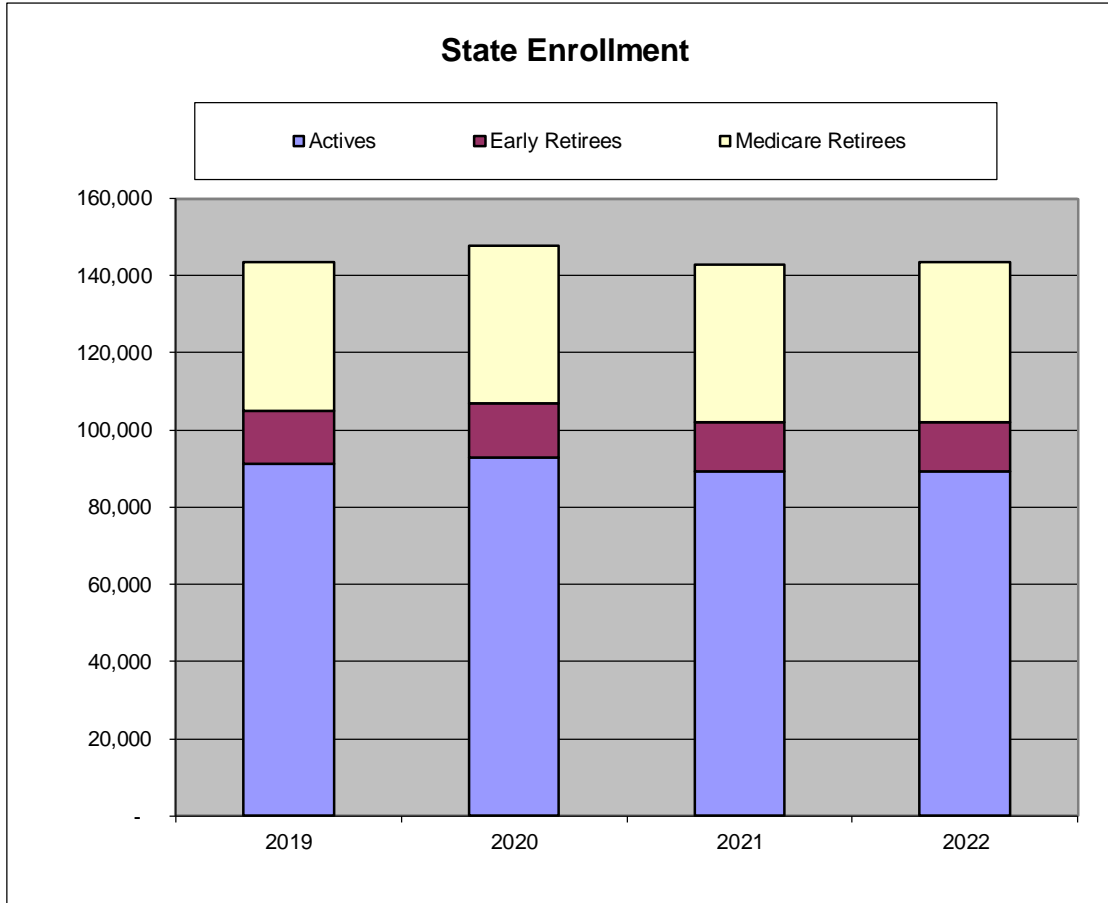
## Projected Premiums

1. Plan Year 2022 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to Plan Year 2020 premium rates.
2. Aggregate Plan Year 2022 premiums are calculated by multiplying projected Plan Year 2022 enrollment and projected Plan Year 2022 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, 2020 and paid through March 31, 2021 for all groups.
2. Enrollment: Plan Year 2021 enrollment and Plan Year 2022 projected enrollment is based on April 2021 snap-shot census data from the Division. Aon also receives billing counts from the Division, which are used for the 2020 exposure units in the cost analysis.

## Exhibit 1A – Enrollment Projections

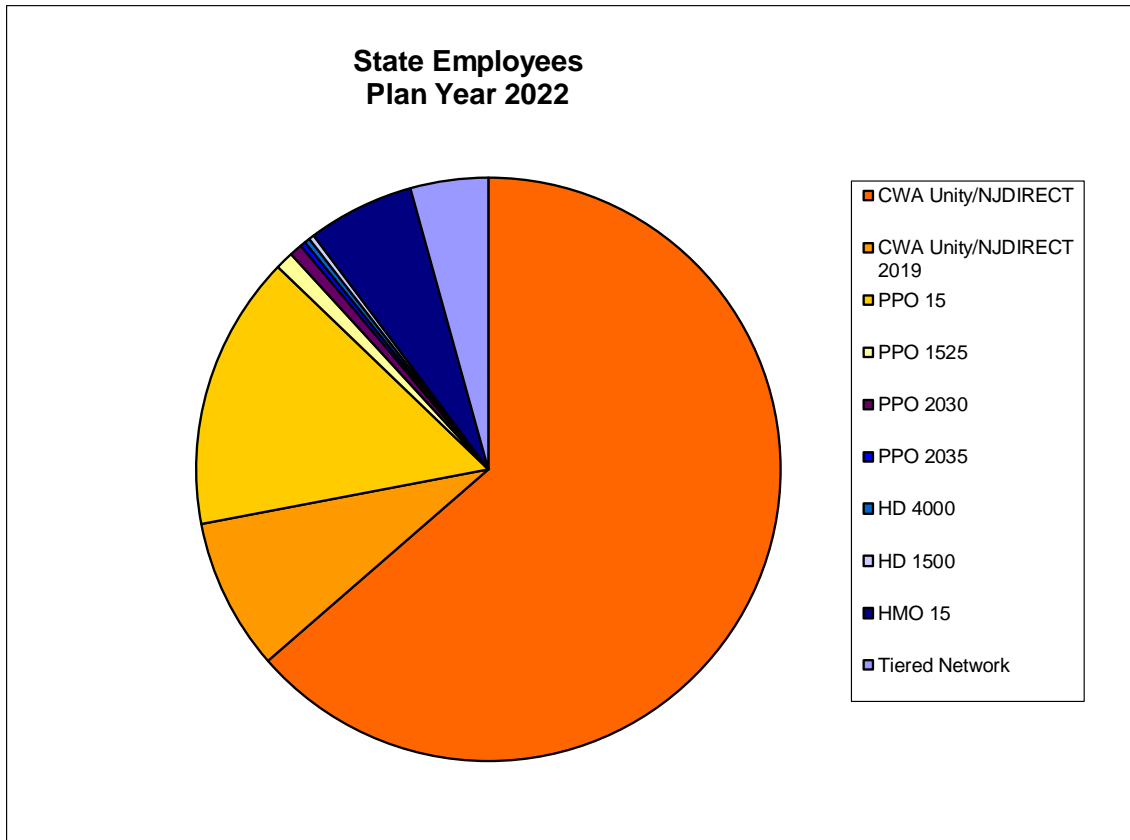


### Annual Change in Enrollment

	<u>Actual</u> 2019 to 2020	<u>Actual</u> 2020 to 2021	<u>Projected</u> 2021 to 2022
Actives	2.1%	(4.0%)	0.0%
Early Retirees	0.9%	(9.0%)	(1.5%)
Medicare Retirees	5.2%	0.4%	2.0%

\*Projected 2021 enrollment for Active Employees and Retirees was assumed to be consistent with April 2021 snap-shot census data provided by the State.

Exhibit 1B Actives – Projected Plan Year 2022 Plan Distribution

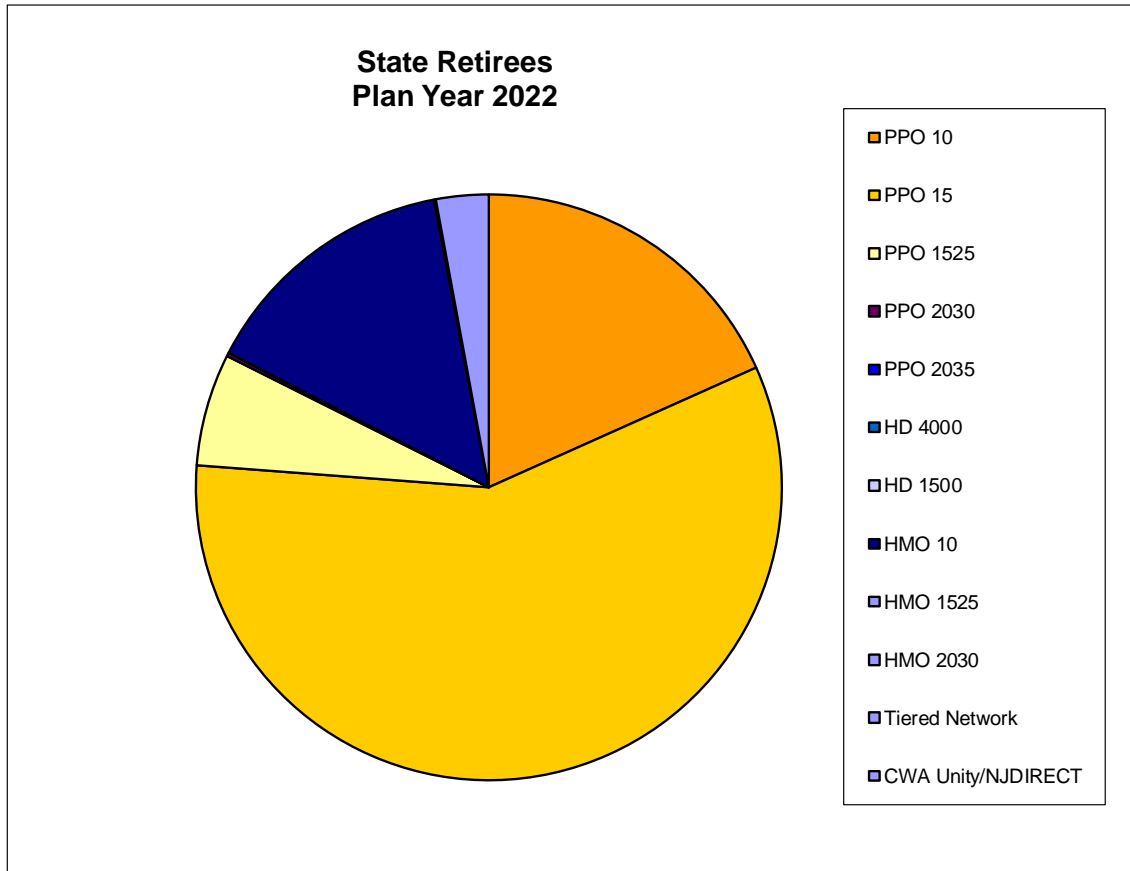


Assumes approximately 89% of Employees will enroll in the PPO plans, 6% in the HMO plans, 4% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 72% of Employees will enroll in the CWA plans, 21% in the Legacy plans, and approximately 7% in the new benefit options.

