



State of New Jersey

State Health Benefits Program

Plan Year 2023 Rate Setting Recommendation
Analysis

State Employee Group

As presented to the Commission on September 14, 2022

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Executive Summary

The purpose of this analysis is to recommend premium rates for the State Employee and Retiree Group of the State Health Benefits Program (SHBP) for January 1, 2023 through December 31, 2023.

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

- The total recommended Plan Year 2023 premium rate change for the combined State Actives, Early Retirees, and Medicare Retirees is 17.8%. This reflects the following:
 - The recommended rate change for the State Actives is a 21.5% increase for medical and a 7.0% increase for the prescription drug premium rates, for a total increase of 19.2%
 - The recommended rate change for the State Active CWA Unity, CWA Unity 2019, NJDIRECT, and NJDIRECT 2019 plan options is a 21.6% increase for medical and an 8.4% increase for the prescription drug premium rates, for a total increase of 19.6%.
 - The recommended rate change for State Early Retirees is a 15.9% increase for medical and a 2.8% decrease for the prescription drug premium rates, for a total increase of 12.7%
 - The Medicare Retirees medical decrease for Plan Year 2023 is 11.1%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change for Plan Year 2023 is a 1.7% increase.

Recommended Premium Rate Changes

The recommended Plan Year 2023 premium rate changes are as follows: a 19.2% increase for Active Employees, a 12.7% increase for Early Retirees, and a 2.9% decrease for Medicare Retirees. For all groups combined, the recommendation is an increase of 17.8%.

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

	Medical	Rx	Total
Actives			
PPO/HDHP	21.1%	4.6%	18.4%
HMO	21.1%	4.6%	18.3%
Tiered Network	21.9%	2.0%	18.3%
CWA Unity / NJ DIRECT PPO	21.6%	8.4%	19.6%
Total	21.5%	7.0%	19.2%
Early Retirees			
PPO	15.9%	(2.8%)	12.7%
HMO	15.9%	(2.8%)	12.4%
CWA Unity / NJ DIRECT PPO	15.9%	(2.8%)	12.7%
Total	15.9%	(2.8%)	12.7%
Medicare Retirees			
Total	(11.1%)	1.7%	(2.9%)
Grand Total	20.6%	5.6%	17.8%

The Medicare Retirees medical increases for Plan Year 2023 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 2021 claims data normalized for the impacts of COVID-19. For the Plan Year 2023 Rate Setting Analysis, 2021 claims used for projecting 2022 and 2023 are adjusted using a blend of actual vs. expected claims experience, Aon National COVID-19 medical claim factors, and Aon Northeast Regional COVID-19 medical claims factors. The State 2021 medical normalization factor for Actives is 1.00, for Early Retirees is 1.01, and for Medicare Retirees is 1.05.

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

- Cost of regular testing for COVID-19 and multiple infection peaks
- Cost of new drugs or vaccines that are developed and requirements for employers to cover those costs, at any price
- Unforeseen impact of provider economic distress & healthcare system capacity limits
- Potential higher ongoing costs of patients who recovered from COVID-19 illness
- Increased severity of claims as a result of delayed treatment

- Spillover of delayed non-essential care from 2020 and 2021
- Impact of federal assistance
- Potential to create anti-selection among employee population (i.e. COBRA, covered dependents, opt-in rates)

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

Additional Disclosures

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

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

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

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

Plan Year 2023 Overview

The following plan design changes were approved by the SHBP Plan Design Committee for Plan Year 2017 and were subsequently reaffirmed for Plan Years 2018 through 2023.

- Reimbursement Change for Out-of-Network (OON) Services: All PPO plans limit plan payments for out-of-network physical therapy, chiropractor, and acupuncture services. This change applies to both SHBP Actives and SHBP Early Retirees.
- Mandatory Generic: For all multi-source drugs (brand drugs with generic equivalents available), the SHBP plan pays for the cost of the generic equivalent. Members who choose to fill the prescription for the brand name drug are responsible for the generic copay, plus the difference in cost. This applies to Active and Early Retiree prescription drug plans only.
- Prescription Drug Formulary: All SHBP Active and Early Retiree prescription drug plans conform to Optum's Premium Formulary, which directs prescriptions to more cost-effective, clinically-equivalent medications.
- 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 approved and will be in effect for Plan Year 2023 are as follows:

- Urgent Care Copay: On September 14, 2022, the SHBP Plan Design Committee approved resolution 2022-7 which increases the urgent care copay for State Active members enrolled in the CWA Unity, CWA Unity 2019, NJDIRECT, NJDIRECT2019, HMO, and Tiered Network plan options to \$30 higher compared to the current PCP copay. The impact of this change is based on prorated estimates provided by Horizon.
- Specialist Copay: On September 14, 2022, the SHBP Plan Design Committee approved resolution 2022-6 which increases the specialist copay for State Active members enrolled in the CWA Unity, CWA Unity 2019, NJDIRECT, NJDIRECT2019, HMO, and Tiered Network plan options to \$15 higher compared to the current PCP copay. This change applies to all services currently subject to the specialist copay with the exception of obstetrics and gynecology specialist visits. The impact of this change is based on Aon's Actuarial Value model.
- Implementation of Fair Health National Database Reimbursement Methodology: Effective March 1, 2020, Out-of-Network medical claims for plans that reimburse based on FAIR Health database will be reimbursed based on the National Database of associated charges, rather than based on charges grouped by three-digit zip code. Savings for this change are assumed to be

in the underlying claims experience and will continue in Plan Year 2023. This change does not impact Medicare Retirees.

- HMS Data Integrity Vendor: In accordance with Public Law 2019, Chapter 143, the State recently conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and Data Warehouse services for self-insured Active, Early, and Medicare Retirees. This law requires the third party Medical Claims Reviewer to provide ongoing review and oversight of current medical claims processes. In addition, the Medical Claims Reviewer also must collect, store and maintain a secure archive of medical and prescription drug claims and other health services payment information, as well as document the cost and nature of claims incurred, demographic information on the covered population, emerging utilization and demographic trends. Actual 2021 savings are assumed to be in the underlying claims experience. Actual 2021 fees as well as estimated 2022 and 2023 savings and fees are provided by HMS. This program is assumed to not impact Medicare Retirees.
- New Medicare Eligibility Vendor: The State implemented SSDC services to identify and conduct outreach to pre-65 retirees and spouses who are currently eligible or could become eligible for Medicare, in order to ensure enrollment in Medicare when appropriate. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Actives and Medicare Retirees.
- Navigation Advocacy: Effective January 1, 2020, Horizon implemented Horizon Health Guide, an enhanced Navigation and Advocacy Model. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience. This program does not impact Medicare Retirees.
- Livongo Diabetes Management: Effective January 31, 2020, Livongo, a diabetes management program was launched for Actives and Early Retirees. The goal of the program is to help keep members living with diabetes in the safe zone of blood glucose levels by providing a cellular-enabled glucometer with testing strips and access to coaching and a 24/7 chat feature. Livongo identifies eligible participants through Medical and Rx claims data and sends targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- Livongo Whole Person: Beginning Plan Year 2021, Livongo is also implementing the Livongo "Whole Person", which provides a broader suite of services such as Livongo for Cardiovascular, Livongo for Weight Management, and Livongo for Behavioral Health in addition to the Livongo

for Diabetes Management in effect since January 31, 2020. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.

- Hinge Health: Effective 2021, the State implemented Hinge Health, a coach-led, digital program using sensor guided exercise therapy for chronic back and joint pain. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- Amino: Effective 2021, the State implemented Amino, a provider directory promoting transparency that helps employees make smarter healthcare choices. The tool matches members with the highest quality, lowest cost in-network providers for their specific needs. Estimated savings for this program are assumed to be in the underlying claims experience. This program is assumed to impact Medicare Advantage Retirees beginning plan year 2022. No additional savings will be included for purposes of the rate setting projection.
- Wondr Health (formerly Naturally Slim): Effective 2021, the State implemented Wondr Health, an online weight loss program that uses informative videos and learning tools to teach participants how to lose weight and improve their overall health. Estimated savings for this program are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- eviCore: Effective January 1, 2021, the State implemented eviCore's Advanced Imaging Solution, which delivers cost savings and improved patient outcomes by guiding members to receive the appropriate test or treatment using prior authorizations and medical necessity reviews. Estimated savings for this program are assumed to be reflected in the underlying claims experience. This program does not impact Medicare Retirees.
- Included Health (Formerly Grand Rounds): Effective April 1, 2021, the State implemented Grand Round's Expert Medical Second Opinion Solution. The program provides guidance for members to access expert second opinions for health conditions and cases to ensure the right diagnosis and treatment plan while reducing unnecessary procedures and costs. No additional savings are included for purposes of the rate setting projection. This program does not impact Medicare Retirees.

Vendor Changes

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

Pharmacy Benefit Manager: Effective January 1, 2020, prescription drug benefits for Actives and Retirees are administered by Optum as a result of a 2019 Reverse Auction Bid Solicitation

administered by TruVeris, Inc. Optum is assumed to administer all of the prescription drug plans in Plan Year 2023.

Federal Health Care Reform

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

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

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

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

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

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

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

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

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

New Jersey State Mandates

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

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

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

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

Eligibility Changes

Chapter 375 Coverage of Adult Children

The number of State adult children covered under Chapter 375 as of April 2022 is 121. 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 2023 rate setting 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 2022, 177 State Part-time Employees participate. A rate load of 10% for Plan Year 2023 is recommended, an increase from the rate load used in Plan Year 2022 of 6%. The recommendation is based on the three-year average loss ratio for Part-time Employees from 2017-2019. 2020 and 2021 Part-Time Employee Loss Ratios have increased, likely as a result of COVID-19's impact on utilization. As a result, the rate load has increase compared to the rate load used in Plan Year 2022.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2020 through 2022 and includes a projection of enrollment from 2022 to 2023. The enrollment assumptions for Plan Years 2020 and 2021 are based on actual Active and Retiree average monthly enrollment during each year as reported by the State. The Plan Year 2022 enrollment is based on actual census data provided by the State through April 2022. For Plan Year 2023, this projection assumes that State Actives will remain the same in Plan Year 2023; Early Retiree enrollment is projected to increase 1.0% in Plan Year 2023; and Medicare Retiree enrollment is projected to increase 1.0% in Plan Year 2023.

Exhibit 1B reflects the distribution of projected Plan Year 2023 enrollment among benefit options. Approximately 19% of State Actives are assumed to be enrolled in the PPO15 plan and 65% of State Actives are assumed to be enrolled in the CWA Unity/NJDIRECT plans. Enrollment in the Tiered Network plan is projected to be approximately 6% of the total Active enrollment. Approximately, 75% 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 2022.

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

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 2023 as noted below.

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 2023, which means that the majority of retirees will continue to have no contribution for the cost of their retiree health benefits. As such, no migration is assumed for Retirees.

CWA Unity PPO & NJDIRECT PPO Enrollment

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

For Plan Year 2023, it is assumed that 2.5% of CWA members are new hires who enroll in the CWA Unity 2019/NJDIRECT 2019 PPO plans. It is also assumed that 1.0% of the State Active subscribers retire each year and enroll in the CWA Unity or the NJ DIRECT PPO Early Retiree plans.

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

Tiered Network Enrollment

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

The Tiered Network Plan is offered by Horizon. Actual enrollment as of April 2022 will be assumed for Plan Year 2022. Additionally, 0.5% of State Active Legacy HMO participants are assumed to migrate to the Tiered Network plan in Plan Year 2023.

New Retiree Plan Enrollment

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

Active Demographic Changes

The Active Employee average age increased by 0.1 from Plan Year 2021 to Plan Year 2022. The average Legacy PPO Employee age increased by 2.2 from Plan Year 2021 to Plan Year 2022. The average HMO Employee age is about 1.9 years younger than the average PPO Employee age. The average age of Employees enrolling in the Horizon New Plans increased slightly from Plan Year 2021 to 2022, and is approximately eight years younger than Employees in the Legacy Plans. Employees enrolled in the CWA Unity and NJDIRECT plan options are about 1.6 years younger than employees enrolled in the Legacy PPO Plan.

Average Employee Age

	April 2021	April 2022	Change
Legacy PPO	47.3	49.5	2.2
Legacy HMO	47.8	47.6	(0.2)
Horizon New Plans	40.2	40.3	0.1
CWA/NJDIRECT	48.3	47.9	(0.4)
Total	47.2	47.3	0.1

Trend Analysis

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

	Plan Year 2022		Plan Year 2023	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	6.00%	7.75%	6.00%	7.75%
PPO Early Retirees	6.00%	7.50%	6.00%	7.50%
Self-Insured Medicare Retirees	5.50%	6.00%	5.50%	6.00%
HMO/Tiered Network Actives	6.50%	7.75%	6.50%	7.75%
HMO/Tiered Network Early Retirees	6.00%	7.50%	6.00%	7.50%

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

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

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 2023	Vendor Recommendation		National AON Trend Guidance	
	Horizon	Optum	Medical	Rx
PPO Actives	5.0%	7.4%	6.5%	8.2%
PPO Early Retirees	5.0%	7.1%	6.5%	8.2%
HMO/Tiered Network Actives	5.0%	7.4%	6.5%	8.2%
Self-Insured Medicare Retirees	5.0%	5.7%	5.5%	8.2%

*Gross trend shown before impact of plan design changes.

**Aon National Guidance trend includes the impact of plan design leveraging.

Medical Trends:

- PPO Actives: The PPO Active medical trend is 6.0% in Plan Year 2022, a 0.5% increase from the 5.5% trend shown in the Plan Year 2022 Rate Setting Analysis. The recommended Active PPO medical trend is 6.0% for Plan Year 2023.
- PPO Early Retirees: The Plan Year 2022 Early Retiree PPO medical trend is 6.0%, a 1.0% increase from the 5.0% trend from the Plan Year 2022 Rate Setting Analysis. The Plan Year 2023 medical trend is 6.0%.