<b>Actives</b>	<b>Horizon</b>
CWA Unity/NJDIRECT	63.6%
CWA Unity/NJDIRECT 2019	8.4%
PPO 15	15.2%
PPO 1525	1.0%
PPO 2030	0.7%
PPO 2035	0.3%
HD 4000	0.3%
HD 1500	0.3%
HMO 15	5.9%
Tiered Network	4.3%
<b>Total</b>	<b>100.0%</b>

Exhibit 1B Early and Medicare Retirees – Projected Plan Year 2022 Plan Distribution



Assumes approximately 91% of Retirees will remain in the \$10 and \$15 copay plans.

Assumes approximately 86% of Retirees will enroll in the PPO plans, 15% in the HMO plans, and less than 1% in the High Deductible and Tiered Network plan.

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

Retirees	Horizon	Aetna	Total
PPO 10	0.3%	18.0%	18.3%
PPO 15	15.7%	42.2%	57.9%
PPO 1525	6.2%	0.0%	6.2%
PPO 2030	0.2%	0.0%	0.2%
PPO 2035	0.0%	0.0%	0.0%
HD 4000	0.0%	0.0%	0.0%
HD 1500	0.0%	0.0%	0.0%
HMO 10	4.2%	10.2%	14.4%
HMO 1525	0.1%	0.0%	0.1%
HMO 2030	0.0%	0.0%	0.0%
Tiered Network	0.0%	0.0%	0.0%
CWA Unity/NJDIRECT	<u>2.9%</u>	<u>0.0%</u>	<u>2.9%</u>
<b>Total</b>	<b>29.6%</b>	<b>70.4%</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 – April 2021 Enrollment

	Number of Contracts as of April 2021				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>Medical Plans</b>	<b>STATE - ACTIVE &amp; COBRA</b>				
NJ DIRECT15	9,790	4,299	9,981	4,135	28,205
NJ DIRECT1525	958	237	520	200	1,915
NJ DIRECT2030	662	148	338	98	1,246
NJ DIRECT2035	524	72	120	32	748
NJ DIRECT HD4000	142	29	53	11	235
NJ DIRECT HD1500	180	23	76	22	301
Horizon Legacy HMO (15)	2,368	784	1,520	1,095	5,767
Horizon OMNIA	2,075	398	1,050	487	4,010
CWA / NJDIRECT	14,420	6,998	14,573	6,838	42,829
CWA / NJDIRECT 2019	2,318	425	860	469	4,072
<b>Horizon Total</b>	<b>33,437</b>	<b>13,413</b>	<b>29,091</b>	<b>13,387</b>	<b>89,328</b>

Exhibit 1C Early and Medicare Retirees – April 2021 Enrollment

	Number of Contracts as of April 2021				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>STATE RETIREES</b>					
<b>Medical Plans</b>					
NJ DIRECT10	66	69	38	11	184
NJ DIRECT15	2,926	2,895	2,629	860	9,310
NJ DIRECT1525	1,805	1,274	152	85	3,316
NJ DIRECT2030	59	14	11	3	87
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	19	3	2	0	24
NJ DIRECT HD1500	1	0	0	1	2
Horizon Legacy HMO (10)	912	707	595	242	2,456
Horizon HMO 1525	20	8	5	4	37
Horizon HMO 2030	2	2	2	1	7
Horizon OMNIA	4	8	4	1	17
CWA / NJDIRECT	268	193	170	85	716
<b>Horizon Total</b>	<b>6,082</b>	<b>5,173</b>	<b>3,608</b>	<b>1,293</b>	<b>16,156</b>
Aetna Freedom 10	6,016	3,348	114	81	9,559
Aetna Freedom 15	12,117	8,811	974	534	22,436
Aetna Legacy HMO (10)	3,148	1,910	213	135	5,406
Aetna HMO 1525	11	4	1	1	17
<b>Aetna Total</b>	<b>21,292</b>	<b>14,073</b>	<b>1,302</b>	<b>751</b>	<b>37,418</b>
<b>Total</b>	<b>27,374</b>	<b>19,246</b>	<b>4,910</b>	<b>2,044</b>	<b>53,574</b>

## Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<b>PPO Active</b>			
01/01/2019 - 12/31/2019	4.8%	(1.8%)	6.6%
01/01/2020 - 12/31/2020	(8.3%)	(7.7%)	(0.6%)
Average			3.0%
Recommended Plan Year 2022 Trend Assumption			<b>5.5%</b>

<b>PPO Early Retiree</b>			
01/01/2019 - 12/31/2019	3.5%	(1.6%)	5.1%
01/01/2020 - 12/31/2020	(11.8%)	(8.9%)	(2.9%)
Average			1.1%
Recommended Plan Year 2022 Trend Assumption			<b>5.0%</b>

<b>HMO Active and Early Retiree</b>			
01/01/2019 - 12/31/2019	7.1%	(0.1%)	7.2%
01/01/2020 - 12/31/2020	(18.7%)	(6.5%)	(12.2%)
Average			(2.5%)
Recommended Plan Year 2022 Trend Assumption			<b>5.5%</b>

### Normalizing Adjustments

1/1/2019: 3-D Mammography/Breast Cancer Screening Mandate

1/1/2019: LabCorp and Quest In-Network

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

1/1/2020: Livongo Diabetes Impact

2/1/2020: Navigation / Advocacy Services

3/1/2020: Fair Health National

Exhibit 2B – Prescription Drug Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<b>Active Rx</b>			
01/01/2019 - 12/31/2019	4.7%	(0.4%)	5.1%
01/01/2020 - 12/31/2020	0.2%	(4.1%)	4.3%
Average			4.7%
Recommended Plan Year 2022 Trend Assumption			<b>5.0%</b>

<b>Retiree Rx</b>			
01/01/2019 - 12/31/2019	8.0%	0.0%	8.0%
01/01/2020 - 12/31/2020	3.2%	(2.7%)	5.9%
Average			7.0%
Recommended Plan Year 2022 Trend Assumption			<b>5.5%</b>

Normalizing Adjustments

11/1/2019: Mail Service Member Select

1/1/2020: Rx RFP Results

1/1/2020: DEVA Audit Results

1/1/2020: Livongo Diabetes Impact

## Exhibit 3A – Plan Year 2020 Aggregate Costs

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	CWA Unity/NJ DIRECT			Legacy Plans					
	Total	Horizon CWA/NJ DIRECT	Horizon CWA/NJ DIRECT 2019	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	311,256	90,132	4,065	13,561	29,756	1,113	118,812	6,402	22,828
Incurred Medical Claims	\$1,668,844,000	\$579,585,000	\$19,264,000	\$20,473,000	\$38,446,000	\$9,307,000	\$771,088,000	\$14,085,000	\$123,639,000
Capitation	\$10,171,000	\$3,492,000	\$60,000	\$0	\$0	\$29,000	\$4,686,000	\$0	\$1,124,000
Incurred Prescription Drug Claims	\$803,358,000	\$164,245,000	\$4,186,000	\$79,510,000	\$180,674,000	\$2,435,000	\$229,762,000	\$42,638,000	\$55,244,000
Prescription Drug Rebates	(\$226,065,000)	(\$51,151,000)	(\$1,304,000)	(\$19,167,000)	(\$43,555,000)	(\$750,000)	(\$71,346,000)	(\$10,279,000)	(\$16,371,000)
EGWP Credits	(\$130,353,000)	N/A	N/A	(\$31,894,000)	(\$69,985,000)	\$0	\$0	(\$15,058,000)	(\$3,280,000)
Administrative Fees	\$70,081,000	\$20,687,000	\$1,183,000	\$1,635,000	\$3,562,000	\$157,000	\$27,436,000	\$773,000	\$6,649,000
<b>Total Cost</b>	<b>\$2,196,036,000</b>	<b>\$716,858,000</b>	<b>\$23,389,000</b>	<b>\$50,557,000</b>	<b>\$109,142,000</b>	<b>\$11,178,000</b>	<b>\$961,626,000</b>	<b>\$32,159,000</b>	<b>\$167,005,000</b>
Total Premium	\$2,387,795,000	\$671,948,000	\$31,427,000	\$54,997,000	\$114,203,000	\$11,795,000	\$1,093,173,000	\$32,863,000	\$200,947,000
Gain (Loss)	\$191,759,000	(\$44,910,000)	\$8,038,000	\$4,440,000	\$5,061,000	\$617,000	\$131,547,000	\$704,000	\$33,942,000
<b>Employees</b>									
Average Medical Members	219,769	89,309	4,065	N/A	N/A	N/A	92,236	N/A	14,886
Incurred Medical Claims	\$1,308,938,000	\$573,875,000	\$19,264,000	N/A	N/A	N/A	\$563,271,000	N/A	\$76,256,000
Capitation	\$8,969,000	\$3,476,000	\$60,000	N/A	N/A	N/A	\$3,957,000	N/A	\$788,000
Incurred Prescription Drug Claims	\$374,658,000	\$161,778,000	\$4,186,000	N/A	N/A	N/A	\$163,319,000	N/A	\$28,181,000
Prescription Drug Rebates	(\$116,700,000)	(\$50,391,000)	(\$1,304,000)	N/A	N/A	N/A	(\$50,871,000)	N/A	(\$8,778,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$52,583,000	\$20,430,000	\$1,183,000	N/A	N/A	N/A	\$20,842,000	N/A	\$4,143,000
<b>Total Cost</b>	<b>\$1,628,448,000</b>	<b>\$709,168,000</b>	<b>\$23,389,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$700,518,000</b>	<b>N/A</b>	<b>\$100,590,000</b>
Total Premium	\$1,755,563,000	\$663,393,000	\$31,427,000	N/A	N/A	N/A	\$792,859,000	N/A	\$123,990,000
Gain (Loss)	\$127,115,000	(\$45,775,000)	\$8,038,000	N/A	N/A	N/A	\$92,341,000	N/A	\$23,400,000
<b>Early Retirees</b>									
Average Medical Members	36,063	823	N/A	N/A	N/A	1,113	26,576	N/A	6,547
Incurred Medical Claims	\$277,208,000	\$5,710,000	N/A	N/A	N/A	\$9,307,000	\$207,817,000	N/A	\$46,946,000
Capitation	\$1,202,000	\$16,000	N/A	N/A	N/A	\$29,000	\$729,000	N/A	\$336,000
Incurred Prescription Drug Claims	\$89,714,000	\$2,467,000	N/A	N/A	N/A	\$2,435,000	\$66,443,000	N/A	\$15,933,000
Prescription Drug Rebates	(\$27,646,000)	(\$760,000)	N/A	N/A	N/A	(\$750,000)	(\$20,475,000)	N/A	(\$4,910,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$9,038,000	\$257,000	N/A	N/A	N/A	\$157,000	\$6,594,000	N/A	\$1,847,000
<b>Total Cost</b>	<b>\$349,516,000</b>	<b>\$7,690,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$11,178,000</b>	<b>\$261,108,000</b>	<b>N/A</b>	<b>\$60,152,000</b>
Total Premium	\$395,645,000	\$8,555,000	N/A	N/A	N/A	\$11,795,000	\$300,314,000	N/A	\$66,563,000
Gain (Loss)	\$46,129,000	\$865,000	N/A	N/A	N/A	\$617,000	\$39,206,000	N/A	\$6,411,000
<b>Medicare Retirees</b>									
Average Medical Members	55,423	N/A	N/A	13,561	29,756	N/A	N/A	6,402	1,395
Incurred Medical Claims	\$82,698,000	N/A	N/A	\$20,473,000	\$38,446,000	N/A	N/A	\$14,085,000	\$437,000
Capitation	\$0	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0
Incurred Prescription Drug Claims	\$338,986,000	N/A	N/A	\$79,510,000	\$180,674,000	N/A	N/A	\$42,638,000	\$11,130,000
Prescription Drug Rebates	(\$81,719,000)	N/A	N/A	(\$19,167,000)	(\$43,555,000)	N/A	N/A	(\$10,279,000)	(\$2,683,000)
EGWP Credits	(\$130,353,000)	N/A	N/A	(\$31,894,000)	(\$69,985,000)	N/A	N/A	(\$15,058,000)	(\$3,280,000)
Administrative Fees	\$8,460,000	N/A	N/A	\$1,635,000	\$3,562,000	N/A	N/A	\$773,000	\$659,000
<b>Total Cost</b>	<b>\$218,072,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$50,557,000</b>	<b>\$109,142,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$32,159,000</b>	<b>\$6,263,000</b>
Total Premium	\$236,587,000	N/A	N/A	\$54,997,000	\$114,203,000	N/A	N/A	\$32,863,000	\$10,394,000
Gain (Loss)	\$18,515,000	N/A	N/A	\$4,440,000	\$5,061,000	N/A	N/A	\$704,000	\$4,131,000

\*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 2020 Aggregate Costs

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	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	10,051	18	71	3,718	26	1,701	416	403	8,183
Incurred Medical Claims	\$36,849,000	\$32,000	\$478,000	\$16,481,000	\$41,000	\$4,117,000	\$1,064,000	\$1,807,000	\$32,088,000
Capitation	\$256,000	\$0	\$2,000	\$128,000	\$1,000	\$52,000	\$7,000	\$6,000	\$328,000
Incurred Prescription Drug Claims	\$31,092,000	\$144,000	\$211,000	\$3,210,000	\$43,000	\$915,000	\$338,000	\$336,000	\$8,375,000
Prescription Drug Rebates	(\$7,948,000)	(\$35,000)	(\$56,000)	(\$987,000)	(\$13,000)	(\$285,000)	(\$105,000)	(\$104,000)	(\$2,609,000)
EGWP Credits	(\$9,892,000)	(\$43,000)	(\$61,000)	(\$138,000)	\$ (2,000.00)	N/A	N/A	N/A	N/A
Administrative Fees	\$3,216,000	\$2,000	\$27,000	\$1,003,000	\$10,000	\$572,000	\$129,000	\$120,000	\$2,920,000
Total Cost	\$53,573,000	\$100,000	\$601,000	\$19,697,000	\$80,000	\$5,371,000	\$1,433,000	\$2,165,000	\$41,102,000
Total Premium	\$72,895,000	\$79,000	\$597,000	\$30,252,000	\$261,000	\$12,677,000	\$2,082,000	\$2,849,000	\$54,750,000
Gain (Loss)	\$19,322,000	(\$21,000)	(\$4,000)	\$10,555,000	\$181,000	\$7,306,000	\$649,000	\$684,000	\$13,648,000
<b>Employees</b>									
Average Medical Members	5,028	N/A	N/A	3,601	N/A	1,701	384	398	8,162
Incurred Medical Claims	\$21,586,000	N/A	N/A	\$16,034,000	N/A	\$4,117,000	\$794,000	\$1,781,000	\$31,960,000
Capitation	\$171,000	N/A	N/A	\$125,000	N/A	\$52,000	\$6,000	\$6,000	\$328,000
Incurred Prescription Drug Claims	\$4,506,000	N/A	N/A	\$2,934,000	N/A	\$915,000	\$219,000	\$332,000	\$8,288,000
Prescription Drug Rebates	(\$1,404,000)	N/A	N/A	(\$914,000)	N/A	(\$285,000)	(\$68,000)	(\$103,000)	(\$2,582,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,312,000	N/A	N/A	\$958,000	N/A	\$572,000	\$114,000	\$118,000	\$2,911,000
Total Cost	\$26,171,000	N/A	N/A	\$19,137,000	N/A	\$5,371,000	\$1,065,000	\$2,134,000	\$40,905,000
Total Premium	\$42,750,000	N/A	N/A	\$29,299,000	N/A	\$12,677,000	\$1,842,000	\$2,806,000	\$54,520,000
Gain (Loss)	\$16,579,000	N/A	N/A	\$10,162,000	N/A	\$7,306,000	\$777,000	\$672,000	\$13,615,000
<b>Early Retirees</b>									
Average Medical Members	817	N/A	45	58	25	N/A	32	5	21
Incurred Medical Claims	\$6,186,000	N/A	\$436,000	\$341,000	\$41,000	N/A	\$270,000	\$26,000	\$128,000
Capitation	\$85,000	N/A	\$2,000	\$3,000	\$1,000	N/A	\$1,000	\$0	\$0
Incurred Prescription Drug Claims	\$2,008,000	N/A	\$78,000	\$97,000	\$43,000	N/A	\$119,000	\$4,000	\$87,000
Prescription Drug Rebates	(\$619,000)	N/A	(\$24,000)	(\$30,000)	(\$13,000)	N/A	(\$37,000)	(\$1,000)	(\$27,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$117,000	N/A	\$13,000	\$18,000	\$9,000	N/A	\$15,000	\$2,000	\$9,000
Total Cost	\$7,777,000	N/A	\$505,000	\$429,000	\$81,000	N/A	\$368,000	\$31,000	\$197,000
Total Premium	\$6,600,000	N/A	\$417,000	\$634,000	\$254,000	N/A	\$240,000	\$43,000	\$230,000
Gain (Loss)	(\$1,177,000)	N/A	(\$88,000)	\$205,000	\$173,000	N/A	(\$128,000)	\$12,000	\$33,000
<b>Medicare Retirees</b>									
Average Medical Members	4,206	18	26	59	1	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$9,077,000	\$32,000	\$42,000	\$106,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$24,578,000	\$144,000	\$133,000	\$179,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$5,925,000)	(\$35,000)	(\$32,000)	(\$43,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$9,892,000)	(\$43,000)	(\$61,000)	(\$138,000)	(\$2,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$1,787,000	\$2,000	\$14,000	\$27,000	\$1,000	N/A	N/A	N/A	N/A
Total Cost	\$19,625,000	\$100,000	\$96,000	\$131,000	(\$1,000)	N/A	N/A	N/A	N/A
Total Premium	\$23,545,000	\$79,000	\$180,000	\$319,000	\$7,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$3,920,000	(\$21,000)	\$84,000	\$188,000	\$8,000	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 2021 Aggregate Costs