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

Prescription Drug Trends: Prescription drug trends have increased based on both Vendor and Aon trend guidance as a result of expected increases in specialty drug costs and utilization. .

The recommended prescription drug trend has increased to 7.75% for State Actives, 7.5% for State Early Retirees, and 6.0% for Self-Insured Medicare Retirees in Plan Year 2022 from the 5.0% State Active, 5.5% Early Retiree, and 5.5% Self-Insured Medicare Retiree trends that were used in the Plan Year 2022 Rate Setting Analysis. The recommended prescription drug trend for Plan Year 2023 is 7.75% for State Actives, 7.5% for State Early Retirees, and 6.0% for Self-Insured Medicare Retirees.

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

Aetna Monthly Per Member Medicare Advantage Premium Rates

State	Aetna Medicare Advantage Rates		
	2022	2023	\$ Change
PPO 10	\$ 132.47	\$ 113.53	\$ (18.94)
PPO 15	\$ 114.33	\$ 95.39	\$ (18.94)
HMO 10	\$ 195.22	\$ 176.28	\$ (18.94)
HMO 1525	\$ 159.79	\$ 140.85	\$ (18.94)

Financial Projections

Aggregate Financial Projections

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

Projected Financial Results
(in \$ millions)

	CWA Unity/ NJ DIRECT	PPO 10	PPO 15	Legacy HMOs	New Plans*	Total
Plan Year 2021						
Premium Rates x Enrollment	\$976.3	\$62.8	\$860.4	\$198.1	\$154.6	\$2,252.2
Incurred Claims	\$1,099.9	\$58.3	\$879.4	\$200.2	\$129.4	\$2,367.2
Administrative Charges	\$33.7	\$1.8	\$25.5	\$7.3	\$8.0	\$76.3
Net Gain (Loss)	(\$157.3)	\$2.7	(\$44.5)	(\$9.4)	\$17.2	(\$191.3)
Plan Year 2022						
Premium Rates x Enrollment	\$1,148.8	\$62.3	\$708.6	\$184.2	\$161.2	\$2,265.1
Incurred Claims	\$1,282.6	\$60.3	\$759.8	\$196.5	\$154.7	\$2,453.9
Administrative Charges	\$44.9	\$1.7	\$24.2	\$7.8	\$10.5	\$89.1
Net Gain (Loss)	(\$178.7)	\$0.3	(\$75.4)	(\$20.1)	(\$4.0)	(\$277.9)
Plan Year 2023						
Premium Rates x Enrollment	\$1,401.1	\$63.1	\$783.4	\$204.9	\$185.8	\$2,638.3
Incurred Claims	\$1,359.7	\$60.1	\$770.5	\$198.5	\$160.7	\$2,549.5
Administrative Charges	\$45.8	\$1.7	\$23.4	\$7.6	\$10.4	\$88.9
Net Gain (Loss)	(\$4.4)	\$1.3	(\$10.5)	(\$1.2)	\$14.7	(\$0.1)

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

The current Plan Year 2021 financial results project an increase of \$152.3 million in the loss provided in the 2022 Rate Setting Analysis for Plan Year 2021.

The current Plan Year 2022 financial results project an increase of approximately \$277.8 million in the total loss as compared to the Plan Year 2022 Rate Setting Analysis for Plan Year 2022.

The Plan Year 2023 rate setting premiums are projected to produce approximately no gain or loss for State Actives and Retirees. The Plan Year 2023 aggregate projected cost for the State Group is approximately \$2.6 billion: \$1.9 billion for Actives and \$0.7 billion for Retirees.

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

Financial Gain/(Loss)

Plan Year 2021

For Plan Year 2021, there was a 7.2% increase in total active plan costs from the results shown in Plan Year 2022 Rate Setting Recommendations Analysis. This increase in plan cost is primarily a result of the following:

- The projected Plan Year 2021 claims in the Plan Year 2022 Rate Setting Recommendations Analysis were based on 2020 claims experience. Based on updated incurred 2021 experience paid through March 2022, there is a 6.7% increase in projected 2021 active cost.
 - Calendar Year 2021 PPO medical claims experience shows a 16.5% increase in PMPM claims. The 2022 Rate Setting Analysis estimated a 9.3% trend. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience.
 - Large increases in member utilization were expected in 2021 due to a rebound from COVID-19. However, actual utilization appears to exceed these expectations.
 - Outpatient and Professional visits have increased 36.2% and 22.5%, respectively. Additionally, Specialist visits have increased 21.4%.
 - Emergency Room trend is 13% and Urgent Care trend is 44%.
 - Calendar Year 2021 prescription drug claims experience shows a 6.4% PMPM trend compared to the 5.0% prescription drug trend assumed in the Plan Year 2022 Rate Setting Recommendations Analysis:
 - The major cost drivers were inflammatory conditions (17.6% trend), diabetes (9.8% trend), and oncology (12.3% trend).
 - Drug mix contributed 1.4% towards the overall trend, which is lower than Optum's benchmark of 4.2%.
- The 2022 Rate Setting Analysis was based on Plan Year 2020 billing file enrollment provided by the State. The State has advised that this enrollment was overstated resulting in an average 2021 PMPM plan cost which was understated by approximately 1.2%. This has been corrected in this Rate Setting Analysis.

- Based on actual rebates provided by the State, Plan Year 2021 active prescription drug rebates increased from the Plan Year 2022 Rate Setting Recommendations Analysis, decreasing overall active cost by 0.7%.

For Retirees, there was a 4.3% increase in total retiree plan costs from the results shown in the Plan Year 2022 Rate Setting Recommendations Analysis. This is a result of the following:

- The projected Plan Year 2021 claims in the Plan Year 2022 Rate Setting Recommendations Analysis was based on 2020 claims experience. Based on updated incurred 2021 experience paid through March 2022, there is a 2.3% increase in projected 2021 retiree plan cost.
 - Calendar Year 2021 PPO claims experience shows an Early Retiree claims trend of 14.0%. The 2022 Rate Setting Analysis estimated a 7.7% Early Retiree trend. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience.
 - Large increases in member utilization were expected in 2021 due to COVID-19. However, actual utilization appears to exceed these expectations.
 - Outpatient and Professional visits have increased 25.7% and 16.3%, respectively. Specialist visits increased 21.4%.
 - Emergency Room trend is 13% and Urgent Care trend is 35%.
 - Calendar Year 2021 prescription drug claims experience shows a 2.5% prescription drug trend, lower than the 5.5% prescription drug trend assumed in the Plan Year 2022 Rate Setting Recommendations Analysis.
 - Optum reporting shows that State Early Retiree drug mix contributed to a 1.9% decrease in trend, offset by increased trend due to utilization and cost.
 - Optum reporting shows the top State Early Retiree disease states driving trends are diabetes (7.7% trend) and Oncology (12.2% trend).

The 2022 Rate Setting Analysis was based on Plan Year 2020 billing file enrollment provided by the State. The State has advised that this enrollment was overstated resulting in an average 2021 PMPM plan cost for State Early and Medicare Retirees which was understated by approximately 3.6%. This has been corrected in this Rate Setting Analysis.

- Based on actual rebates provided by the State, Plan Year 2021 retiree prescription drug rebates increased from the Plan Year 2022 Rate Setting Recommendations Analysis,

reducing projected retiree costs by 2.4%. This is offset by decreases in retiree EGWP credits which is expected to increase projected retiree costs by 0.8%.

Plan Year 2022

For Plan Year 2022, active medical and prescription drug costs are projected to increase 11.8% compared to the results shown in the Plan Year 2022 Rate Setting Recommendations Analysis.

- There is a 10.0% increase in total cost as a result of updated historical claims and enrollment.
 - 2022 estimates shown in the Plan Year 2022 Rate Setting Recommendations Analysis were understated by approximately 1.2% as a result of overstated 2020 enrollment provided by the State, as discussed above.
 - Updated medical claims experience in 2021 was higher than expected, as discussed above.
 - The Plan Year 2022 Rate Setting Recommendations analysis assumed 50% of non-CWA PPO participants would migrate into the CWA Unity/NJDIRECT plan. An additional 4.0% of new hires were assumed to enroll in the CWA Unity/NJDIRECT New Hire plan. Actual enrollment in these plans is approximately 10.1% lower than expected.
- The Plan Year 2022 Rate Setting Analysis included additional savings for third party vendor solutions as well as Horizon's Navigation Advocacy program. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience. These estimated savings have been removed from the projection with the exception of HMS. This update is expected to result in a 4.1% increase in projected active costs.
- Trend assumptions used in the Rate Setting Analysis have been increased to reflect the current inflationary environment and other expected factors. Updated trend assumptions are expected to increase projected active costs by 0.8%.
- Aggregate medical and prescription drug costs are estimated to decrease 2.3% from the results shown in the Plan Year 2022 Rate Setting Recommendations Analysis due to difference in actual and expected State Active enrollment.

- Prescription drug rebates are projected to increase based on updated reporting provided by Optum, resulting in a 0.8% decrease in total 2022 projected active cost.

Total projected costs for retirees increased approximately 8.7% from the Plan Year 2022 Rate Setting Recommendations Analysis.

- Total medical and prescription drug costs are projected to increase 5.1% due to updated claims experience and enrollment.
 - 2022 estimates shown in the 2022 Rate Setting Analysis were understated by approximately 3.6% due to overstated 2020 enrollment provided by the State, as discussed above.
- Total retiree costs are projected to increase 1.0% due to differences in actual and expected enrollment.
- The Plan Year 2022 Rate Setting Analysis included additional savings for third party vendor solutions as well as Horizon's Navigation Advocacy program. Horizon's position is that the Navigation and Advocacy program was fully implemented and thus the impact was included in the 2021 claims experience. The State is disputing this. As such, the savings that the State asserts should have been realized if the Navigation and Advocacy Program had been fully implemented, which should have resulted in a claims experience more in line with Horizon's projected decrement for this program, is not included in the analysis. Additionally, savings associated with Third-Party vendor solutions are assumed to be in the underlying 2021 claims experience. These estimated savings have been removed from the projection with the exception of HMS. This update is expected to result in a 2.7% increase in projected retiree costs.
- Trend assumptions used in the Rate Setting Analysis have been increased to reflect the current inflationary environment and other expected factors. Updated trend assumptions are expected to increase projected retiree costs by 0.8%.
- Based on updated information provided by Optum, there is a 2.2% decrease in projected retiree cost due to increases in prescription drug rebates, offset by decreased EGWP payments resulting in a 1.3% increase in projected retiree cost.

Self-Insured Vendor Administrative Fees and Claim Charges

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

Horizon Medical PEPM Fees/Charges

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

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

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

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

Prescription Drug Fees

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

Rate Setting Rate Development

Rating Methodology

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

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

Projection Assumptions

1. Using 2021 incurred claims data paid through March 2022 supplied by Horizon and Optum, incurred claims were completed for Plan Year 2021, separately for each benefit plan, for medical and prescription drugs and for Actives, Early Retirees and Medicare Retirees.
2. Capitation and other similar fixed claim charges were added to the incurred claims.
3. Estimated incurred claims in Plan Year 2021 were divided by projected average covered members to get average claims per member per year. Covered members were based on historical monthly census data and adjusted with assumptions for the number of members per coverage tier.
4. Aon's current guidance is to project medical claims using 2021 claims data normalized for the impacts of COVID-19. Estimated 2021 incurred claims used for projecting 2022 and 2023 are adjusted using a blend of actual vs. expected claims experience, Aon National COVID-19 medical claim factors, and Aon Northeast Regional COVID-19 medical claims factors. The 2021 State medical normalization factor for Actives is 1.00, for Early Retirees is 1.01, and for Medicare Retirees is 1.05.
5. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2023 using the annual trend rates listed in the Trend Analysis section of this document.
6. Aggregate claims for Plan Year 2023 are the product of projected enrollment and the projected claims per member.

7. Plan Year 2023 projected Medicare Advantage fully insured premiums are based on rates provided by Aetna on June 17, 2022.
8. Prescription drug rebates for Plan Year 2021 are based on actual rebate payment data received from the State. Projected rebates for Plan Years 2022 and 2023 are based on data provided by Optum.
9. Prescription drug rebates paid through the medical plan for Plan Year 2021 are based on actual rebate payment data provided by Horizon. Prescription Drug Rebates estimated to be paid through the medical plan for Plan Years 2022 and 2023 are incorporated in the medical claim projections and are based on the actual Plan Year 2021 data provided by Horizon.
10. EGWP projections include monthly CMS capitation payments per Medicare-eligible Retiree for prescription drug coverage, prescription drug manufacturers' coverage gap reimbursement payments, an annual CMS payment for reinsurance on catastrophic claims and CMS Low Income Cost Sharing (LICS) payments. These amounts are equal to recommendations from Optum for Plan Years 2021, 2022, and 2023.
 - a. CMS per capita payments: Plan Years 2021, 2022, and 2023 expected CMS per capita payments were provided by Optum. The Plan Year 2023 CMS per capita payment is assumed to be -\$2.93 Per Member Per Month (PMPM).
 - b. Coverage Gap Discount: Plan Years 2021, 2022, and 2023 expected coverage gap payments were provided by Optum. The Plan Year 2023 credits are assumed to be \$95.08 PMPM.
 - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2021 credit is not expected to be fully paid until the beginning of Plan Year 2023. Plan Years 2021, 2022, and 2023 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2023 credits are assumed to be \$110.02 PMPM.
 - d. Low Income Cost Sharing (LICS): Plan Years 2021 and 2022 actual and expected LICS payments were provided by Optum. For Plan Year 2023, the subsidy payment is assumed to be \$1.73 PMPM.
11. Total SHBP projected Plan Year 2023 claim costs are the sum of projected medical and prescription drug claims, capitation charges, payments from CMS related to EGWP Plus Wrap and prescription drug rebates.