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	CWA Unity/NJ DIRECT			Legacy Plans					
	Total	Horizon CWA/NJ DIRECT	CWA/NJ DIRECT 2019	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	300,009	105,804	7,823	12,772	31,080	896	93,022	7,099	18,939
Incurred Medical Claims	\$1,736,007,000	\$741,684,000	\$39,655,000	\$19,282,000	\$40,157,000	\$8,175,000	\$659,793,000	\$15,618,000	\$115,016,000
Capitation	\$10,044,000	\$4,314,000	\$123,000	\$0	\$0	\$24,000	\$3,814,000	\$0	\$1,024,000
Incurred Prescription Drug Claims	\$822,771,000	\$201,321,000	\$8,351,000	\$79,005,000	\$199,091,000	\$2,063,000	\$190,674,000	\$49,879,000	\$43,562,000
Prescription Drug Rebates	(\$218,763,000)	(\$61,572,000)	(\$2,570,000)	(\$16,689,000)	(\$42,055,000)	(\$656,000)	(\$59,098,000)	(\$10,536,000)	(\$13,149,000)
EGWP Credits	(\$137,014,000)	N/A	N/A	(\$31,356,000)	(\$76,304,000)	N/A	N/A	(\$17,429,000)	(\$1,095,000)
Administrative Fees	\$81,653,000	\$30,288,000	\$2,841,000	\$1,547,000	\$3,737,000	\$198,000	\$26,731,000	\$863,000	\$6,902,000
Total Cost	\$2,294,698,000	\$916,035,000	\$48,400,000	\$51,789,000	\$124,626,000	\$9,804,000	\$821,914,000	\$38,395,000	\$152,260,000
Total Premium	\$2,255,685,000	\$821,151,000	\$63,126,000	\$54,663,000	\$126,253,000	\$8,677,000	\$826,716,000	\$38,273,000	\$161,244,000
Gain (Loss)	(\$39,013,000)	(\$94,884,000)	\$14,726,000	\$2,874,000	\$1,627,000	(\$1,127,000)	\$4,802,000	(\$122,000)	\$8,984,000
<b>Employees</b>									
Average Medical Members	211,198	104,374	7,823	N/A	N/A	N/A	68,964	N/A	12,867
Incurred Medical Claims	\$1,375,178,000	\$731,009,000	\$39,655,000	N/A	N/A	N/A	\$457,043,000	N/A	\$71,150,000
Capitation	\$8,898,000	\$4,285,000	\$123,000	N/A	N/A	N/A	\$3,121,000	N/A	\$719,000
Incurred Prescription Drug Claims	\$377,852,000	\$197,379,000	\$8,351,000	N/A	N/A	N/A	\$127,466,000	N/A	\$25,423,000
Prescription Drug Rebates	(\$115,523,000)	(\$60,315,000)	(\$2,570,000)	N/A	N/A	N/A	(\$38,955,000)	N/A	(\$7,771,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$63,638,000	\$29,782,000	\$2,841,000	N/A	N/A	N/A	\$19,621,000	N/A	\$4,753,000
Total Cost	\$1,710,043,000	\$902,140,000	\$48,400,000	N/A	N/A	N/A	\$568,296,000	N/A	\$94,274,000
Total Premium	\$1,673,256,000	\$807,900,000	\$63,126,000	N/A	N/A	N/A	\$574,682,000	N/A	\$104,722,000
Gain (Loss)	(\$36,787,000)	(\$94,240,000)	\$14,726,000	N/A	N/A	N/A	\$6,386,000	N/A	\$10,448,000
<b>Early Retirees</b>									
Average Medical Members	33,003	1,430	N/A	N/A	N/A	896	24,058	N/A	5,626
Incurred Medical Claims	\$273,276,000	\$10,675,000	N/A	N/A	N/A	\$8,175,000	\$202,750,000	N/A	\$43,684,000
Capitation	\$1,146,000	\$29,000	N/A	N/A	N/A	\$24,000	\$693,000	N/A	\$305,000
Incurred Prescription Drug Claims	\$86,168,000	\$3,942,000	N/A	N/A	N/A	\$2,063,000	\$63,208,000	N/A	\$14,384,000
Prescription Drug Rebates	(\$27,460,000)	(\$1,257,000)	N/A	N/A	N/A	(\$656,000)	(\$20,143,000)	N/A	(\$4,585,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,031,000	\$506,000	N/A	N/A	N/A	\$198,000	\$7,110,000	N/A	\$2,025,000
Total Cost	\$343,161,000	\$13,895,000	N/A	N/A	N/A	\$9,804,000	\$253,618,000	N/A	\$55,813,000
Total Premium	\$334,898,000	\$13,251,000	N/A	N/A	N/A	\$8,677,000	\$252,034,000	N/A	\$53,182,000
Gain (Loss)	(\$8,263,000)	(\$644,000)	N/A	N/A	N/A	(\$1,127,000)	(\$1,584,000)	N/A	(\$2,631,000)
<b>Medicare Retirees</b>									
Average Medical Members	55,808	N/A	N/A	12,772	31,080	N/A	N/A	7,099	446
Incurred Medical Claims	\$87,553,000	N/A	N/A	\$19,282,000	\$40,157,000	N/A	N/A	\$15,618,000	\$182,000
Capitation	\$0	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0
Incurred Prescription Drug Claims	\$358,751,000	N/A	N/A	\$79,005,000	\$199,091,000	N/A	N/A	\$49,879,000	\$3,755,000
Prescription Drug Rebates	(\$75,780,000)	N/A	N/A	(\$16,689,000)	(\$42,055,000)	N/A	N/A	(\$10,536,000)	(\$793,000)
EGWP Credits	(\$137,014,000)	N/A	N/A	(\$31,356,000)	(\$76,304,000)	N/A	N/A	(\$17,429,000)	(\$1,095,000)
Administrative Fees	\$7,984,000	N/A	N/A	\$1,547,000	\$3,737,000	N/A	N/A	\$863,000	\$124,000
Total Cost	\$241,494,000	N/A	N/A	\$51,789,000	\$124,626,000	N/A	N/A	\$38,395,000	\$2,173,000
Total Premium	\$247,531,000	N/A	N/A	\$54,663,000	\$126,253,000	N/A	N/A	\$38,273,000	\$3,340,000
Gain (Loss)	\$6,037,000	N/A	N/A	\$2,874,000	\$1,627,000	N/A	N/A	(\$122,000)	\$1,167,000

\*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 2021 Aggregate Costs

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	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	9,117	21	68	2,695	16	1,229	472	589	8,366
Incurred Medical Claims	\$37,042,000	\$37,000	\$493,000	\$12,732,000	\$25,000	\$2,985,000	\$1,202,000	\$2,807,000	\$39,304,000
Capitation	\$231,000	\$0	\$2,000	\$97,000	\$1,000	\$40,000	\$9,000	\$10,000	\$355,000
Incurred Prescription Drug Claims	\$32,276,000	\$176,000	\$221,000	\$2,492,000	\$28,000	\$674,000	\$385,000	\$508,000	\$12,065,000
Prescription Drug Rebates	(\$7,399,000)	(\$37,000)	(\$55,000)	(\$748,000)	(\$9,000)	(\$211,000)	(\$121,000)	(\$157,000)	(\$3,701,000)
EGWP Credits	(\$10,545,000)	(\$52,000)	(\$66,000)	(\$167,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$3,124,000	\$3,000	\$24,000	\$919,000	\$6,000	\$523,000	\$188,000	\$219,000	\$3,540,000
Total Cost	\$54,729,000	\$127,000	\$619,000	\$15,325,000	\$51,000	\$4,011,000	\$1,663,000	\$3,387,000	\$51,563,000
Total Premium	\$63,695,000	\$97,000	\$524,000	\$21,301,000	\$145,000	\$8,932,000	\$2,275,000	\$3,990,000	\$54,623,000
Gain (Loss)	\$8,966,000	(\$30,000)	(\$95,000)	\$5,976,000	\$94,000	\$4,921,000	\$612,000	\$603,000	\$3,060,000
<b>Employees</b>									
Average Medical Members	4,026	N/A	N/A	2,560	N/A	1,229	440	586	8,329
Incurred Medical Claims	\$18,423,000	N/A	N/A	\$12,154,000	N/A	\$2,985,000	\$910,000	\$2,790,000	\$39,059,000
Capitation	\$145,000	N/A	N/A	\$94,000	N/A	\$40,000	\$8,000	\$10,000	\$353,000
Incurred Prescription Drug Claims	\$3,738,000	N/A	N/A	\$2,157,000	N/A	\$674,000	\$257,000	\$505,000	\$11,902,000
Prescription Drug Rebates	(\$1,151,000)	N/A	N/A	(\$665,000)	N/A	(\$211,000)	(\$80,000)	(\$156,000)	(\$3,649,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,336,000	N/A	N/A	\$869,000	N/A	\$523,000	\$170,000	\$218,000	\$3,525,000
Total Cost	\$22,491,000	N/A	N/A	\$14,609,000	N/A	\$4,011,000	\$1,265,000	\$3,367,000	\$51,190,000
Total Premium	\$33,310,000	N/A	N/A	\$20,291,000	N/A	\$8,932,000	\$2,053,000	\$3,964,000	\$54,276,000
Gain (Loss)	\$10,819,000	N/A	N/A	\$5,682,000	N/A	\$4,921,000	\$788,000	\$597,000	\$3,086,000
<b>Early Retirees</b>									
Average Medical Members	796	N/A	41	67	16	N/A	32	3	37
Incurred Medical Claims	\$6,559,000	N/A	\$435,000	\$419,000	\$25,000	N/A	\$292,000	\$17,000	\$245,000
Capitation	\$86,000	N/A	\$2,000	\$3,000	\$1,000	N/A	\$1,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$2,058,000	N/A	\$74,000	\$117,000	\$28,000	N/A	\$128,000	\$3,000	\$163,000
Prescription Drug Rebates	(\$655,000)	N/A	(\$24,000)	(\$37,000)	(\$9,000)	N/A	(\$41,000)	(\$1,000)	(\$52,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$119,000	N/A	\$13,000	\$20,000	\$6,000	N/A	\$18,000	\$1,000	\$15,000
Total Cost	\$8,167,000	N/A	\$500,000	\$522,000	\$51,000	N/A	\$398,000	\$20,000	\$373,000
Total Premium	\$6,044,000	N/A	\$334,000	\$636,000	\$145,000	N/A	\$222,000	\$26,000	\$347,000
Gain (Loss)	(\$2,123,000)	N/A	(\$166,000)	\$114,000	\$94,000	N/A	(\$176,000)	\$6,000	(\$26,000)
<b>Medicare Retirees</b>									
Average Medical Members	4,295	21	27	68	-	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$12,060,000	\$37,000	\$58,000	\$159,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$26,480,000	\$176,000	\$147,000	\$218,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$5,593,000)	(\$37,000)	(\$31,000)	(\$46,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$10,545,000)	(\$52,000)	(\$66,000)	(\$167,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$1,669,000	\$3,000	\$11,000	\$30,000	\$0	N/A	N/A	N/A	N/A
Total Cost	\$24,071,000	\$127,000	\$119,000	\$194,000	\$0	N/A	N/A	N/A	N/A
Total Premium	\$24,341,000	\$97,000	\$190,000	\$374,000	\$0	N/A	N/A	N/A	N/A
Gain (Loss)	\$270,000	(\$30,000)	\$71,000	\$180,000	\$0	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 – Projected Plan Year 2022 Aggregate Costs