12. For State Active CWA Unity PPO, CWA Unity 2019 PPO, NJDIRECT PPO, and NJDIRECT 2019 PPO plans, the projected Plan Year 2022 claims are based on actual plan experience.

Plan Year 2023 State Active CWA Unity PPO, CWA Unity 2019 PPO, NJDIRECT PPO, and NJDIRECT 2019 PPO projected plan experience will be combined in the same experience pool for determining the premium rate increase.

13. Tiered Network Active projected costs in Plan Year 2023 reflects 50% of actual Plan Year 2021 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 2023 prescription drug administrative fees were provided by Optum. Plan Year 2023 Horizon medical administrative fees are assumed to increase 5% over Plan Year 2022 fees.
15. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$6.3 million for Plan Year 2023. Actual Plan Year 2021 overhead charges were provided by the State and were used to project charges for Plan Year 2023.
16. All other fees and claim charges reported by the vendors have been reflected in the projections.

Projected Premiums

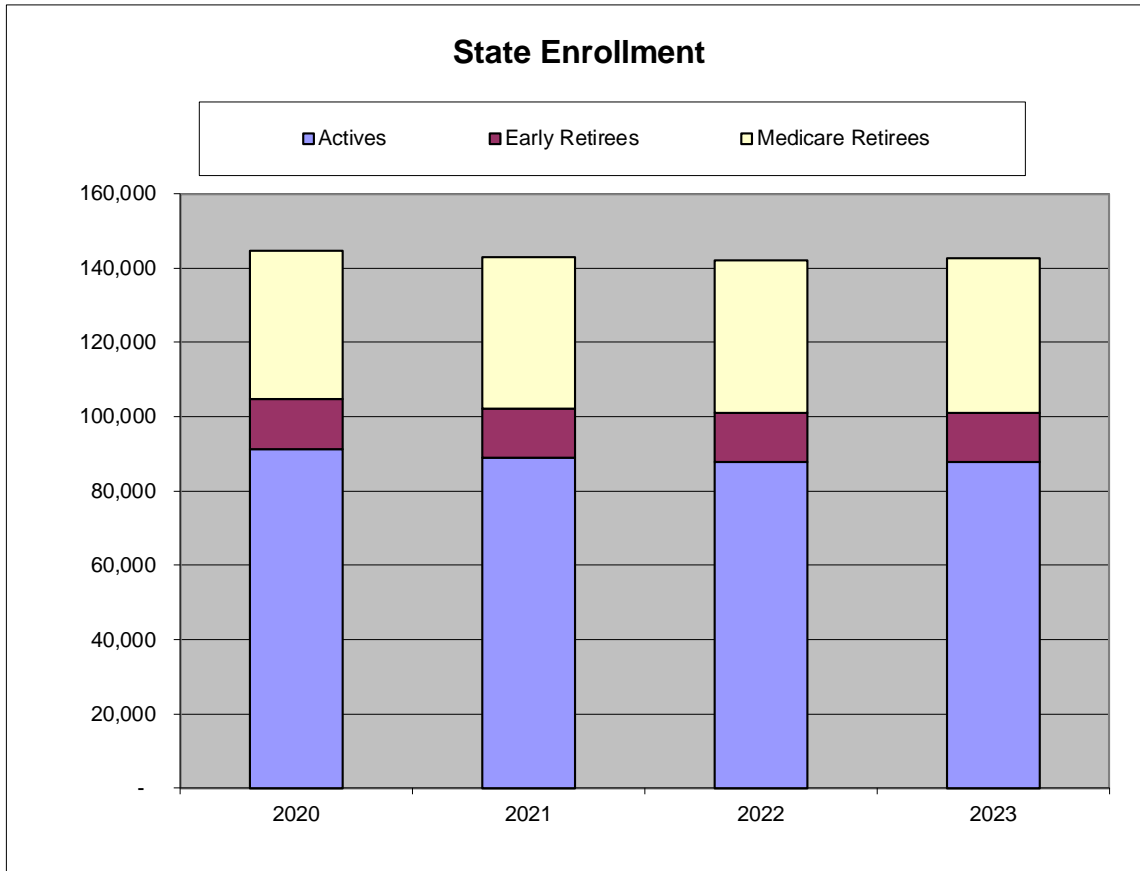
1. Plan Year 2023 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to Plan Year 2022 premium rates.
2. Aggregate Plan Year 2023 premiums are calculated by multiplying projected Plan Year 2023 enrollment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

Data Assumptions

1. Claims: For medical and prescription drug claims, Aon is using claim files from each of the vendors which have claims incurred through December 31, 2021 and paid through March 31, 2022 for all groups.

2. Enrollment: Plan Year 2022 enrollment and Plan Year 2023 projected enrollment is based on actual census data provided by the State through April 2022. Actual calendar year 2021 census data from the Division is used for the 2021 exposure units in the cost analysis.

Exhibit 1A – Enrollment Projections

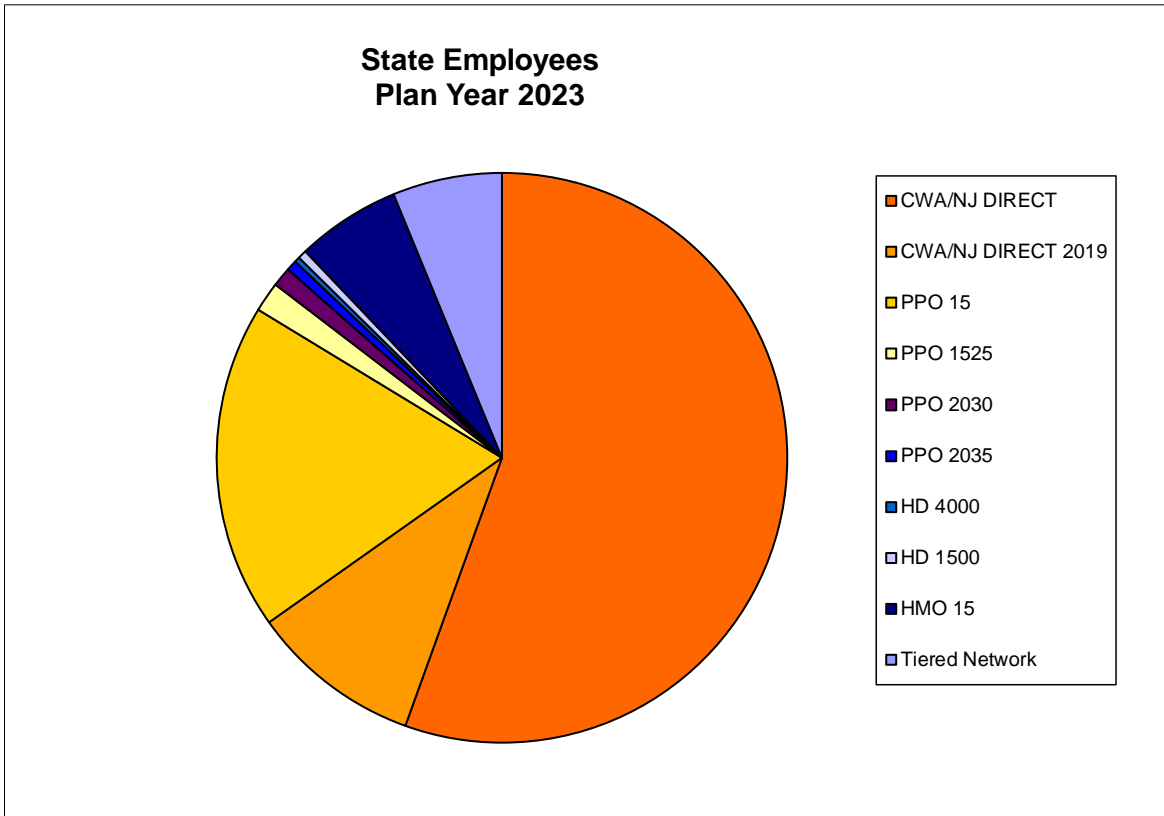


Annual Change in Enrollment

	Actual <u>2020 to 2021</u>	Actual <u>2021 to 2022</u>	Actual* <u>2022 to 2023</u>
Actives	(2.4%)	(1.5%)	0.0%
Early Retirees	(2.2%)	0.2%	1.0%
Medicare Retirees	2.0%	1.5%	1.0%

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

Exhibit 1B Actives – Projected Plan Year 2023 Plan Distribution



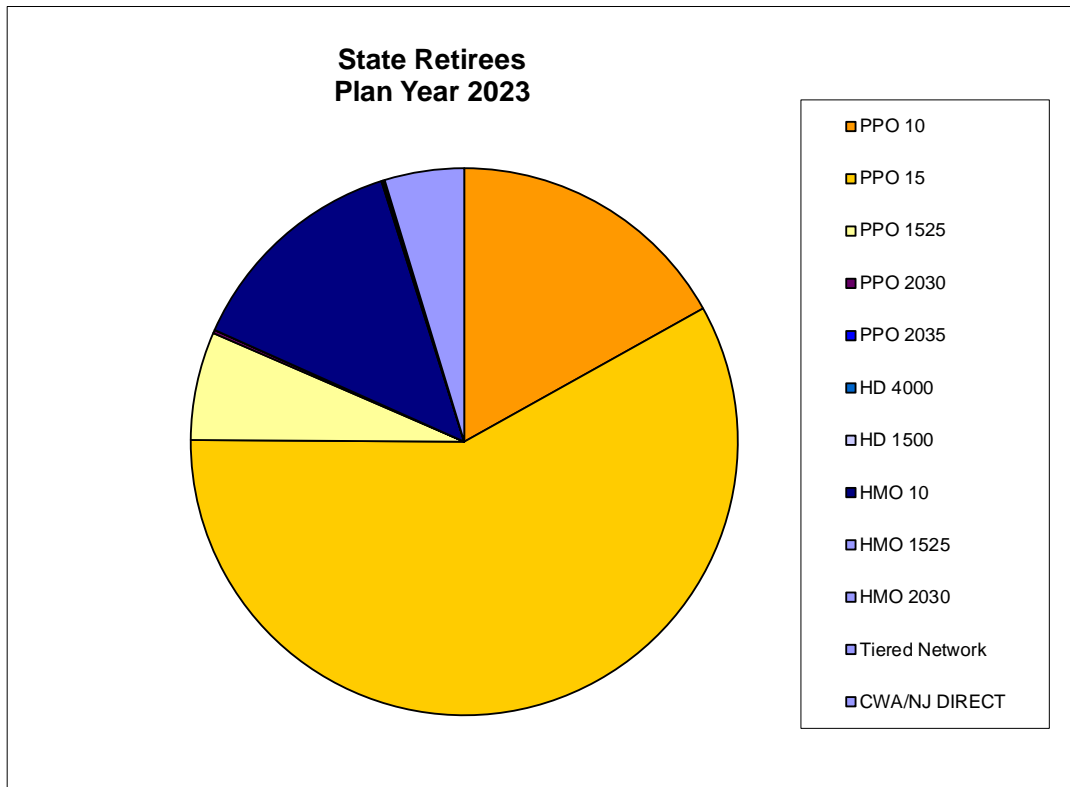
Assumes approximately 87% of Employees will enroll in the PPO plans, 6% in the HMO plan, 6% in the Tiered Network plan, and less than 1% in the High Deductible plans.

Assumes approximately 65% of Employees will enroll in the CWA plans, 24% in the Legacy plans, and approximately 10% in the new benefit options.

Actives	Horizon
CWA/NJ DIRECT	55.5%
CWA/NJ DIRECT 2019	9.7%
PPO 15	18.5%
PPO 1525	1.7%
PPO 2030	1.1%
PPO 2035	0.6%
HD 4000	0.3%
HD 1500	0.5%
HMO 15	5.9%
Tiered Network	6.2%
Total	100.0%

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

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



Assumes approximately 89% of Retirees will remain in the \$10 and \$15 copay plans.

Assumes approximately 86% of Retirees will enroll in the PPO plans, 14% in the HMO plans, and less than 1% in the High Deductible and Tiered Network plan.

Assumes approximately 89% of Retirees will enroll in the Legacy plans and only approximately 11% in the new benefit options.

Retirees	Horizon	Aetna*	Total
PPO 10	0.3%	16.6%	16.9%
PPO 15	15.2%	43.0%	58.2%
PPO 1525	6.4%	0.0%	6.4%
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	3.7%	9.7%	13.4%
HMO 1525	0.1%	0.0%	0.1%
HMO 2030	0.0%	0.0%	0.0%
Tiered Network	0.1%	0.0%	0.1%
CWA/NJ DIRECT	4.7%	0.0%	4.7%
Total	30.7%	69.3%	100.0%

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

Exhibit 1C Actives - 2022 Enrollment

	2022 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
STATE - ACTIVE & COBRA					
Medical Plans					
NJ DIRECT15	6,081	2,974	5,536	2,057	16,649
NJ DIRECT1525	782	202	430	146	1,560
NJ DIRECT2030	501	109	279	84	973
NJ DIRECT2035	396	60	95	27	576
NJ DIRECT HD4000	177	20	58	26	281
NJ DIRECT HD1500	239	44	99	40	422
Horizon Legacy HMO (15)	2,315	711	1,374	976	5,376
Horizon OMNIA	3,050	574	1,261	678	5,562
CWA / NJDIRECT	15,987	7,796	17,972	8,128	49,883
CWA / NJDIRECT 2019	3,599	657	1,495	708	6,459
Horizon Total	33,126	13,147	28,599	12,869	87,741

Exhibit 1C Early and Medicare Retirees – 2022 Enrollment

	2022 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
STATE RETIREES					
<u>Medical Plans</u>					
NJ DIRECT10	54	54	35	11	153
NJ DIRECT15	2,788	2,862	2,410	800	8,860
NJ DIRECT1525	1,891	1,375	158	83	3,506
NJ DIRECT2030	62	22	11	3	98
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	20	4	1	1	25
NJ DIRECT HD1500	0	0	1	1	2
Horizon Legacy HMO (10)	860	602	483	227	2,173
Horizon HMO 1525	19	11	5	3	38
Horizon HMO 2030	5	2	2	0	9
Horizon OMNIA	17	17	9	3	45
CWA / NJDIRECT	623	477	500	202	1,801
Horizon Total	6,338	5,425	3,614	1,334	16,710
Aetna Freedom 10	5,683	3,172	105	76	9,035
Aetna Freedom 15	12,684	9,236	938	516	23,373
Aetna Legacy HMO (10)	3,050	1,892	207	123	5,272
Aetna HMO 1525	12	6	1	1	20
Aetna Total	21,428	14,306	1,251	716	37,701
Total	27,766	19,730	4,865	2,049	54,411

Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<u>PPO Active</u>			
01/01/2020 - 12/31/2020	(6.3%)	(4.0%)	(2.3%)
01/01/2021 - 12/31/2021	16.5%	(4.9%)	21.4%
Average			9.6%
Recommended 2023 Trend Assumption			6.0%

<u>PPO Early Retiree</u>			
01/01/2020 - 12/31/2020	(6.1%)	(4.6%)	(1.5%)
01/01/2021 - 12/31/2021	14.0%	(4.7%)	18.7%
Average			8.6%
Recommended 2023 Trend Assumption			6.0%

<u>HMO Active</u>			
01/01/2020 - 12/31/2020	(17.3%)	(2.4%)	(14.9%)
01/01/2021 - 12/31/2021	32.0%	(5.0%)	37.0%
Average			11.1%
Recommended 2023 Trend Assumption			6.5%

<u>HMO Early Retiree</u>			
01/01/2020 - 12/31/2020	(19.9%)	(3.3%)	(16.6%)
01/01/2021 - 12/31/2021	9.5%	(4.2%)	13.7%
Average			(1.5%)
Recommended 2023 Trend Assumption			6.0%

Normalizing Adjustments

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

1/1/2020: Hospital Discount

1/1/2020: DEVA Audit Results

1/1/2020: Medicare Eligibility Vendor

3/1/2020: Fair Health National

1/1/2021: EviCore

1/1/2021: HMS

Exhibit 2B – Prescription Drug Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
Active Rx			
01/01/2020 - 12/31/2020	2.0%	(3.3%)	5.3%
01/01/2021 - 12/31/2021	6.4%	0.0%	6.4%
Average			5.9%
Recommended 2023 Trend Assumption			7.8%

Early Retiree Rx			
01/01/2020 - 12/31/2020	8.6%	(1.8%)	10.4%
01/01/2021 - 12/31/2021	2.6%	0.0%	2.6%
Average			6.5%
Recommended 2023 Trend Assumption			7.5%

EGWP Retiree Rx			
01/01/2020 - 12/31/2020	4.5%	(2.6%)	7.1%
01/01/2021 - 12/31/2021	1.4%	0.0%	1.4%
Average			4.2%
Recommended 2023 Trend Assumption			6.0%

Normalizing Adjustments

1/1/2020: Rx RFP Results

1/1/2020: DEVA Audit Results

Exhibit 3A – Plan Year 2021 Aggregate Costs

Page 1 of 2

	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
Employees and Retirees									
Average Medical Members	299,138	116,147	9,079	12,633	31,028	883	81,185	7,168	18,574
Incurred Medical Claims	\$1,845,185,000	\$853,294,000	\$50,380,000	\$19,072,000	\$40,089,000	\$9,210,000	\$626,358,000	\$15,769,000	\$131,755,000
Capitation	\$67,733,000	\$32,581,000	\$2,252,000	\$0	\$0	\$218,000	\$22,143,000	\$0	\$5,482,000
Incurred Prescription Drug Claims	\$830,136,000	\$228,894,000	\$11,211,000	\$76,957,000	\$195,729,000	\$2,281,000	\$175,291,000	\$50,168,000	\$40,123,000
Prescription Drug Rebates	(\$244,367,000)	(\$75,014,000)	(\$3,664,000)	(\$18,637,000)	(\$47,399,000)	(\$818,000)	(\$59,336,000)	(\$12,149,000)	(\$13,452,000)
EGWP Credits	(\$131,506,000)	N/A	N/A	(\$29,922,000)	(\$73,492,000)	\$0	\$0	(\$16,978,000)	(\$573,000)
Administrative Fees	\$76,318,000	\$30,629,000	\$3,074,000	\$1,611,000	\$3,922,000	\$183,000	\$21,616,000	\$913,000	\$6,419,000
Total Cost	\$2,443,499,000	\$1,070,384,000	\$63,253,000	\$49,081,000	\$118,849,000	\$11,074,000	\$786,072,000	\$37,723,000	\$169,754,000
Total Premium	\$2,252,203,000	\$902,797,000	\$73,519,000	\$54,157,000	\$126,261,000	\$8,692,000	\$734,153,000	\$38,704,000	\$159,346,000
Gain (Loss)	(\$191,296,000)	(\$167,587,000)	\$10,266,000	\$5,076,000	\$7,412,000	(\$2,382,000)	(\$51,919,000)	\$981,000	(\$10,408,000)
Employees									
Average Medical Members	210,158	114,167	9,079	N/A	N/A	N/A	57,173	N/A	12,774
Incurred Medical Claims	\$1,454,671,000	\$834,393,000	\$50,380,000	N/A	N/A	N/A	\$403,083,000	N/A	\$86,695,000
Capitation	\$58,572,000	\$32,053,000	\$2,252,000	N/A	N/A	N/A	\$15,809,000	N/A	\$3,781,000
Incurred Prescription Drug Claims	\$388,289,000	\$222,466,000	\$11,211,000	N/A	N/A	N/A	\$111,086,000	N/A	\$24,704,000
Prescription Drug Rebates	(\$126,904,000)	(\$72,708,000)	(\$3,664,000)	N/A	N/A	N/A	(\$36,306,000)	N/A	(\$8,074,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$59,102,000	\$30,042,000	\$3,074,000	N/A	N/A	N/A	\$15,245,000	N/A	\$4,531,000
Total Cost	\$1,833,730,000	\$1,046,246,000	\$63,253,000	N/A	N/A	N/A	\$508,917,000	N/A	\$111,637,000
Total Premium	\$1,662,356,000	\$884,140,000	\$73,519,000	N/A	N/A	N/A	\$479,333,000	N/A	\$104,262,000
Gain (Loss)	(\$171,374,000)	(\$162,106,000)	\$10,266,000	N/A	N/A	N/A	(\$29,584,000)	N/A	(\$7,375,000)
Early Retirees									
Average Medical Members	33,458	1,980	N/A	N/A	N/A	883	24,012	N/A	5,558
Incurred Medical Claims	\$304,295,000	\$18,901,000	N/A	N/A	N/A	\$9,210,000	\$223,275,000	N/A	\$44,286,000
Capitation	\$9,068,000	\$528,000	N/A	N/A	N/A	\$218,000	\$6,334,000	N/A	\$1,682,000
Incurred Prescription Drug Claims	\$89,775,000	\$6,428,000	N/A	N/A	N/A	\$2,281,000	\$64,205,000	N/A	\$14,102,000
Prescription Drug Rebates	(\$32,203,000)	(\$2,306,000)	N/A	N/A	N/A	(\$818,000)	(\$23,030,000)	N/A	(\$5,059,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$9,117,000	\$587,000	N/A	N/A	N/A	\$183,000	\$6,371,000	N/A	\$1,791,000
Total Cost	\$380,052,000	\$24,138,000	N/A	N/A	N/A	\$11,074,000	\$277,155,000	N/A	\$56,802,000
Total Premium	\$343,654,000	\$18,657,000	N/A	N/A	N/A	\$8,692,000	\$254,820,000	N/A	\$53,271,000
Gain (Loss)	(\$36,398,000)	(\$5,481,000)	N/A	N/A	N/A	(\$2,382,000)	(\$22,335,000)	N/A	(\$3,531,000)
Medicare Retirees									
Average Medical Members	55,522	N/A	N/A	12,633	31,028	N/A	N/A	7,168	242
Incurred Medical Claims	\$86,219,000	N/A	N/A	\$19,072,000	\$40,089,000	N/A	N/A	\$15,769,000	\$774,000
Capitation	\$93,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$19,000
Incurred Prescription Drug Claims	\$352,072,000	N/A	N/A	\$76,957,000	\$195,729,000	N/A	N/A	\$50,168,000	\$1,317,000
Prescription Drug Rebates	(\$85,260,000)	N/A	N/A	(\$18,637,000)	(\$47,399,000)	N/A	N/A	(\$12,149,000)	(\$319,000)
EGWP Credits	(\$131,506,000)	N/A	N/A	(\$29,922,000)	(\$73,492,000)	N/A	N/A	(\$16,978,000)	(\$573,000)
Administrative Fees	\$8,099,000	N/A	N/A	\$1,611,000	\$3,922,000	N/A	N/A	\$913,000	\$97,000
Total Cost	\$229,717,000	N/A	N/A	\$49,081,000	\$118,849,000	N/A	N/A	\$37,723,000	\$1,315,000
Total Premium	\$246,193,000	N/A	N/A	\$54,157,000	\$126,261,000	N/A	N/A	\$38,704,000	\$1,813,000
Gain (Loss)	\$16,476,000	N/A	N/A	\$5,076,000	\$7,412,000	N/A	N/A	\$981,000	\$498,000