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	CWA Unity/NJ DIRECT			Legacy Plans					
	Total	Horizon CWA/NJ DIRECT	CWA/NJ DIRECT 2019	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	300,722	137,402	17,690	13,025	31,674	877	54,482	7,241	18,056
Incurred Medical Claims	\$1,710,821,000	\$926,876,000	\$91,249,000	\$20,705,000	\$43,456,000	\$8,104,000	\$404,914,000	\$16,963,000	\$110,563,000
Capitation	\$10,133,000	\$5,883,000	\$293,000	\$0	\$0	\$25,000	\$2,207,000	\$0	\$1,029,000
Incurred Prescription Drug Claims	\$859,313,000	\$267,317,000	\$19,690,000	\$85,003,000	\$214,057,000	\$2,127,000	\$123,856,000	\$53,675,000	\$43,505,000
Prescription Drug Rebates	(\$233,121,000)	(\$85,621,000)	(\$6,351,000)	(\$17,731,000)	(\$44,650,000)	(\$704,000)	(\$40,360,000)	(\$11,196,000)	(\$13,653,000)
EGWP Credits	(\$143,237,000)	N/A	N/A	(\$32,809,000)	(\$79,785,000)	N/A	N/A	(\$18,239,000)	(\$1,089,000)
Administrative Fees	\$87,721,000	\$44,045,000	\$5,652,000	\$1,586,000	\$3,829,000	\$200,000	\$17,372,000	\$885,000	\$6,754,000
<b>Total Cost</b>	<b>\$2,291,630,000</b>	<b>\$1,158,500,000</b>	<b>\$110,533,000</b>	<b>\$56,754,000</b>	<b>\$136,907,000</b>	<b>\$9,752,000</b>	<b>\$507,989,000</b>	<b>\$42,088,000</b>	<b>\$147,109,000</b>
<b>Total Premium</b>	<b>\$2,291,563,000</b>	<b>\$1,124,934,000</b>	<b>\$143,583,000</b>	<b>\$58,642,000</b>	<b>\$135,710,000</b>	<b>\$8,776,000</b>	<b>\$500,300,000</b>	<b>\$41,260,000</b>	<b>\$149,794,000</b>
<b>Gain (Loss)</b>	<b>(\$67,000)</b>	<b>(\$33,566,000)</b>	<b>\$33,050,000</b>	<b>\$1,888,000</b>	<b>(\$1,197,000)</b>	<b>(\$976,000)</b>	<b>(\$7,689,000)</b>	<b>(\$828,000)</b>	<b>\$2,685,000</b>
<b>Employees</b>									
Average Medical Members	211,201	134,310	17,690	N/A	N/A	N/A	32,009	N/A	12,373
Incurred Medical Claims	\$1,345,867,000	\$903,844,000	\$91,249,000	N/A	N/A	N/A	\$214,535,000	N/A	\$69,252,000
Capitation	\$8,966,000	\$5,818,000	\$293,000	N/A	N/A	N/A	\$1,528,000	N/A	\$729,000
Incurred Prescription Drug Claims	\$383,806,000	\$258,364,000	\$19,690,000	N/A	N/A	N/A	\$61,771,000	N/A	\$25,549,000
Prescription Drug Rebates	(\$122,852,000)	(\$82,645,000)	(\$6,351,000)	N/A	N/A	N/A	(\$19,758,000)	N/A	(\$8,166,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$68,776,000	\$42,842,000	\$5,652,000	N/A	N/A	N/A	\$10,210,000	N/A	\$4,617,000
<b>Total Cost</b>	<b>\$1,684,563,000</b>	<b>\$1,128,223,000</b>	<b>\$110,533,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$268,286,000</b>	<b>N/A</b>	<b>\$91,981,000</b>
<b>Total Premium</b>	<b>\$1,684,476,000</b>	<b>\$1,094,980,000</b>	<b>\$143,583,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$255,433,000</b>	<b>N/A</b>	<b>\$95,265,000</b>
<b>Gain (Loss)</b>	<b>(\$87,000)</b>	<b>(\$33,243,000)</b>	<b>\$33,050,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$12,853,000)</b>	<b>N/A</b>	<b>\$3,284,000</b>
<b>Early Retirees</b>									
Average Medical Members	32,656	3,092	N/A	N/A	N/A	877	22,473	N/A	5,251
Incurred Medical Claims	\$270,477,000	\$23,032,000	N/A	N/A	N/A	\$8,104,000	\$190,379,000	N/A	\$41,126,000
Capitation	\$1,167,000	\$65,000	N/A	N/A	N/A	\$25,000	\$679,000	N/A	\$300,000
Incurred Prescription Drug Claims	\$89,903,000	\$8,953,000	N/A	N/A	N/A	\$2,127,000	\$62,085,000	N/A	\$14,116,000
Prescription Drug Rebates	(\$29,836,000)	(\$2,976,000)	N/A	N/A	N/A	(\$704,000)	(\$20,602,000)	N/A	(\$4,686,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,771,000	\$1,203,000	N/A	N/A	N/A	\$200,000	\$7,162,000	N/A	\$2,013,000
<b>Total Cost</b>	<b>\$342,482,000</b>	<b>\$30,277,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$9,752,000</b>	<b>\$239,703,000</b>	<b>N/A</b>	<b>\$52,869,000</b>
<b>Total Premium</b>	<b>\$342,520,000</b>	<b>\$29,954,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$8,776,000</b>	<b>\$244,867,000</b>	<b>N/A</b>	<b>\$51,276,000</b>
<b>Gain (Loss)</b>	<b>\$38,000</b>	<b>(\$323,000)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$976,000)</b>	<b>\$5,164,000</b>	<b>N/A</b>	<b>(\$1,593,000)</b>
<b>Medicare Retirees</b>									
Average Medical Members	56,864	N/A	N/A	13,025	31,674	N/A	N/A	7,241	432
Incurred Medical Claims	\$94,477,000	N/A	N/A	\$20,705,000	\$43,456,000	N/A	N/A	\$16,963,000	\$185,000
Capitation	\$0	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0
Incurred Prescription Drug Claims	\$385,604,000	N/A	N/A	\$85,003,000	\$214,057,000	N/A	N/A	\$53,675,000	\$3,840,000
Prescription Drug Rebates	(\$80,433,000)	N/A	N/A	(\$17,731,000)	(\$44,650,000)	N/A	N/A	(\$11,196,000)	(\$801,000)
EGWP Credits	(\$143,237,000)	N/A	N/A	(\$32,809,000)	(\$79,785,000)	N/A	N/A	(\$18,239,000)	(\$1,089,000)
Administrative Fees	\$8,174,000	N/A	N/A	\$1,586,000	\$3,829,000	N/A	N/A	\$885,000	\$124,000
<b>Total Cost</b>	<b>\$264,585,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$56,754,000</b>	<b>\$136,907,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$42,088,000</b>	<b>\$2,259,000</b>
<b>Total Premium</b>	<b>\$264,567,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$58,642,000</b>	<b>\$135,710,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$41,260,000</b>	<b>\$3,253,000</b>
<b>Gain (Loss)</b>	<b>(\$18,000)</b>	<b>N/A</b>	<b>N/A</b>	<b>\$1,888,000</b>	<b>(\$1,197,000)</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$828,000)</b>	<b>\$994,000</b>

Exhibit 3C – Projected Plan Year 2022 Aggregate Costs

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	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	7,328	21	67	1,545	15	849	563	686	9,201
Incurred Medical Claims	\$29,475,000	\$41,000	\$473,000	\$7,366,000	\$21,000	\$2,119,000	\$1,383,000	\$3,322,000	\$43,791,000
Capitation	\$171,000	\$0	\$2,000	\$58,000	\$1,000	\$29,000	\$11,000	\$12,000	\$412,000
Incurred Prescription Drug Claims	\$32,672,000	\$189,000	\$231,000	\$1,587,000	\$27,000	\$484,000	\$447,000	\$615,000	\$13,831,000
Prescription Drug Rebates	(\$7,316,000)	(\$39,000)	(\$57,000)	(\$489,000)	(\$9,000)	(\$159,000)	(\$147,000)	(\$199,000)	(\$4,440,000)
EGWP Credits	(\$11,017,000)	(\$54,000)	(\$69,000)	(\$175,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$2,520,000	\$3,000	\$24,000	\$503,000	\$6,000	\$272,000	\$195,000	\$227,000	\$3,648,000
Total Cost	\$46,505,000	\$140,000	\$604,000	\$8,850,000	\$46,000	\$2,745,000	\$1,889,000	\$3,977,000	\$57,242,000
Total Premium	\$47,702,000	\$105,000	\$515,000	\$11,327,000	\$138,000	\$5,374,000	\$2,448,000	\$4,272,000	\$56,683,000
Gain (Loss)	\$1,197,000	(\$35,000)	(\$89,000)	\$2,477,000	\$92,000	\$2,629,000	\$559,000	\$295,000	(\$559,000)
<b>Employees</b>									
Average Medical Members	2,173	N/A	N/A	1,414	N/A	849	533	683	9,167
Incurred Medical Claims	\$10,069,000	N/A	N/A	\$6,808,000	N/A	\$2,119,000	\$1,118,000	\$3,307,000	\$43,566,000
Capitation	\$82,000	N/A	N/A	\$55,000	N/A	\$29,000	\$10,000	\$12,000	\$410,000
Incurred Prescription Drug Claims	\$2,099,000	N/A	N/A	\$1,239,000	N/A	\$484,000	\$324,000	\$612,000	\$13,674,000
Prescription Drug Rebates	(\$679,000)	N/A	N/A	(\$402,000)	N/A	(\$159,000)	(\$106,000)	(\$198,000)	(\$4,388,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$695,000	N/A	N/A	\$452,000	N/A	\$272,000	\$177,000	\$226,000	\$3,633,000
Total Cost	\$12,266,000	N/A	N/A	\$8,152,000	N/A	\$2,745,000	\$1,523,000	\$3,959,000	\$56,895,000
Total Premium	\$16,676,000	N/A	N/A	\$10,330,000	N/A	\$5,374,000	\$2,236,000	\$4,248,000	\$56,351,000
Gain (Loss)	\$4,410,000	N/A	N/A	\$2,178,000	N/A	\$2,629,000	\$713,000	\$289,000	(\$544,000)
<b>Early Retirees</b>									
Average Medical Members	781	N/A	39	62	15	N/A	30	3	34
Incurred Medical Claims	\$6,512,000	N/A	\$411,000	\$387,000	\$21,000	N/A	\$265,000	\$15,000	\$225,000
Capitation	\$89,000	N/A	\$2,000	\$3,000	\$1,000	N/A	\$1,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$2,126,000	N/A	\$73,000	\$113,000	\$27,000	N/A	\$123,000	\$3,000	\$157,000
Prescription Drug Rebates	(\$703,000)	N/A	(\$24,000)	(\$38,000)	(\$9,000)	N/A	(\$41,000)	(\$1,000)	(\$52,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$120,000	N/A	\$13,000	\$20,000	\$6,000	N/A	\$18,000	\$1,000	\$15,000
Total Cost	\$8,144,000	N/A	\$475,000	\$485,000	\$46,000	N/A	\$366,000	\$18,000	\$347,000
Total Premium	\$6,009,000	N/A	\$321,000	\$611,000	\$138,000	N/A	\$212,000	\$24,000	\$332,000
Gain (Loss)	(\$2,135,000)	N/A	(\$154,000)	\$126,000	\$92,000	N/A	(\$154,000)	\$6,000	(\$15,000)
<b>Medicare Retirees</b>									
Average Medical Members	4,374	21	28	69	-	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$12,894,000	\$41,000	\$62,000	\$171,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$28,447,000	\$189,000	\$158,000	\$235,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$5,934,000)	(\$39,000)	(\$33,000)	(\$49,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$11,017,000)	(\$54,000)	(\$69,000)	(\$175,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$1,705,000	\$3,000	\$11,000	\$31,000	\$0	N/A	N/A	N/A	N/A
Total Cost	\$26,095,000	\$140,000	\$129,000	\$213,000	\$0	N/A	N/A	N/A	N/A
Total Premium	\$25,017,000	\$105,000	\$194,000	\$386,000	\$0	N/A	N/A	N/A	N/A
Gain (Loss)	(\$1,078,000)	(\$35,000)	\$65,000	\$173,000	\$0	N/A	N/A	N/A	N/A