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

Exhibit 3A – Plan Year 2021 Aggregate Costs

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	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
Employees and Retirees									
Average Medical Members	8,896	21	68	2,521	16	1,158	465	638	8,658
Incurred Medical Claims	\$38,075,000	\$37,000	\$433,000	\$13,076,000	\$45,000	\$4,034,000	\$1,119,000	\$2,404,000	\$40,035,000
Capitation	\$1,322,000	\$0	\$13,000	\$657,000	\$4,000	\$307,000	\$118,000	\$162,000	\$2,474,000
Incurred Prescription Drug Claims	\$34,084,000	\$137,000	\$179,000	\$2,533,000	\$6,000	\$826,000	\$241,000	\$831,000	\$10,645,000
Prescription Drug Rebates	(\$8,893,000)	(\$33,000)	(\$51,000)	(\$810,000)	(\$2,000)	(\$270,000)	(\$81,000)	(\$272,000)	(\$3,486,000)
EGWP Credits	(\$10,260,000)	(\$49,000)	(\$64,000)	(\$168,000)	\$0	\$0	N/A	N/A	N/A
Administrative Fees	\$2,782,000	\$3,000	\$26,000	\$802,000	\$6,000	\$453,000	\$169,000	\$212,000	\$3,498,000
Total Cost	\$57,110,000	\$95,000	\$536,000	\$16,090,000	\$59,000	\$5,350,000	\$1,566,000	\$3,337,000	\$53,166,000
Total Premium	\$62,041,000	\$96,000	\$530,000	\$19,993,000	\$148,000	\$8,402,000	\$2,257,000	\$4,343,000	\$56,764,000
Gain (Loss)	\$4,931,000	\$1,000	(\$6,000)	\$3,903,000	\$89,000	\$3,052,000	\$691,000	\$1,006,000	\$3,598,000
Employees									
Average Medical Members	3,745	N/A	N/A	2,381	N/A	1,158	434	634	8,613
Incurred Medical Claims	\$20,378,000	N/A	N/A	\$12,528,000	N/A	\$4,034,000	\$946,000	\$2,400,000	\$39,834,000
Capitation	\$1,000,000	N/A	N/A	\$637,000	N/A	\$307,000	\$110,000	\$161,000	\$2,462,000
Incurred Prescription Drug Claims	\$4,328,000	N/A	N/A	\$2,216,000	N/A	\$826,000	\$192,000	\$821,000	\$10,439,000
Prescription Drug Rebates	(\$1,415,000)	N/A	N/A	(\$724,000)	N/A	(\$270,000)	(\$63,000)	(\$268,000)	(\$3,412,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,156,000	N/A	N/A	\$755,000	N/A	\$453,000	\$155,000	\$211,000	\$3,480,000
Total Cost	\$25,447,000	N/A	N/A	\$15,412,000	N/A	\$5,350,000	\$1,340,000	\$3,325,000	\$52,803,000
Total Premium	\$31,077,000	N/A	N/A	\$18,935,000	N/A	\$8,402,000	\$2,040,000	\$4,310,000	\$56,338,000
Gain (Loss)	\$5,630,000	N/A	N/A	\$3,523,000	N/A	\$3,052,000	\$700,000	\$985,000	\$3,535,000
Early Retirees									
Average Medical Members	819	N/A	41	69	16	N/A	31	4	45
Incurred Medical Claims	\$7,435,000	N/A	\$398,000	\$367,000	\$45,000	N/A	\$173,000	\$ 4,000	\$ 201,000
Capitation	\$250,000	N/A	\$12,000	\$19,000	\$4,000	N/A	\$8,000	\$ 1,000	\$ 12,000
Incurred Prescription Drug Claims	\$2,343,000	N/A	\$67,000	\$78,000	\$6,000	N/A	\$49,000	\$ 10,000	\$ 206,000
Prescription Drug Rebates	(\$840,000)	N/A	(\$24,000)	(\$28,000)	(\$2,000)	N/A	(\$18,000)	\$ (4,000)	\$ (74,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$114,000	N/A	\$13,000	\$19,000	\$6,000	N/A	\$14,000	\$ 1,000	\$ 18,000
Total Cost	\$9,302,000	N/A	\$466,000	\$455,000	\$59,000	N/A	\$226,000	\$ 12,000	\$ 363,000
Total Premium	\$6,384,000	N/A	\$340,000	\$666,000	\$148,000	N/A	\$217,000	\$ 33,000	\$ 426,000
Gain (Loss)	(\$2,918,000)	N/A	(\$126,000)	\$211,000	\$89,000	N/A	(\$9,000)	\$ 21,000	\$ 63,000
Medicare Retirees									
Average Medical Members	4,332	21	27	71	-	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$10,262,000	\$37,000	\$35,000	\$181,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$72,000	\$0	\$1,000	\$1,000	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$27,413,000	\$137,000	\$112,000	\$239,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$6,638,000)	(\$33,000)	(\$27,000)	(\$58,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$10,260,000)	(\$49,000)	(\$64,000)	(\$168,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$1,512,000	\$3,000	\$13,000	\$28,000	\$0	N/A	N/A	N/A	N/A
Total Cost	\$22,361,000	\$95,000	\$70,000	\$223,000	\$0	N/A	N/A	N/A	N/A
Total Premium	\$24,580,000	\$96,000	\$190,000	\$392,000	\$0	N/A	N/A	N/A	N/A
Gain (Loss)	\$2,219,000	\$1,000	\$120,000	\$169,000	\$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 3B – Plan Year 2022 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
Employees and Retirees									
Average Medical Members	296,290	127,751	12,689	12,096	32,497	776	62,129	6,897	17,107
Incurred Medical Claims	\$1,891,972,000	\$976,931,000	\$72,260,000	\$19,228,000	\$44,584,000	\$8,602,000	\$511,448,000	\$16,156,000	\$126,483,000
Capitation	\$70,663,000	\$37,964,000	\$3,336,000	\$0	\$0	\$203,000	\$17,902,000	\$0	\$5,357,000
Incurred Prescription Drug Claims	\$886,065,000	\$271,695,000	\$16,882,000	\$78,106,000	\$217,294,000	\$2,153,000	\$147,874,000	\$51,164,000	\$39,938,000
Prescription Drug Rebates	(\$260,642,000)	(\$90,830,000)	(\$5,630,000)	(\$18,474,000)	(\$51,396,000)	(\$761,000)	(\$50,625,000)	(\$12,102,000)	(\$13,442,000)
EGWP Credits	(\$134,103,000)	N/A	N/A	(\$28,737,000)	(\$77,205,000)	N/A	N/A	(\$16,385,000)	(\$655,000)
Administrative Fees	\$89,061,000	\$39,868,000	\$5,005,000	\$1,551,000	\$4,128,000	\$175,000	\$20,040,000	\$884,000	\$6,930,000
Total Cost	\$2,543,016,000	\$1,235,628,000	\$91,853,000	\$51,674,000	\$137,405,000	\$10,372,000	\$646,639,000	\$39,717,000	\$164,611,000
Total Premium	\$2,265,132,000	\$1,041,783,000	\$106,970,000	\$54,548,000	\$139,475,000	\$7,756,000	\$569,124,000	\$39,356,000	\$144,824,000
Gain (Loss)	(\$277,884,000)	(\$193,845,000)	\$15,117,000	\$2,874,000	\$2,070,000	(\$2,616,000)	(\$77,515,000)	(\$361,000)	(\$19,787,000)
Employees									
Average Medical Members	206,365	124,030	12,689	N/A	N/A	N/A	39,332	N/A	11,740
Incurred Medical Claims	\$1,479,058,000	\$941,800,000	\$72,260,000	N/A	N/A	N/A	\$287,627,000	N/A	\$82,833,000
Capitation	\$60,949,000	\$36,912,000	\$3,336,000	N/A	N/A	N/A	\$11,528,000	N/A	\$3,701,000
Incurred Prescription Drug Claims	\$410,740,000	\$260,415,000	\$16,882,000	N/A	N/A	N/A	\$82,344,000	N/A	\$24,462,000
Prescription Drug Rebates	(\$136,972,000)	(\$86,842,000)	(\$5,630,000)	N/A	N/A	N/A	(\$27,459,000)	N/A	(\$8,157,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$69,603,000	\$38,580,000	\$5,005,000	N/A	N/A	N/A	\$12,881,000	N/A	\$4,845,000
Total Cost	\$1,883,378,000	\$1,190,865,000	\$91,853,000	N/A	N/A	N/A	\$366,921,000	N/A	\$107,684,000
Total Premium	\$1,644,335,000	\$1,003,235,000	\$106,970,000	N/A	N/A	N/A	\$317,218,000	N/A	\$91,591,000
Gain (Loss)	(\$239,043,000)	(\$187,630,000)	\$15,117,000	N/A	N/A	N/A	(\$49,703,000)	N/A	(\$16,093,000)
Early Retirees									
Average Medical Members	33,478	3,721	N/A	N/A	N/A	776	22,797	N/A	5,091
Incurred Medical Claims	\$319,752,000	\$35,131,000	N/A	N/A	N/A	\$8,602,000	\$223,821,000	N/A	\$42,676,000
Capitation	\$9,608,000	\$1,052,000	N/A	N/A	N/A	\$203,000	\$6,374,000	N/A	\$1,633,000
Incurred Prescription Drug Claims	\$96,093,000	\$11,280,000	N/A	N/A	N/A	\$2,153,000	\$65,530,000	N/A	\$13,885,000
Prescription Drug Rebates	(\$33,972,000)	(\$3,988,000)	N/A	N/A	N/A	(\$761,000)	(\$23,166,000)	N/A	(\$4,909,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,860,000	\$1,288,000	N/A	N/A	N/A	\$175,000	\$7,159,000	N/A	\$1,986,000
Total Cost	\$402,341,000	\$44,763,000	N/A	N/A	N/A	\$10,372,000	\$279,718,000	N/A	\$55,271,000
Total Premium	\$358,523,000	\$38,548,000	N/A	N/A	N/A	\$7,756,000	\$251,906,000	N/A	\$51,157,000
Gain (Loss)	(\$43,818,000)	(\$6,215,000)	N/A	N/A	N/A	(\$2,616,000)	(\$27,812,000)	N/A	(\$4,114,000)
Medicare Retirees									
Average Medical Members	56,447	N/A	N/A	12,096	32,497	N/A	N/A	6,897	276
Incurred Medical Claims	\$93,162,000	N/A	N/A	\$19,228,000	\$44,584,000	N/A	N/A	\$16,156,000	\$974,000
Capitation	\$106,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$23,000
Incurred Prescription Drug Claims	\$379,232,000	N/A	N/A	\$78,106,000	\$217,294,000	N/A	N/A	\$51,164,000	\$1,591,000
Prescription Drug Rebates	(\$89,698,000)	N/A	N/A	(\$18,474,000)	(\$51,396,000)	N/A	N/A	(\$12,102,000)	(\$376,000)
EGWP Credits	(\$134,103,000)	N/A	N/A	(\$28,737,000)	(\$77,205,000)	N/A	N/A	(\$16,385,000)	(\$655,000)
Administrative Fees	\$8,598,000	N/A	N/A	\$1,551,000	\$4,128,000	N/A	N/A	\$884,000	\$99,000
Total Cost	\$257,297,000	N/A	N/A	\$51,674,000	\$137,405,000	N/A	N/A	\$39,717,000	\$1,656,000
Total Premium	\$262,274,000	N/A	N/A	\$54,548,000	\$139,475,000	N/A	N/A	\$39,356,000	\$2,076,000
Gain (Loss)	\$4,977,000	N/A	N/A	\$2,874,000	\$2,070,000	N/A	N/A	(\$361,000)	\$420,000

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

Exhibit 3B – Plan Year 2022 Aggregate Costs

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	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
Employees and Retirees									
Average Medical Members	8,650	25	71	2,196	17	959	546	829	11,055
Incurred Medical Claims	\$38,249,000	\$48,000	\$463,000	\$11,663,000	\$48,000	\$3,335,000	\$1,274,000	\$3,152,000	\$58,048,000
Capitation	\$1,276,000	\$0	\$14,000	\$602,000	\$5,000	\$269,000	\$147,000	\$223,000	\$3,365,000
Incurred Prescription Drug Claims	\$37,120,000	\$175,000	\$203,000	\$2,431,000	\$7,000	\$737,000	\$301,000	\$1,165,000	\$18,820,000
Prescription Drug Rebates	(\$9,476,000)	(\$41,000)	(\$56,000)	(\$784,000)	(\$3,000)	(\$246,000)	(\$102,000)	(\$389,000)	(\$6,285,000)
EGWP Credits	(\$10,794,000)	(\$59,000)	(\$71,000)	(\$197,000)	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$3,234,000	\$3,000	\$27,000	\$815,000	\$8,000	\$447,000	\$245,000	\$340,000	\$5,361,000
Total Cost	\$59,609,000	\$126,000	\$580,000	\$14,530,000	\$65,000	\$4,542,000	\$1,865,000	\$4,491,000	\$79,309,000
Total Premium	\$58,666,000	\$123,000	\$568,000	\$16,502,000	\$170,000	\$6,627,000	\$2,504,000	\$5,380,000	\$70,756,000
Gain (Loss)	(\$943,000)	(\$3,000)	(\$12,000)	\$1,972,000	\$105,000	\$2,085,000	\$639,000	\$889,000	(\$8,553,000)
Employees									
Average Medical Members	3,271	N/A	N/A	2,042	N/A	959	513	823	10,966
Incurred Medical Claims	\$18,296,000	N/A	N/A	\$11,033,000	N/A	\$3,335,000	\$1,087,000	\$3,147,000	\$57,640,000
Capitation	\$926,000	N/A	N/A	\$580,000	N/A	\$269,000	\$138,000	\$221,000	\$3,338,000
Incurred Prescription Drug Claims	\$4,074,000	N/A	N/A	\$2,048,000	N/A	\$737,000	\$245,000	\$1,148,000	\$18,385,000
Prescription Drug Rebates	(\$1,359,000)	N/A	N/A	(\$683,000)	N/A	(\$246,000)	(\$82,000)	(\$383,000)	(\$6,131,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,209,000	N/A	N/A	\$754,000	N/A	\$447,000	\$225,000	\$338,000	\$5,319,000
Total Cost	\$23,146,000	N/A	N/A	\$13,732,000	N/A	\$4,542,000	\$1,613,000	\$4,471,000	\$78,551,000
Total Premium	\$25,875,000	N/A	N/A	\$15,327,000	N/A	\$6,627,000	\$2,262,000	\$5,335,000	\$69,895,000
Gain (Loss)	\$2,729,000	N/A	N/A	\$1,595,000	N/A	\$2,085,000	\$649,000	\$864,000	(\$8,656,000)
Early Retirees									
Average Medical Members	836	N/A	41	71	17	N/A	33	6	89
Incurred Medical Claims	\$8,057,000	N/A	\$420,000	\$397,000	\$48,000	N/A	187,000	5,000	408,000
Capitation	\$270,000	N/A	\$13,000	\$20,000	\$5,000	N/A	9,000	2,000	27,000
Incurred Prescription Drug Claims	\$2,571,000	N/A	\$72,000	\$87,000	\$7,000	N/A	56,000	17,000	435,000
Prescription Drug Rebates	(\$909,000)	N/A	(\$25,000)	(\$31,000)	(\$3,000)	N/A	(20,000)	(6,000)	(154,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$142,000	N/A	\$15,000	\$23,000	\$8,000	N/A	20,000	2,000	42,000
Total Cost	\$10,131,000	N/A	\$495,000	\$496,000	\$65,000	N/A	252,000	20,000	758,000
Total Premium	\$6,769,000	N/A	\$357,000	\$712,000	\$170,000	N/A	242,000	45,000	861,000
Gain (Loss)	(\$3,362,000)	N/A	(\$138,000)	\$216,000	\$105,000	N/A	(10,000)	25,000	103,000
Medicare Retirees									
Average Medical Members	4,543	25	30	83	-	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$11,896,000	\$48,000	\$43,000	\$233,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$80,000	\$0	\$1,000	\$2,000	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$30,475,000	\$175,000	\$131,000	\$296,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$7,208,000)	(\$41,000)	(\$31,000)	(\$70,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$10,794,000)	(\$59,000)	(\$71,000)	(\$197,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$1,883,000	\$3,000	\$12,000	\$38,000	\$0	N/A	N/A	N/A	N/A
Total Cost	\$26,332,000	\$126,000	\$85,000	\$302,000	\$0	N/A	N/A	N/A	N/A
Total Premium	\$26,022,000	\$123,000	\$211,000	\$463,000	\$0	N/A	N/A	N/A	N/A
Gain (Loss)	(\$310,000)	(\$3,000)	\$126,000	\$161,000	\$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 2023 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
Employees and Retirees									
Average Medical Members	296,334	126,287	16,681	12,216	32,818	763	60,139	6,958	16,519
Incurred Medical Claims	\$1,974,315,000	\$1,019,344,000	\$100,142,000	\$16,642,000	\$37,566,000	\$8,988,000	\$526,046,000	\$14,718,000	\$129,188,000
Capitation	\$74,621,000	\$39,754,000	\$4,649,000	\$0	\$0	\$211,000	\$18,372,000	\$0	\$5,500,000
Incurred Prescription Drug Claims	\$948,208,000	\$291,042,000	\$23,913,000	\$83,612,000	\$232,607,000	\$2,278,000	\$153,840,000	\$54,715,000	\$41,481,000
Prescription Drug Rebates	(\$308,175,000)	(\$110,064,000)	(\$9,008,000)	(\$20,872,000)	(\$58,064,000)	(\$914,000)	(\$59,593,000)	(\$13,658,000)	(\$15,762,000)
EGWP Credits	(\$139,434,000)	N/A	N/A	(\$29,889,000)	(\$80,297,000)	N/A	N/A	(\$17,024,000)	(\$668,000)
Administrative Fees	\$88,907,000	\$39,217,000	\$6,535,000	\$1,576,000	\$4,194,000	\$172,000	\$19,247,000	\$898,000	\$6,698,000
Total Cost	\$2,638,442,000	\$1,279,293,000	\$126,231,000	\$51,069,000	\$136,006,000	\$10,735,000	\$657,912,000	\$39,649,000	\$166,437,000
Total Premium	\$2,638,317,000	\$1,233,006,000	\$168,121,000	\$52,943,000	\$135,089,000	\$10,144,000	\$648,351,000	\$38,538,000	\$166,336,000
Gain (Loss)	(\$125,000)	(\$46,287,000)	\$41,890,000	\$1,874,000	(\$917,000)	(\$591,000)	(\$9,561,000)	(\$1,111,000)	(\$101,000)
Employees									
Average Medical Members	205,510	120,929	16,681	N/A	N/A	N/A	38,349	N/A	11,389
Incurred Medical Claims	\$1,547,840,000	\$965,532,000	\$100,142,000	N/A	N/A	N/A	\$298,565,000	N/A	\$84,838,000
Capitation	\$64,223,000	\$38,148,000	\$4,649,000	N/A	N/A	N/A	\$11,914,000	N/A	\$3,824,000
Incurred Prescription Drug Claims	\$437,650,000	\$273,583,000	\$23,913,000	N/A	N/A	N/A	\$86,507,000	N/A	\$25,570,000
Prescription Drug Rebates	(\$164,867,000)	(\$103,062,000)	(\$9,008,000)	N/A	N/A	N/A	(\$32,588,000)	N/A	(\$9,633,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$69,185,000	\$37,359,000	\$6,535,000	N/A	N/A	N/A	\$12,473,000	N/A	\$4,706,000
Total Cost	\$1,954,031,000	\$1,211,560,000	\$126,231,000	N/A	N/A	N/A	\$376,871,000	N/A	\$109,305,000
Total Premium	\$1,953,999,000	\$1,169,519,000	\$168,121,000	N/A	N/A	N/A	\$366,248,000	N/A	\$105,133,000
Gain (Loss)	(\$32,000)	(\$42,041,000)	\$41,890,000	N/A	N/A	N/A	(\$10,623,000)	N/A	(\$4,172,000)
Early Retirees									
Average Medical Members	33,836	5,358	N/A	N/A	N/A	763	21,790	N/A	4,857
Incurred Medical Claims	\$343,532,000	\$53,812,000	N/A	N/A	N/A	\$8,988,000	\$227,481,000	N/A	\$43,332,000
Capitation	\$10,286,000	\$1,606,000	N/A	N/A	N/A	\$211,000	\$6,458,000	N/A	\$1,652,000
Incurred Prescription Drug Claims	\$104,720,000	\$17,459,000	N/A	N/A	N/A	\$2,278,000	\$67,333,000	N/A	\$14,241,000
Prescription Drug Rebates	(\$42,001,000)	(\$7,002,000)	N/A	N/A	N/A	(\$914,000)	(\$27,005,000)	N/A	(\$5,712,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,929,000	\$1,858,000	N/A	N/A	N/A	\$172,000	\$6,774,000	N/A	\$1,890,000
Total Cost	\$427,466,000	\$67,733,000	N/A	N/A	N/A	\$10,735,000	\$281,041,000	N/A	\$55,403,000
Total Premium	\$427,397,000	\$63,487,000	N/A	N/A	N/A	\$10,144,000	\$282,103,000	N/A	\$59,053,000
Gain (Loss)	(\$69,000)	(\$4,246,000)	N/A	N/A	N/A	(\$591,000)	\$1,062,000	N/A	\$3,650,000
Medicare Retirees									
Average Medical Members	56,988	N/A	N/A	12,216	32,818	N/A	N/A	6,958	273
Incurred Medical Claims	\$82,943,000	N/A	N/A	\$16,642,000	\$37,566,000	N/A	N/A	\$14,718,000	\$1,018,000
Capitation	\$112,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$24,000
Incurred Prescription Drug Claims	\$405,838,000	N/A	N/A	\$83,612,000	\$232,607,000	N/A	N/A	\$54,715,000	\$1,670,000
Prescription Drug Rebates	(\$101,307,000)	N/A	N/A	(\$20,872,000)	(\$58,064,000)	N/A	N/A	(\$13,658,000)	(\$417,000)
EGWP Credits	(\$139,434,000)	N/A	N/A	(\$29,889,000)	(\$80,297,000)	N/A	N/A	(\$17,024,000)	(\$668,000)
Administrative Fees	\$8,793,000	N/A	N/A	\$1,576,000	\$4,194,000	N/A	N/A	\$898,000	\$102,000
Total Cost	\$256,945,000	N/A	N/A	\$51,069,000	\$136,006,000	N/A	N/A	\$39,649,000	\$1,729,000
Total Premium	\$256,921,000	N/A	N/A	\$52,943,000	\$135,089,000	N/A	N/A	\$38,538,000	\$2,150,000
Gain (Loss)	(\$24,000)	N/A	N/A	\$1,874,000	(\$917,000)	N/A	N/A	(\$1,111,000)	\$421,000

*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 option

Exhibit 3C - Projected Plan Year 2023 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
Employees and Retirees									
Average Medical Members	8,598	25	69	2,143	16	935	531	808	10,828
Incurring Medical Claims	\$40,128,000	\$43,000	\$473,000	\$12,129,000	\$49,000	\$3,492,000	\$1,335,000	\$3,291,000	\$60,741,000
Capitation	\$1,324,000	\$0	\$14,000	\$622,000	\$5,000	\$278,000	\$151,000	\$231,000	\$3,510,000
Incurring Prescription Drug Claims	\$39,594,000	\$187,000	\$214,000	\$2,558,000	\$7,000	\$774,000	\$313,000	\$1,223,000	\$19,850,000
Prescription Drug Rebates	(\$10,840,000)	(\$47,000)	(\$64,000)	(\$926,000)	(\$3,000)	(\$291,000)	(\$120,000)	(\$461,000)	(\$7,488,000)
EGWP Credits	(\$11,215,000)	(\$62,000)	(\$74,000)	(\$205,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$3,272,000	\$3,000	\$27,000	\$790,000	\$7,000	\$433,000	\$236,000	\$330,000	\$5,272,000
Total Cost	\$62,263,000	\$124,000	\$590,000	\$14,968,000	\$65,000	\$4,686,000	\$1,915,000	\$4,614,000	\$81,885,000
Total Premium	\$67,295,000	\$120,000	\$632,000	\$18,971,000	\$180,000	\$7,643,000	\$2,859,000	\$6,184,000	\$81,905,000
Gain (Loss)	\$5,032,000	(\$4,000)	\$42,000	\$4,003,000	\$115,000	\$2,957,000	\$944,000	\$1,570,000	\$20,000
Employees									
Average Medical Members	3,190	N/A	N/A	1,991	N/A	935	500	802	10,744
Incurring Medical Claims	\$19,031,000	N/A	N/A	\$11,479,000	N/A	\$3,492,000	\$1,146,000	\$3,285,000	\$60,330,000
Capitation	\$957,000	N/A	N/A	\$599,000	N/A	\$278,000	\$142,000	\$229,000	\$3,483,000
Incurring Prescription Drug Claims	\$4,280,000	N/A	N/A	\$2,152,000	N/A	\$774,000	\$257,000	\$1,206,000	\$19,408,000
Prescription Drug Rebates	(\$1,612,000)	N/A	N/A	(\$811,000)	N/A	(\$291,000)	(\$97,000)	(\$454,000)	(\$7,311,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,171,000	N/A	N/A	\$730,000	N/A	\$433,000	\$218,000	\$328,000	\$5,232,000
Total Cost	\$23,827,000	N/A	N/A	\$14,149,000	N/A	\$4,686,000	\$1,666,000	\$4,594,000	\$81,142,000
Total Premium	\$29,912,000	N/A	N/A	\$17,692,000	N/A	\$7,643,000	\$2,603,000	\$6,137,000	\$80,991,000
Gain (Loss)	\$6,085,000	N/A	N/A	\$3,543,000	N/A	\$2,957,000	\$937,000	\$1,543,000	(\$151,000)
Early Retirees									
Average Medical Members	824	N/A	39	68	16	N/A	31	6	84
Incurring Medical Claims	\$8,435,000	N/A	\$427,000	\$402,000	\$49,000	N/A	\$189,000	\$6,000	\$411,000
Capitation	\$282,000	N/A	\$13,000	\$21,000	\$5,000	N/A	\$9,000	\$2,000	\$27,000
Incurring Prescription Drug Claims	\$2,724,000	N/A	\$74,000	\$89,000	\$7,000	N/A	\$56,000	\$17,000	\$442,000
Prescription Drug Rebates	(\$1,093,000)	N/A	(\$29,000)	(\$36,000)	(\$3,000)	N/A	(\$23,000)	(\$7,000)	(\$177,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$133,000	N/A	\$14,000	\$21,000	\$7,000	N/A	\$18,000	\$2,000	\$40,000
Total Cost	\$10,481,000	N/A	\$499,000	\$497,000	\$65,000	N/A	\$249,000	\$20,000	\$743,000
Total Premium	\$10,010,000	N/A	\$410,000	\$793,000	\$180,000	N/A	\$256,000	\$47,000	\$914,000
Gain (Loss)	(\$471,000)	N/A	(\$89,000)	\$296,000	\$115,000	N/A	\$7,000	\$27,000	\$171,000
Medicare Retirees									
Average Medical Members	4,584	25	30	84	-	N/A	N/A	N/A	N/A
Incurring Medical Claims	\$12,662,000	\$43,000	\$46,000	\$248,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$85,000	\$0	\$1,000	\$2,000	\$0	N/A	N/A	N/A	N/A
Incurring Prescription Drug Claims	\$32,590,000	\$187,000	\$140,000	\$317,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$8,135,000)	(\$47,000)	(\$35,000)	(\$79,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$11,215,000)	(\$62,000)	(\$74,000)	(\$205,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$1,968,000	\$3,000	\$13,000	\$39,000	\$0	N/A	N/A	N/A	N/A
Total Cost	\$27,955,000	\$124,000	\$91,000	\$322,000	\$0	N/A	N/A	N/A	N/A
Total Premium	\$27,373,000	\$120,000	\$222,000	\$486,000	\$0	N/A	N/A	N/A	N/A
Gain (Loss)	(\$582,000)	(\$4,000)	\$131,000	\$164,000	\$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 4A – Plan Year 2023 Monthly Active Premiums

	CWA Unity / NJ DIRECT PPO		Legacy Plans		1525
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<u>Medical Coverage Only</u>					
Single	\$875.11	\$870.50	\$847.67	\$812.16	\$823.94
Employee+Spouse	\$1,750.22	\$1,741.00	\$1,695.34	\$1,624.32	\$1,647.88
Family	\$2,502.81	\$2,489.63	\$2,424.34	\$2,322.78	\$2,356.47
Employee+Child(ren)	\$1,627.70	\$1,619.13	\$1,576.67	\$1,510.62	\$1,532.53
Adult Child Rate	\$767.64	\$763.60	\$743.58	\$712.43	\$722.76
	CWA Unity / NJ DIRECT PPO		Legacy Plans		1525
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<u>Rx Card</u>					
Single	\$143.86	\$143.86	\$140.16	\$140.16	\$127.12
Employee+Spouse	\$287.72	\$287.72	\$280.32	\$280.32	\$254.24
Family	\$411.44	\$411.44	\$400.86	\$400.86	\$363.56
Employee+Child(ren)	\$267.58	\$267.58	\$260.70	\$260.70	\$236.44
Adult Child Rate	\$126.19	\$126.19	\$122.95	\$122.95	\$111.51

	2030	2035	HD 4000	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<u>Medical Coverage Only</u>					
Single	\$774.76	\$666.30	\$431.60	\$640.12	\$640.71
Employee+Spouse	\$1,549.52	\$1,332.60	\$863.20	\$1,280.24	\$1,281.42
Family	\$2,215.81	\$1,905.62	\$1,234.38	\$1,830.74	\$1,832.43
Employee+Child(ren)	\$1,441.05	\$1,239.32	\$802.78	\$1,190.62	\$1,191.72
Adult Child Rate	\$679.62	\$584.48	\$378.60	\$561.51	\$562.03
	2030	2035	HD 4000	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<u>Rx Card</u>					
Single	\$129.38	\$116.45	\$85.48	\$126.76	\$119.32
Employee+Spouse	\$258.76	\$232.90	\$170.96	\$253.52	\$238.66
Family	\$370.03	\$333.05	\$244.47	\$362.53	\$341.26
Employee+Child(ren)	\$240.65	\$216.60	\$158.99	\$235.77	\$221.94
Adult Child Rate	\$113.50	\$102.15	\$74.98	\$111.19	\$104.67

Exhibit 4B – Plan Year 2023 Annual Active Premiums

	CWA Unity / NJ DIRECT PPO		Legacy Plans		1525
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
Medical Coverage Only					
Single	\$10,501	\$10,446	\$10,172	\$9,746	\$9,887
Employee+Spouse	\$21,003	\$20,892	\$20,344	\$19,492	\$19,775
Family	\$30,034	\$29,876	\$29,092	\$27,873	\$28,278
Employee+Child(ren)	\$19,532	\$19,430	\$18,920	\$18,127	\$18,390
Adult Child Rate	\$9,212	\$9,163	\$8,923	\$8,549	\$8,673
	CWA Unity / NJ DIRECT PPO		Legacy Plans		1525
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
Rx Card					
Single	\$1,726	\$1,726	\$1,682	\$1,682	\$1,525
Employee+Spouse	\$3,453	\$3,453	\$3,364	\$3,364	\$3,051
Family	\$4,937	\$4,937	\$4,810	\$4,810	\$4,363
Employee+Child(ren)	\$3,211	\$3,211	\$3,128	\$3,128	\$2,837
Adult Child Rate	\$1,514	\$1,514	\$1,475	\$1,475	\$1,338