Exhibit 4A – Plan Year 2022 Monthly Active Premiums

	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO	Horizon 2019 PPO	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Medical Coverage Only</b>					
Single	\$719.54	\$715.75	\$700.19	\$670.86	\$680.59
Employee+Spouse	\$1,439.08	\$1,431.50	\$1,400.38	\$1,341.72	\$1,361.18
Family	\$2,057.88	\$2,047.05	\$2,002.54	\$1,918.66	\$1,946.49
Employee+Child(ren)	\$1,338.34	\$1,331.30	\$1,302.35	\$1,247.80	\$1,265.90
Adult Child Rate	\$631.18	\$627.86	\$614.20	\$588.48	\$597.02
	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO	Horizon 2019 PPO	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Rx Card</b>					
Single	\$132.70	\$132.70	\$134.01	\$134.01	\$121.54
Employee+Spouse	\$265.40	\$265.40	\$268.02	\$268.02	\$243.08
Family	\$379.52	\$379.52	\$383.27	\$383.27	\$347.60
Employee+Child(ren)	\$246.82	\$246.82	\$249.26	\$249.26	\$226.06
Adult Child Rate	\$116.40	\$116.40	\$117.56	\$117.56	\$106.61

	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>					
Single	\$639.97	\$550.38	\$356.51	\$528.75	\$525.57
Single	\$1,279.94	\$1,100.76	\$713.02	\$1,057.50	\$1,051.14
Family	\$1,830.31	\$1,574.09	\$1,019.62	\$1,512.23	\$1,503.13
Family	\$1,190.34	\$1,023.71	\$663.11	\$983.48	\$977.56
Adult Child Rate	\$561.38	\$482.80	\$312.73	\$463.83	\$461.03
	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Rx Card</b>					
Single	\$123.71	\$111.34	\$81.73	\$121.20	\$117.02
Single	\$247.42	\$222.68	\$163.46	\$242.40	\$234.04
Family	\$353.81	\$318.43	\$233.75	\$346.63	\$334.68
Family	\$230.10	\$207.09	\$152.02	\$225.43	\$217.66
Adult Child Rate	\$108.52	\$97.67	\$71.70	\$106.32	\$102.65

Exhibit 4B – Plan Year 2022 Annual Active Premiums

	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO	Horizon 2019 PPO	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Medical Coverage Only</b>					
Single	\$8,634	\$8,589	\$8,402	\$8,050	\$8,167
Employee+Spouse	\$17,269	\$17,178	\$16,805	\$16,101	\$16,334
Family	\$24,695	\$24,565	\$24,030	\$23,024	\$23,358
Employee+Child(ren)	\$16,060	\$15,976	\$15,628	\$14,974	\$15,191
Adult Child Rate	\$7,574	\$7,534	\$7,370	\$7,062	\$7,164
	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO	Horizon 2019 PPO	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Rx Card</b>					
Single	\$1,592	\$1,592	\$1,608	\$1,608	\$1,458
Employee+Spouse	\$3,185	\$3,185	\$3,216	\$3,216	\$2,917
Family	\$4,554	\$4,554	\$4,599	\$4,599	\$4,171
Employee+Child(ren)	\$2,962	\$2,962	\$2,991	\$2,991	\$2,713
Adult Child Rate	\$1,397	\$1,397	\$1,411	\$1,411	\$1,279

	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>					
Single	\$7,680	\$6,605	\$4,278	\$6,345	\$6,307
Employee+Spouse	\$15,359	\$13,209	\$8,556	\$12,690	\$12,614
Family	\$21,964	\$18,889	\$12,235	\$18,147	\$18,038
Employee+Child(ren)	\$14,284	\$12,285	\$7,957	\$11,802	\$11,731
Adult Child Rate	\$6,737	\$5,794	\$3,753	\$5,566	\$5,532
	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Rx Card</b>					
Single	\$1,485	\$1,336	\$981	\$1,454	\$1,404
Employee+Spouse	\$2,969	\$2,672	\$1,962	\$2,909	\$2,809
Family	\$4,246	\$3,821	\$2,805	\$4,160	\$4,016
Employee+Child(ren)	\$2,761	\$2,485	\$1,824	\$2,705	\$2,612
Adult Child Rate	\$1,302	\$1,172	\$860	\$1,276	\$1,232

Exhibit 4C – Plan Year 2022 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	\$1,259.20	N/A	\$1,259.20	\$1,195.78	N/A	\$1,195.78	\$1,124.28	N/A	\$1,124.28	\$1,124.28
Single - 1 Medicare	N/A	\$378.88	\$378.88	N/A	\$360.74	\$360.74	N/A	\$479.10	\$479.10	\$631.38
EE+Spouse - 0 Medicare	\$2,745.06	N/A	\$2,745.06	\$2,606.78	N/A	\$2,606.78	\$2,449.57	N/A	\$2,449.57	\$2,449.57
EE+Spouse - 1 Medicare	\$1,222.85	\$378.88	\$1,601.73	\$1,227.43	\$360.74	\$1,588.17	\$852.82	\$479.10	\$1,331.92	\$1,484.20
EE+Spouse - 2 Medicare	N/A	\$757.76	\$757.77	N/A	\$721.48	\$721.49	N/A	\$958.20	\$958.19	\$1,262.75
Family - 0 Medicare	\$3,122.84	N/A	\$3,122.84	\$2,965.52	N/A	\$2,965.52	\$2,786.73	N/A	\$2,786.73	\$2,786.73
Family - 1 Medicare	\$1,549.90	\$378.88	\$1,928.78	\$1,555.91	\$360.74	\$1,916.65	\$1,126.26	\$479.10	\$1,605.36	\$1,757.64
Family - 2 Medicare	\$216.65	\$757.76	\$974.41	\$211.39	\$721.48	\$932.87	\$219.34	\$958.20	\$1,177.54	\$1,549.58
EE+Ch - 0 Medicare	\$1,762.87	N/A	\$1,762.87	\$1,674.05	N/A	\$1,674.05	\$1,572.97	N/A	\$1,572.97	\$1,572.97
EE+Ch - 1 Medicare	\$218.46	\$378.88	\$597.34	\$213.11	\$360.74	\$573.85	\$225.27	\$479.10	\$704.37	\$925.90
<b>Medical Premium</b>										
Single - 0 Medicare	\$1,056.65	N/A	\$1,056.65	\$993.23	N/A	\$993.23	\$909.87	N/A	\$909.87	\$909.87
Single - 1 Medicare	N/A	\$132.47	\$132.47	N/A	\$114.33	\$114.33	N/A	\$195.22	\$195.22	\$347.50
EE+Spouse - 0 Medicare	\$2,303.50	N/A	\$2,303.50	\$2,165.22	N/A	\$2,165.22	\$1,983.52	N/A	\$1,983.52	\$1,983.52
EE+Spouse - 1 Medicare	\$1,033.00	\$132.47	\$1,165.47	\$1,037.58	\$114.33	\$1,151.91	\$649.89	\$195.22	\$845.11	\$997.39
EE+Spouse - 2 Medicare	N/A	\$264.94	\$264.94	N/A	\$228.66	\$228.66	N/A	\$390.44	\$390.44	\$695.00
Family - 0 Medicare	\$2,620.51	N/A	\$2,620.51	\$2,463.19	N/A	\$2,463.19	\$2,256.48	N/A	\$2,256.48	\$2,256.48
Family - 1 Medicare	\$1,303.61	\$132.47	\$1,436.08	\$1,309.62	\$114.33	\$1,423.95	\$864.59	\$195.22	\$1,059.81	\$1,212.09
Family - 2 Medicare	\$74.07	\$264.94	\$339.01	\$68.81	\$228.66	\$297.47	\$90.59	\$390.44	\$481.03	\$853.07
EE+Ch - 0 Medicare	\$1,479.32	N/A	\$1,479.32	\$1,390.50	N/A	\$1,390.50	\$1,273.82	N/A	\$1,273.82	\$1,273.82
EE+Ch - 1 Medicare	\$74.71	\$132.47	\$207.18	\$69.36	\$114.33	\$183.69	\$92.92	\$195.22	\$288.14	\$509.67
<b>Rx Premium</b>										
Single - 0 Medicare	\$202.55	N/A	\$202.55	\$202.55	N/A	\$202.55	\$214.41	N/A	\$214.41	\$214.41
Single - 1 Medicare	N/A	\$246.41	\$246.41	N/A	\$246.41	\$246.41	N/A	\$283.88	\$283.88	\$283.88
EE+Spouse - 0 Medicare	\$441.56	N/A	\$441.56	\$441.56	N/A	\$441.56	\$466.05	N/A	\$466.05	\$466.05
EE+Spouse - 1 Medicare	\$189.85	\$246.41	\$436.26	\$189.85	\$246.41	\$436.26	\$202.93	\$283.88	\$486.81	\$486.81
EE+Spouse - 2 Medicare	N/A	\$492.82	\$492.83	N/A	\$492.82	\$492.83	N/A	\$567.76	\$567.75	\$567.75
Family - 0 Medicare	\$502.33	N/A	\$502.33	\$502.33	N/A	\$502.33	\$530.25	N/A	\$530.25	\$530.25
Family - 1 Medicare	\$246.29	\$246.41	\$492.70	\$246.29	\$246.41	\$492.70	\$261.67	\$283.88	\$545.55	\$545.55
Family - 2 Medicare	\$142.58	\$492.82	\$635.40	\$142.58	\$492.82	\$635.40	\$128.75	\$567.76	\$696.51	\$696.51
EE+Ch - 0 Medicare	\$283.55	N/A	\$283.55	\$283.55	N/A	\$283.55	\$299.15	N/A	\$299.15	\$299.15
EE+Ch - 1 Medicare	\$143.75	\$246.41	\$390.16	\$143.75	\$246.41	\$390.16	\$132.35	\$283.88	\$416.23	\$416.23

**Exhibit 4C – Plan Year 2022 Monthly Retiree Premiums**

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	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	\$1,153.00	\$1,036.76	N/A	\$1,036.76	\$1,036.76	\$1,102.23	\$991.57
Single - 1 Medicare	\$480.31	N/A	\$413.11	\$413.11	\$590.76	\$467.53	\$576.08
EE+Spouse - 0 Medicare	\$2,513.53	\$2,260.12	N/A	\$2,260.12	\$2,260.12	\$2,402.87	\$2,161.68
EE+Spouse - 1 Medicare	\$1,375.36	\$782.59	\$413.11	\$1,195.70	\$1,373.35	\$1,325.61	\$1,326.66
EE+Spouse - 2 Medicare	\$960.61	N/A	\$826.22	\$826.23	\$1,181.48	\$935.08	\$1,152.20
Family - 0 Medicare	\$2,859.43	\$2,571.15	N/A	\$2,571.15	\$2,571.15	\$2,733.52	\$2,459.13
Family - 1 Medicare	\$1,657.22	\$1,036.22	\$413.11	\$1,449.33	\$1,626.98	\$1,595.55	\$1,569.73
Family - 2 Medicare	\$1,238.51	\$201.08	\$826.22	\$1,027.30	\$1,440.14	\$1,205.56	\$1,404.01
EE+Ch - 0 Medicare	\$1,614.18	\$1,451.43	N/A	\$1,451.43	\$1,451.43	\$1,543.12	\$1,388.21
EE+Ch - 1 Medicare	\$760.48	\$205.32	\$413.11	\$618.43	\$856.90	\$740.26	\$835.29
<b>Medical Premium</b>							
Single - 0 Medicare	\$953.82	\$829.72	N/A	\$829.72	\$829.72	\$901.19	\$782.61
Single - 1 Medicare	\$237.99	N/A	\$159.79	\$159.79	\$337.44	\$222.95	\$320.37
EE+Spouse - 0 Medicare	\$2,079.34	\$1,808.79	N/A	\$1,808.79	\$1,808.79	\$1,964.59	\$1,706.10
EE+Spouse - 1 Medicare	\$946.38	\$588.73	\$159.79	\$748.52	\$926.17	\$892.62	\$875.31
EE+Spouse - 2 Medicare	\$475.99	N/A	\$319.58	\$319.58	\$674.83	\$445.93	\$640.80
Family - 0 Medicare	\$2,365.49	\$2,057.71	N/A	\$2,057.71	\$2,057.71	\$2,234.96	\$1,940.88
Family - 1 Medicare	\$1,172.75	\$784.51	\$159.79	\$944.30	\$1,121.95	\$1,106.52	\$1,059.96
Family - 2 Medicare	\$613.68	\$54.48	\$319.58	\$374.06	\$786.90	\$574.89	\$744.68
EE+Ch - 0 Medicare	\$1,335.36	\$1,161.60	N/A	\$1,161.60	\$1,161.60	\$1,261.67	\$1,095.66
EE+Ch - 1 Medicare	\$376.84	\$57.55	\$159.79	\$217.34	\$455.81	\$353.01	\$430.45
<b>Rx Premium</b>							
Single - 0 Medicare	\$199.18	\$207.04	N/A	\$207.04	\$207.04	\$201.04	\$208.96
Single - 1 Medicare	\$242.32	N/A	\$253.32	\$253.32	\$253.32	\$244.58	\$255.71
EE+Spouse - 0 Medicare	\$434.19	\$451.33	N/A	\$451.33	\$451.33	\$438.28	\$455.58
EE+Spouse - 1 Medicare	\$428.98	\$193.86	\$253.32	\$447.18	\$447.18	\$432.99	\$451.35
EE+Spouse - 2 Medicare	\$484.62	N/A	\$506.64	\$506.65	\$506.65	\$489.15	\$511.40
Family - 0 Medicare	\$493.94	\$513.44	N/A	\$513.44	\$513.44	\$498.56	\$518.25
Family - 1 Medicare	\$484.47	\$251.71	\$253.32	\$505.03	\$505.03	\$489.03	\$509.77
Family - 2 Medicare	\$624.83	\$146.60	\$506.64	\$653.24	\$653.24	\$630.67	\$659.33
EE+Ch - 0 Medicare	\$278.82	\$289.83	N/A	\$289.83	\$289.83	\$281.45	\$292.55
EE+Ch - 1 Medicare	\$383.64	\$147.77	\$253.32	\$401.09	\$401.09	\$387.25	\$404.84

Exhibit 4C – Plan Year 2022 Monthly Retiree Premiums

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	<b>HD 4000</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>CWA</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO
<b><u>Total Premium</u></b>					
Single - 0 Medicare	\$632.55	\$942.83	\$927.12	\$922.11	\$1,100.29
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,378.91	\$2,055.38	\$2,021.11	\$2,010.20	\$2,398.63
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,568.67	\$2,338.22	\$2,299.26	\$2,286.84	\$2,728.71
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$885.53	\$1,319.94	\$1,297.94	\$1,290.94	\$1,540.41
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b><u>Medical Premium</u></b>					
Single - 0 Medicare	\$500.72	\$775.96	\$745.47	\$739.94	\$905.71
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,091.54	\$1,691.59	\$1,625.11	\$1,613.07	\$1,974.44
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,241.75	\$1,924.38	\$1,848.76	\$1,835.06	\$2,246.15
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$700.98	\$1,086.34	\$1,043.65	\$1,035.92	\$1,268.00
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b><u>Rx Premium</u></b>					
Single - 0 Medicare	\$131.83	\$166.87	\$181.65	\$182.17	\$194.58
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$287.37	\$363.79	\$396.00	\$397.13	\$424.19
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$326.92	\$413.84	\$450.50	\$451.78	\$482.56
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$184.55	\$233.60	\$254.29	\$255.02	\$272.41
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A

Exhibit 4D – Plan Year 2022 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	\$15,110	N/A	\$15,110	\$14,349	N/A	\$14,349	\$13,491	N/A	\$13,491	\$13,491
Single - 1 Medicare	N/A	\$4,547	\$4,547	N/A	\$4,329	\$4,329	N/A	\$5,749	\$5,749	\$7,577
EE+Spouse - 0 Medicare	\$32,941	N/A	\$32,941	\$31,281	N/A	\$31,281	\$29,395	N/A	\$29,395	\$29,395
EE+Spouse - 1 Medicare	\$14,674	\$4,547	\$19,221	\$14,729	\$4,329	\$19,058	\$10,234	\$5,749	\$15,983	\$17,810
EE+Spouse - 2 Medicare	N/A	\$9,093	\$9,093	N/A	\$8,658	\$8,658	N/A	\$11,498	\$11,498	\$15,153
Family - 0 Medicare	\$37,474	N/A	\$37,474	\$35,586	N/A	\$35,586	\$33,441	N/A	\$33,441	\$33,441
Family - 1 Medicare	\$18,599	\$4,547	\$23,145	\$18,671	\$4,329	\$23,000	\$13,515	\$5,749	\$19,264	\$21,092
Family - 2 Medicare	\$2,600	\$9,093	\$11,693	\$2,537	\$8,658	\$11,194	\$2,632	\$11,498	\$14,130	\$18,595
EE+Ch - 0 Medicare	\$21,154	N/A	\$21,154	\$20,089	N/A	\$20,089	\$18,876	N/A	\$18,876	\$18,876
EE+Ch - 1 Medicare	\$2,622	\$4,547	\$7,168	\$2,557	\$4,329	\$6,886	\$2,703	\$5,749	\$8,452	\$11,111
<b>Medical Premium</b>										
Single - 0 Medicare	\$12,680	N/A	\$12,680	\$11,919	N/A	\$11,919	\$10,918	N/A	\$10,918	\$10,918
Single - 1 Medicare	N/A	\$1,590	\$1,590	N/A	\$1,372	\$1,372	N/A	\$2,343	\$2,343	\$4,170
EE+Spouse - 0 Medicare	\$27,642	N/A	\$27,642	\$25,983	N/A	\$25,983	\$23,802	N/A	\$23,802	\$23,802
EE+Spouse - 1 Medicare	\$12,396	\$1,590	\$13,986	\$12,451	\$1,372	\$13,823	\$7,799	\$2,343	\$10,141	\$11,969
EE+Spouse - 2 Medicare	N/A	\$3,179	\$3,179	N/A	\$2,744	\$2,744	N/A	\$4,685	\$4,685	\$8,340
Family - 0 Medicare	\$31,446	N/A	\$31,446	\$29,558	N/A	\$29,558	\$27,078	N/A	\$27,078	\$27,078
Family - 1 Medicare	\$15,643	\$1,590	\$17,233	\$15,715	\$1,372	\$17,087	\$10,375	\$2,343	\$12,718	\$14,545
Family - 2 Medicare	\$889	\$3,179	\$4,068	\$826	\$2,744	\$3,570	\$1,087	\$4,685	\$5,772	\$10,237
EE+Ch - 0 Medicare	\$17,752	N/A	\$17,752	\$16,686	N/A	\$16,686	\$15,286	N/A	\$15,286	\$15,286
EE+Ch - 1 Medicare	\$897	\$1,590	\$2,486	\$832	\$1,372	\$2,204	\$1,115	\$2,343	\$3,458	\$6,116
<b>Rx Premium</b>										
Single - 0 Medicare	\$2,431	N/A	\$2,431	\$2,431	N/A	\$2,431	\$2,573	N/A	\$2,573	\$2,573
Single - 1 Medicare	N/A	\$2,957	\$2,957	N/A	\$2,957	\$2,957	N/A	\$3,407	\$3,407	\$3,407
EE+Spouse - 0 Medicare	\$5,299	N/A	\$5,299	\$5,299	N/A	\$5,299	\$5,593	N/A	\$5,593	\$5,593
EE+Spouse - 1 Medicare	\$2,278	\$2,957	\$5,235	\$2,278	\$2,957	\$5,235	\$2,435	\$3,407	\$5,842	\$5,842
EE+Spouse - 2 Medicare	N/A	\$5,914	\$5,914	N/A	\$5,914	\$5,914	N/A	\$6,813	\$6,813	\$6,813
Family - 0 Medicare	\$6,028	N/A	\$6,028	\$6,028	N/A	\$6,028	\$6,363	N/A	\$6,363	\$6,363
Family - 1 Medicare	\$2,955	\$2,957	\$5,912	\$2,955	\$2,957	\$5,912	\$3,140	\$3,407	\$6,547	\$6,547
Family - 2 Medicare	\$1,711	\$5,914	\$7,625	\$1,711	\$5,914	\$7,625	\$1,545	\$6,813	\$8,358	\$8,358
EE+Ch - 0 Medicare	\$3,403	N/A	\$3,403	\$3,403	N/A	\$3,403	\$3,590	N/A	\$3,590	\$3,590
EE+Ch - 1 Medicare	\$1,725	\$2,957	\$4,682	\$1,725	\$2,957	\$4,682	\$1,588	\$3,407	\$4,995	\$4,995