	2030	2035	HD 4000	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
Medical Coverage Only					
Single	\$9,297	\$7,996	\$5,179	\$7,681	\$7,689
Single	\$18,594	\$15,991	\$10,358	\$15,363	\$15,377
Family	\$26,590	\$22,867	\$14,813	\$21,969	\$21,989
Family	\$17,293	\$14,872	\$9,633	\$14,287	\$14,301
Adult Child Rate	\$8,155	\$7,014	\$4,543	\$6,738	\$6,744
	2030	2035	HD 4000	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
Rx Card					
Single	\$1,553	\$1,397	\$1,026	\$1,521	\$1,432
Single	\$3,105	\$2,795	\$2,052	\$3,042	\$2,864
Family	\$4,440	\$3,997	\$2,934	\$4,350	\$4,095
Family	\$2,888	\$2,599	\$1,908	\$2,829	\$2,663
Adult Child Rate	\$1,362	\$1,226	\$900	\$1,334	\$1,256

Exhibit 4C – Plan Year 2023 Monthly Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
Total Premium										
Single - 0 Medicare	\$1,421.85	N/A	\$1,421.85	\$1,348.33	N/A	\$1,348.33	\$1,263.22	N/A	\$1,263.22	\$1,263.22
Single - 1 Medicare	N/A	\$364.30	\$364.30	N/A	\$346.16	\$346.16	N/A	\$465.18	\$465.18	\$659.98
EE+Spouse - 0 Medicare	\$3,099.64	N/A	\$3,099.64	\$2,939.33	N/A	\$2,939.33	\$2,752.50	N/A	\$2,752.50	\$2,752.50
EE+Spouse - 1 Medicare	\$1,677.79	\$364.30	\$2,042.09	\$1,591.00	\$346.16	\$1,937.16	\$1,489.28	\$465.18	\$1,954.46	\$2,149.26
EE+Spouse - 2 Medicare	N/A	\$728.60	\$728.61	N/A	\$692.32	\$692.33	N/A	\$930.36	\$930.35	\$1,319.94
Family - 0 Medicare	\$3,526.22	N/A	\$3,526.22	\$3,343.84	N/A	\$3,343.84	\$3,131.35	N/A	\$3,131.35	\$3,131.35
Family - 1 Medicare	\$2,104.37	\$364.30	\$2,468.67	\$1,995.51	\$346.16	\$2,341.67	\$1,868.13	\$465.18	\$2,333.31	\$2,528.11
Family - 2 Medicare	\$682.52	\$728.60	\$1,411.12	\$647.18	\$692.32	\$1,339.50	\$604.91	\$930.36	\$1,535.27	\$1,924.87
EE+Ch - 0 Medicare	\$1,990.59	N/A	\$1,990.59	\$1,887.62	N/A	\$1,887.62	\$1,767.52	N/A	\$1,767.52	\$1,767.52
EE+Ch - 1 Medicare	\$568.74	\$364.30	\$933.04	\$539.29	\$346.16	\$885.45	\$504.30	\$465.18	\$969.48	\$1,164.28
Medical Premium										
Single - 0 Medicare	\$1,224.95	N/A	\$1,224.95	\$1,151.43	N/A	\$1,151.43	\$1,054.79	N/A	\$1,054.79	\$1,054.79
Single - 1 Medicare	N/A	\$113.53	\$113.53	N/A	\$95.39	\$95.39	N/A	\$176.28	\$176.28	\$371.08
EE+Spouse - 0 Medicare	\$2,670.39	N/A	\$2,670.39	\$2,510.08	N/A	\$2,510.08	\$2,299.44	N/A	\$2,299.44	\$2,299.44
EE+Spouse - 1 Medicare	\$1,445.44	\$113.53	\$1,558.97	\$1,358.65	\$95.39	\$1,454.04	\$1,244.65	\$176.28	\$1,420.93	\$1,615.73
EE+Spouse - 2 Medicare	N/A	\$227.06	\$227.06	N/A	\$190.78	\$190.78	N/A	\$352.56	\$352.56	\$742.15
Family - 0 Medicare	\$3,037.89	N/A	\$3,037.89	\$2,855.51	N/A	\$2,855.51	\$2,615.88	N/A	\$2,615.88	\$2,615.88
Family - 1 Medicare	\$1,812.94	\$113.53	\$1,926.47	\$1,704.08	\$95.39	\$1,799.47	\$1,561.09	\$176.28	\$1,737.37	\$1,932.17
Family - 2 Medicare	\$587.99	\$227.06	\$815.05	\$552.65	\$190.78	\$743.43	\$506.30	\$352.56	\$858.86	\$1,248.46
EE+Ch - 0 Medicare	\$1,714.94	N/A	\$1,714.94	\$1,611.97	N/A	\$1,611.97	\$1,476.71	N/A	\$1,476.71	\$1,476.71
EE+Ch - 1 Medicare	\$489.99	\$113.53	\$603.52	\$460.54	\$95.39	\$555.93	\$421.92	\$176.28	\$598.20	\$793.00
Rx Premium										
Single - 0 Medicare	\$196.90	N/A	\$196.90	\$196.90	N/A	\$196.90	\$208.43	N/A	\$208.43	\$208.43
Single - 1 Medicare	N/A	\$250.77	\$250.77	N/A	\$250.77	\$250.77	N/A	\$288.90	\$288.90	\$288.90
EE+Spouse - 0 Medicare	\$429.25	N/A	\$429.25	\$429.25	N/A	\$429.25	\$453.06	N/A	\$453.06	\$453.06
EE+Spouse - 1 Medicare	\$232.35	\$250.77	\$483.12	\$232.35	\$250.77	\$483.12	\$244.63	\$288.90	\$533.53	\$533.53
EE+Spouse - 2 Medicare	N/A	\$501.54	\$501.55	N/A	\$501.54	\$501.55	N/A	\$577.80	\$577.79	\$577.79
Family - 0 Medicare	\$488.33	N/A	\$488.33	\$488.33	N/A	\$488.33	\$515.47	N/A	\$515.47	\$515.47
Family - 1 Medicare	\$291.43	\$250.77	\$542.20	\$291.43	\$250.77	\$542.20	\$307.04	\$288.90	\$595.94	\$595.94
Family - 2 Medicare	\$94.53	\$501.54	\$596.07	\$94.53	\$501.54	\$596.07	\$98.61	\$577.80	\$676.41	\$676.41
EE+Ch - 0 Medicare	\$275.65	N/A	\$275.65	\$275.65	N/A	\$275.65	\$290.81	N/A	\$290.81	\$290.81
EE+Ch - 1 Medicare	\$78.75	\$250.77	\$329.52	\$78.75	\$250.77	\$329.52	\$82.38	\$288.90	\$371.28	\$371.28

Exhibit 4C – Plan Year 2023 Monthly Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO			Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium			
Total Premium							
Single - 0 Medicare	\$1,299.37	\$1,163.14	N/A	\$1,163.14	\$1,163.14	\$1,240.17	\$1,110.40
Single - 1 Medicare	\$500.75	N/A	\$398.65	\$398.65	\$618.13	\$486.99	\$602.34
EE+Spouse - 0 Medicare	\$2,832.62	\$2,535.63	N/A	\$2,535.63	\$2,535.63	\$2,703.56	\$2,420.72
EE+Spouse - 1 Medicare	\$2,034.00	\$1,372.49	\$398.65	\$1,771.14	\$1,990.62	\$1,950.38	\$1,912.66
EE+Spouse - 2 Medicare	\$1,001.47	N/A	\$797.30	\$797.31	\$1,236.22	\$973.98	\$1,204.72
Family - 0 Medicare	\$3,222.42	\$2,884.58	N/A	\$2,884.58	\$2,884.58	\$3,075.59	\$2,753.81
Family - 1 Medicare	\$2,423.80	\$1,721.44	\$398.65	\$2,120.09	\$2,339.57	\$2,322.41	\$2,245.75
Family - 2 Medicare	\$1,625.18	\$558.30	\$797.30	\$1,355.60	\$1,794.56	\$1,569.23	\$1,737.69
EE+Ch - 0 Medicare	\$1,819.10	\$1,628.36	N/A	\$1,628.36	\$1,628.36	\$1,736.22	\$1,554.57
EE+Ch - 1 Medicare	\$1,020.48	\$465.22	\$398.65	\$863.87	\$1,083.35	\$983.04	\$1,046.51
Medical Premium							
Single - 0 Medicare	\$1,105.74	\$961.87	N/A	\$961.87	\$961.87	\$1,044.73	\$907.26
Single - 1 Medicare	\$254.14	N/A	\$140.85	\$140.85	\$360.33	\$238.08	\$342.11
EE+Spouse - 0 Medicare	\$2,410.53	\$2,096.88	N/A	\$2,096.88	\$2,096.88	\$2,277.50	\$1,977.84
EE+Spouse - 1 Medicare	\$1,558.93	\$1,135.01	\$140.85	\$1,275.86	\$1,495.34	\$1,470.85	\$1,412.69
EE+Spouse - 2 Medicare	\$508.28	N/A	\$281.70	\$281.70	\$720.61	\$476.18	\$684.27
Family - 0 Medicare	\$2,742.25	\$2,385.45	N/A	\$2,385.45	\$2,385.45	\$2,590.93	\$2,250.01
Family - 1 Medicare	\$1,890.65	\$1,423.58	\$140.85	\$1,564.43	\$1,783.91	\$1,784.28	\$1,684.86
Family - 2 Medicare	\$1,039.05	\$461.71	\$281.70	\$743.41	\$1,182.37	\$977.63	\$1,119.71
EE+Ch - 0 Medicare	\$1,548.05	\$1,346.61	N/A	\$1,346.61	\$1,346.61	\$1,462.62	\$1,270.17
EE+Ch - 1 Medicare	\$696.45	\$384.74	\$140.85	\$525.59	\$745.07	\$655.97	\$705.02
Rx Premium							
Single - 0 Medicare	\$193.63	\$201.27	N/A	\$201.27	\$201.27	\$195.44	\$203.14
Single - 1 Medicare	\$246.61	N/A	\$257.80	\$257.80	\$257.80	\$248.91	\$260.23
EE+Spouse - 0 Medicare	\$422.09	\$438.75	N/A	\$438.75	\$438.75	\$426.06	\$442.88
EE+Spouse - 1 Medicare	\$475.07	\$237.48	\$257.80	\$495.28	\$495.28	\$479.53	\$499.97
EE+Spouse - 2 Medicare	\$493.19	N/A	\$515.60	\$515.61	\$515.61	\$497.80	\$520.45
Family - 0 Medicare	\$480.17	\$499.13	N/A	\$499.13	\$499.13	\$484.66	\$503.80
Family - 1 Medicare	\$533.15	\$297.86	\$257.80	\$555.66	\$555.66	\$538.13	\$560.89
Family - 2 Medicare	\$586.13	\$96.59	\$515.60	\$612.19	\$612.19	\$591.60	\$617.98
EE+Ch - 0 Medicare	\$271.05	\$281.75	N/A	\$281.75	\$281.75	\$273.60	\$284.40
EE+Ch - 1 Medicare	\$324.03	\$80.48	\$257.80	\$338.28	\$338.28	\$327.07	\$341.49

Exhibit 4C – Plan Year 2023 Monthly Retiree Premiums

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	HD 4000	2035	HD 1500	Tiered Network	CWA
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO
Total Premium					
Single - 0 Medicare	\$708.63	\$1,061.77	\$1,040.79	\$1,034.88	\$1,239.13
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,544.75	\$2,314.67	\$2,268.91	\$2,256.05	\$2,701.29
EE+Spouse - 1 Medicare	\$836.12	\$1,252.90	\$1,228.12	\$1,221.17	\$1,462.16
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,757.34	\$2,633.18	\$2,581.16	\$2,566.53	\$3,073.01
Family - 1 Medicare	\$1,048.71	\$1,571.41	\$1,540.37	\$1,531.65	\$1,833.88
Family - 2 Medicare	\$340.08	\$509.64	\$499.58	\$496.77	\$594.75
EE+Ch - 0 Medicare	\$992.04	\$1,486.46	\$1,457.08	\$1,448.83	\$1,734.78
EE+Ch - 1 Medicare	\$283.41	\$424.69	\$416.29	\$413.95	\$495.65
Medical Premium					
Single - 0 Medicare	\$580.47	\$899.55	\$864.20	\$857.79	\$1,049.97
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,265.39	\$1,961.02	\$1,883.95	\$1,869.99	\$2,288.92
EE+Spouse - 1 Medicare	\$684.92	\$1,061.47	\$1,019.75	\$1,012.20	\$1,238.95
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,439.53	\$2,230.88	\$2,143.22	\$2,127.34	\$2,603.90
Family - 1 Medicare	\$859.06	\$1,331.33	\$1,279.02	\$1,269.55	\$1,553.93
Family - 2 Medicare	\$278.59	\$431.78	\$414.82	\$411.76	\$503.96
EE+Ch - 0 Medicare	\$812.63	\$1,259.37	\$1,209.88	\$1,200.92	\$1,469.96
EE+Ch - 1 Medicare	\$232.16	\$359.82	\$345.68	\$343.13	\$419.99
Rx Premium					
Single - 0 Medicare	\$128.16	\$162.22	\$176.59	\$177.09	\$189.16
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$279.36	\$353.65	\$384.96	\$386.06	\$412.37
EE+Spouse - 1 Medicare	\$151.20	\$191.43	\$208.37	\$208.97	\$223.21
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$317.81	\$402.30	\$437.94	\$439.19	\$469.11
Family - 1 Medicare	\$189.65	\$240.08	\$261.35	\$262.10	\$279.95
Family - 2 Medicare	\$61.49	\$77.86	\$84.76	\$85.01	\$90.79
EE+Ch - 0 Medicare	\$179.41	\$227.09	\$247.20	\$247.91	\$264.82
EE+Ch - 1 Medicare	\$51.25	\$64.87	\$70.61	\$70.82	\$75.66