Exhibit 4D – Plan Year 2022 Annual Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO		Total Plan Premium	Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber				
<b>Total Premium</b>							
Single - 0 Medicare	\$13,836	\$12,441	N/A	\$12,441	\$12,441	\$13,227	\$11,899
Single - 1 Medicare	\$5,764	N/A	\$4,957	\$4,957	\$7,089	\$5,610	\$6,913
EE+Spouse - 0 Medicare	\$30,162	\$27,121	N/A	\$27,121	\$27,121	\$28,834	\$25,940
EE+Spouse - 1 Medicare	\$16,504	\$9,391	\$4,957	\$14,348	\$16,480	\$15,907	\$15,920
EE+Spouse - 2 Medicare	\$11,527	N/A	\$9,915	\$9,915	\$14,178	\$11,221	\$13,826
Family - 0 Medicare	\$34,313	\$30,854	N/A	\$30,854	\$30,854	\$32,802	\$29,510
Family - 1 Medicare	\$19,887	\$12,435	\$4,957	\$17,392	\$19,524	\$19,147	\$18,837
Family - 2 Medicare	\$14,862	\$2,413	\$9,915	\$12,328	\$17,282	\$14,467	\$16,848
EE+Ch - 0 Medicare	\$19,370	\$17,417	N/A	\$17,417	\$17,417	\$18,517	\$16,659
EE+Ch - 1 Medicare	\$9,126	\$2,464	\$4,957	\$7,421	\$10,283	\$8,883	\$10,023
<b>Medical Premium</b>							
Single - 0 Medicare	\$11,446	\$9,957	N/A	\$9,957	\$9,957	\$10,814	\$9,391
Single - 1 Medicare	\$2,856	N/A	\$1,917	\$1,917	\$4,049	\$2,675	\$3,844
EE+Spouse - 0 Medicare	\$24,952	\$21,705	N/A	\$21,705	\$21,705	\$23,575	\$20,473
EE+Spouse - 1 Medicare	\$11,357	\$7,065	\$1,917	\$8,982	\$11,114	\$10,711	\$10,504
EE+Spouse - 2 Medicare	\$5,712	N/A	\$3,835	\$3,835	\$8,098	\$5,351	\$7,690
Family - 0 Medicare	\$28,386	\$24,693	N/A	\$24,693	\$24,693	\$26,820	\$23,291
Family - 1 Medicare	\$14,073	\$9,414	\$1,917	\$11,332	\$13,463	\$13,278	\$12,720
Family - 2 Medicare	\$7,364	\$654	\$3,835	\$4,489	\$9,443	\$6,899	\$8,936
EE+Ch - 0 Medicare	\$16,024	\$13,939	N/A	\$13,939	\$13,939	\$15,140	\$13,148
EE+Ch - 1 Medicare	\$4,522	\$691	\$1,917	\$2,608	\$5,470	\$4,236	\$5,165
<b>Rx Premium</b>							
Single - 0 Medicare	\$2,390	\$2,484	N/A	\$2,484	\$2,484	\$2,412	\$2,508
Single - 1 Medicare	\$2,908	N/A	\$3,040	\$3,040	\$3,040	\$2,935	\$3,069
EE+Spouse - 0 Medicare	\$5,210	\$5,416	N/A	\$5,416	\$5,416	\$5,259	\$5,467
EE+Spouse - 1 Medicare	\$5,148	\$2,326	\$3,040	\$5,366	\$5,366	\$5,196	\$5,416
EE+Spouse - 2 Medicare	\$5,815	N/A	\$6,080	\$6,080	\$6,080	\$5,870	\$6,137
Family - 0 Medicare	\$5,927	\$6,161	N/A	\$6,161	\$6,161	\$5,983	\$6,219
Family - 1 Medicare	\$5,814	\$3,021	\$3,040	\$6,060	\$6,060	\$5,868	\$6,117
Family - 2 Medicare	\$7,498	\$1,759	\$6,080	\$7,839	\$7,839	\$7,568	\$7,912
EE+Ch - 0 Medicare	\$3,346	\$3,478	N/A	\$3,478	\$3,478	\$3,377	\$3,511
EE+Ch - 1 Medicare	\$4,604	\$1,773	\$3,040	\$4,813	\$4,813	\$4,647	\$4,858

Exhibit 4D – Plan Year 2022 Annual Retiree Premiums

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	<b>HD 4000</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>CWA</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO
<b>Total Premium</b>					
Single - 0 Medicare	\$7,591	\$11,314	\$11,125	\$11,065	\$13,203
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$16,547	\$24,665	\$24,253	\$24,122	\$28,784
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$18,824	\$28,059	\$27,591	\$27,442	\$32,745
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$10,626	\$15,839	\$15,575	\$15,491	\$18,485
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b>Medical Premium</b>					
Single - 0 Medicare	\$6,009	\$9,312	\$8,946	\$8,879	\$10,869
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$13,098	\$20,299	\$19,501	\$19,357	\$23,693
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$14,901	\$23,093	\$22,185	\$22,021	\$26,954
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$8,412	\$13,036	\$12,524	\$12,431	\$15,216
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b>Rx Premium</b>					
Single - 0 Medicare	\$1,582	\$2,002	\$2,180	\$2,186	\$2,335
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,448	\$4,365	\$4,752	\$4,766	\$5,090
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,923	\$4,966	\$5,406	\$5,421	\$5,791
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$2,215	\$2,803	\$3,051	\$3,060	\$3,269
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A

## Exhibit 5A – Plan Year 2022 Employee Plan Option Summary

State Actives												
	CWA Unity PPO Plan	CWA Unity 2019 PPO Plan <sup>2</sup>	NJDIRECT PPO Plan	NJDIRECT 2019 PPO Plan <sup>2</sup>	\$15 PPO	\$15 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>												
Deductible (Single/Family) <sup>1</sup>	None	\$100	None	\$100	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	\$800/\$2,000	\$800/\$2,000	\$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>	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$6,960/\$13,920	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	20%	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 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	\$15 copay	\$15 copay	\$15 copay	\$15 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	\$150 copay	\$150 copay	\$100 copay	\$100 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	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	\$400/\$1000	\$400/\$1000	\$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	\$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% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$500/Stay	\$500/Stay	None	Not covered	None	None	None	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Not Covered	Not Covered	Not covered
<b>Prescription Drug</b>												
OOP Maximum (Single/Family)	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480	\$1,740/\$3,480		\$1,740/\$3,480
Retail - Generic	\$7	\$7	\$7	\$7	\$3	\$3	\$7	\$3	\$7			\$7
Retail - Brand	\$16	\$16	\$16	\$16	\$10	\$10	\$16	\$18	\$21			\$16
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	Member Pays the Difference	Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Mail - Brand	\$40	\$40	\$40	\$40	\$15	\$15	\$40	\$36	\$52			\$40
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	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> Actives that are hired on or after 7/1/2019 are automatically enrolled in the CWA Unity 2019 Plan or NJ DIRECT 2019 Plan based on the Group they belong to.

<sup>3</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 2022 Early Retiree Plan Option Summary

	State Early Retirees													
	CWA Unity Early Retiree PPO Plan	NJIRECT 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	\$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	\$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>	\$7,349/\$14,698	\$7,349/\$14,698	\$400/\$1,000	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$7,349/\$14,698	\$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>	10% <sup>2</sup>	20%	20%	20%	Tier 1: None Tier 2: 20%	
PCP	\$15 copay	\$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	\$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	\$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	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	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	\$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)	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	40%	Not covered	
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	20%	30%	Not Covered	30%	Not Covered	30%	Not Covered	40%	40%	40%	Not covered	
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$200/Stay	\$200/Stay	Not Covered	\$200/Stay	Not Covered	\$500/Stay	Not Covered	None	None	None	Not covered	
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	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	\$1,351/\$2,702	
Retail - Generic	\$7	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3	\$7	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$7	
Retail - Preferred Brand	\$16	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18	\$21			\$16	
Retail - Non-Preferred Brand	\$35	\$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			Member Pays the Difference	Member Pays the Difference
Mail - Generic	\$18	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18	
Mail - Preferred Brand	\$40	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36	\$52			\$40	
Mail - Non-Preferred Brand	\$88	\$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			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 2022 Medicare Retiree Plan Option Summary

	State Medicare Advantage <sup>2</sup>				State 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)
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

Aon plc (NYSE: AON) is a leading global professional services firm providing a broad range of risk, retirement and health solutions. Our 50,000 colleagues in 120 countries empower results for clients by using proprietary data and analytics to deliver insights that reduce volatility and improve performance.

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