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

Exhibit 4D – Plan Year 2023 Annual Retiree Premiums

	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	
Total Premium										
Single - 0 Medicare	\$17,062	N/A	\$17,062	\$16,180	N/A	\$16,180	\$15,159	N/A	\$15,159	\$15,159
Single - 1 Medicare	N/A	\$4,372	\$4,372	N/A	\$4,154	\$4,154	N/A	\$5,582	\$5,582	\$7,920
EE+Spouse - 0 Medicare	\$37,196	N/A	\$37,196	\$35,272	N/A	\$35,272	\$33,030	N/A	\$33,030	\$33,030
EE+Spouse - 1 Medicare	\$20,133	\$4,372	\$24,505	\$19,092	\$4,154	\$23,246	\$17,871	\$5,582	\$23,454	\$25,791
EE+Spouse - 2 Medicare	N/A	\$8,743	\$8,743	N/A	\$8,308	\$8,308	N/A	\$11,164	\$11,164	\$15,839
Family - 0 Medicare	\$42,315	N/A	\$42,315	\$40,126	N/A	\$40,126	\$37,576	N/A	\$37,576	\$37,576
Family - 1 Medicare	\$25,252	\$4,372	\$29,624	\$23,946	\$4,154	\$28,100	\$22,418	\$5,582	\$28,000	\$30,337
Family - 2 Medicare	\$8,190	\$8,743	\$16,933	\$7,766	\$8,308	\$16,074	\$16,074	\$11,164	\$18,423	\$23,098
EE+Ch - 0 Medicare	\$23,887	N/A	\$23,887	\$22,651	N/A	\$22,651	\$21,210	N/A	\$21,210	\$21,210
EE+Ch - 1 Medicare	\$6,825	\$4,372	\$11,196	\$6,471	\$4,154	\$10,625	\$6,052	\$5,582	\$11,634	\$13,971
Medical Premium										
Single - 0 Medicare	\$14,699	N/A	\$14,699	\$13,817	N/A	\$13,817	\$12,657	N/A	\$12,657	\$12,657
Single - 1 Medicare	N/A	\$1,362	\$1,362	N/A	\$1,145	\$1,145	N/A	\$2,115	\$2,115	\$4,453
EE+Spouse - 0 Medicare	\$32,045	N/A	\$32,045	\$30,121	N/A	\$30,121	\$27,593	N/A	\$27,593	\$27,593
EE+Spouse - 1 Medicare	\$17,345	\$1,362	\$18,708	\$16,304	\$1,145	\$17,448	\$14,936	\$2,115	\$17,051	\$19,389
EE+Spouse - 2 Medicare	N/A	\$2,725	\$2,725	N/A	\$2,289	\$2,289	N/A	\$4,231	\$4,231	\$8,906
Family - 0 Medicare	\$36,455	N/A	\$36,455	\$34,266	N/A	\$34,266	\$31,391	N/A	\$31,391	\$31,391
Family - 1 Medicare	\$21,755	\$1,362	\$23,118	\$20,449	\$1,145	\$21,594	\$18,733	\$2,115	\$20,848	\$23,186
Family - 2 Medicare	\$7,056	\$2,725	\$9,781	\$6,632	\$2,289	\$8,921	\$6,076	\$4,231	\$10,306	\$14,982
EE+Ch - 0 Medicare	\$20,579	N/A	\$20,579	\$19,344	N/A	\$19,344	\$17,721	N/A	\$17,721	\$17,721
EE+Ch - 1 Medicare	\$5,880	\$1,362	\$7,242	\$5,526	\$1,145	\$6,671	\$5,063	\$2,115	\$7,178	\$9,516
Rx Premium										
Single - 0 Medicare	\$2,363	N/A	\$2,363	\$2,363	N/A	\$2,363	\$2,501	N/A	\$2,501	\$2,501
Single - 1 Medicare	N/A	\$3,009	\$3,009	N/A	\$3,009	\$3,009	N/A	\$3,467	\$3,467	\$3,467
EE+Spouse - 0 Medicare	\$5,151	N/A	\$5,151	\$5,151	N/A	\$5,151	\$5,437	N/A	\$5,437	\$5,437
EE+Spouse - 1 Medicare	\$2,788	\$3,009	\$5,797	\$2,788	\$3,009	\$5,797	\$2,936	\$3,467	\$6,402	\$6,402
EE+Spouse - 2 Medicare	N/A	\$6,018	\$6,018	N/A	\$6,018	\$6,018	N/A	\$6,934	\$6,933	\$6,933
Family - 0 Medicare	\$5,860	N/A	\$5,860	\$5,860	N/A	\$5,860	\$6,186	N/A	\$6,186	\$6,186
Family - 1 Medicare	\$3,497	\$3,009	\$6,506	\$3,497	\$3,009	\$6,506	\$3,684	\$3,467	\$7,151	\$7,151
Family - 2 Medicare	\$1,134	\$6,018	\$7,153	\$1,134	\$6,018	\$7,153	\$1,183	\$6,934	\$8,117	\$8,117
EE+Ch - 0 Medicare	\$3,308	N/A	\$3,308	\$3,308	N/A	\$3,308	\$3,490	N/A	\$3,490	\$3,490
EE+Ch - 1 Medicare	\$945	\$3,009	\$3,954	\$945	\$3,009	\$3,954	\$989	\$3,467	\$4,455	\$4,455

Exhibit 4D – Plan Year 2023 Annual Retiree Premiums

	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO			Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium			
Total Premium							
Single - 0 Medicare	\$15,592	\$13,958	N/A	\$13,958	\$13,958	\$14,882	\$13,325
Single - 1 Medicare	\$6,009	N/A	\$4,784	\$4,784	\$7,418	\$5,844	\$7,228
EE+Spouse - 0 Medicare	\$33,991	\$30,428	N/A	\$30,428	\$30,428	\$32,443	\$29,049
EE+Spouse - 1 Medicare	\$24,408	\$16,470	\$4,784	\$21,254	\$23,887	\$23,405	\$22,952
EE+Spouse - 2 Medicare	\$12,018	N/A	\$9,568	\$9,568	\$14,835	\$11,688	\$14,457
Family - 0 Medicare	\$38,669	\$34,615	N/A	\$34,615	\$34,615	\$36,907	\$33,046
Family - 1 Medicare	\$29,086	\$20,657	\$4,784	\$25,441	\$28,075	\$27,869	\$26,949
Family - 2 Medicare	\$19,502	\$6,700	\$9,568	\$16,267	\$21,535	\$18,831	\$20,852
EE+Ch - 0 Medicare	\$21,829	\$19,540	N/A	\$19,540	\$19,540	\$20,835	\$18,655
EE+Ch - 1 Medicare	\$12,246	\$5,583	\$4,784	\$10,366	\$13,000	\$11,796	\$12,558
Medical Premium							
Single - 0 Medicare	\$13,269	\$11,542	N/A	\$11,542	\$11,542	\$12,537	\$10,887
Single - 1 Medicare	\$3,050	N/A	\$1,690	\$1,690	\$4,324	\$2,857	\$4,105
EE+Spouse - 0 Medicare	\$28,926	\$25,163	N/A	\$25,163	\$25,163	\$27,330	\$23,734
EE+Spouse - 1 Medicare	\$18,707	\$13,620	\$1,690	\$15,310	\$17,944	\$17,650	\$16,952
EE+Spouse - 2 Medicare	\$6,099	N/A	\$3,380	\$3,380	\$8,647	\$5,714	\$8,211
Family - 0 Medicare	\$32,907	\$28,625	N/A	\$28,625	\$28,625	\$31,091	\$27,000
Family - 1 Medicare	\$22,688	\$17,083	\$1,690	\$18,773	\$21,407	\$21,411	\$20,218
Family - 2 Medicare	\$12,469	\$5,541	\$3,380	\$8,921	\$14,188	\$11,732	\$13,437
EE+Ch - 0 Medicare	\$18,577	\$16,159	N/A	\$16,159	\$16,159	\$17,551	\$15,242
EE+Ch - 1 Medicare	\$8,357	\$4,617	\$1,690	\$6,307	\$8,941	\$7,872	\$8,460
Rx Premium							
Single - 0 Medicare	\$2,324	\$2,415	N/A	\$2,415	\$2,415	\$2,345	\$2,438
Single - 1 Medicare	\$2,959	N/A	\$3,094	\$3,094	\$3,094	\$2,987	\$3,123
EE+Spouse - 0 Medicare	\$5,065	\$5,265	N/A	\$5,265	\$5,265	\$5,113	\$5,315
EE+Spouse - 1 Medicare	\$5,701	\$2,850	\$3,094	\$5,943	\$5,943	\$5,754	\$6,000
EE+Spouse - 2 Medicare	\$5,918	N/A	\$6,187	\$6,187	\$6,187	\$5,974	\$6,245
Family - 0 Medicare	\$5,762	\$5,990	N/A	\$5,990	\$5,990	\$5,816	\$6,046
Family - 1 Medicare	\$6,398	\$3,574	\$3,094	\$6,668	\$6,668	\$6,458	\$6,731
Family - 2 Medicare	\$7,034	\$1,159	\$6,187	\$7,346	\$7,346	\$7,099	\$7,416
EE+Ch - 0 Medicare	\$3,253	\$3,381	N/A	\$3,381	\$3,381	\$3,283	\$3,413
EE+Ch - 1 Medicare	\$3,888	\$966	\$3,094	\$4,059	\$4,059	\$3,925	\$4,098

Exhibit 4D – Plan Year 2023 Annual Retiree Premiums

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	HD 4000	2035	HD 1500	Tiered Network	CWA
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO
Total Premium					
Single - 0 Medicare	\$8,504	\$12,741	\$12,489	\$12,419	\$14,870
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$18,537	\$27,776	\$27,227	\$27,073	\$32,415
EE+Spouse - 1 Medicare	\$10,033	\$15,035	\$14,737	\$14,654	\$17,546
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$21,088	\$31,598	\$30,974	\$30,798	\$36,876
Family - 1 Medicare	\$12,585	\$18,857	\$18,484	\$18,380	\$22,007
Family - 2 Medicare	\$4,081	\$6,116	\$5,995	\$5,961	\$7,137
EE+Ch - 0 Medicare	\$11,904	\$17,838	\$17,485	\$17,386	\$20,817
EE+Ch - 1 Medicare	\$3,401	\$5,096	\$4,995	\$4,967	\$5,948
Medical Premium					
Single - 0 Medicare	\$6,966	\$10,795	\$10,370	\$10,293	\$12,600
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$15,185	\$23,532	\$22,607	\$22,440	\$27,467
EE+Spouse - 1 Medicare	\$8,219	\$12,738	\$12,237	\$12,146	\$14,867
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$17,274	\$26,771	\$25,719	\$25,528	\$31,247
Family - 1 Medicare	\$10,309	\$15,976	\$15,348	\$15,235	\$18,647
Family - 2 Medicare	\$3,343	\$5,181	\$4,978	\$4,941	\$6,048
EE+Ch - 0 Medicare	\$9,752	\$15,112	\$14,519	\$14,411	\$17,640
EE+Ch - 1 Medicare	\$2,786	\$4,318	\$4,148	\$4,118	\$5,040
Rx Premium					
Single - 0 Medicare	\$1,538	\$1,947	\$2,119	\$2,125	\$2,270
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,352	\$4,244	\$4,620	\$4,633	\$4,948
EE+Spouse - 1 Medicare	\$1,814	\$2,297	\$2,500	\$2,508	\$2,679
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,814	\$4,828	\$5,255	\$5,270	\$5,629
Family - 1 Medicare	\$2,276	\$2,881	\$3,136	\$3,145	\$3,359
Family - 2 Medicare	\$738	\$934	\$1,017	\$1,020	\$1,089
EE+Ch - 0 Medicare	\$2,153	\$2,725	\$2,966	\$2,975	\$3,178
EE+Ch - 1 Medicare	\$615	\$778	\$847	\$850	\$908

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

Exhibit 5A – Plan Year 2023 Employee Plan Option Summary

State Actives												
	CWA Unity PPO Plan	CWA Unity 2019 PPO Plan ²	NJDIRECT PPO Plan	NJDIRECT 2019 PPO Plan ²	\$15 PPO	\$15 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
In-Network												
Deductible (Single/Family) ¹	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) ¹	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$7,280/\$14,560	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ³	10% ³	10% ³	10% ³	10% ³	10% ³	10% ³	10% ³	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	\$30 copay ⁴	\$30 copay ⁴	\$30 copay ⁴	\$30 copay ⁴	\$15 copay	\$30 copay ⁴	\$25 copay	\$30 copay / \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$20 copay ⁴ Tier 2: \$35 copay ⁴
Urgent Care	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$15 copay	\$45 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$35 copay ⁴ Tier 2: \$50 copay ⁴
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
Out-of-Network												
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
Prescription Drug												
OOP Maximum (Single/Family)	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640	\$1,820/\$3,640
Retail - Generic	\$7	\$7	\$7	\$7	\$3	\$3	\$7	\$3	\$7	\$7	\$7	\$7
Retail - Brand	\$16	\$16	\$16	\$16	\$10	\$10	\$16	\$18	\$21	\$21	\$21	\$21
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	\$0	\$0
Mail - Brand	\$40	\$40	\$40	\$40	\$15	\$15	\$40	\$36	\$52	\$52	\$52	\$52
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

¹ 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.

² 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.

³ On Select Services

⁴ 2023 Copay increase does not apply to OB/GYN

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

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

	State Early Retirees												
	CWA Unity Early Retiree PPO Plan	NJDIRECT PPO Early Retiree Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
In-Network													
Deductible (Single/Family) ¹	\$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) ¹	\$7,749/\$15,498	\$7,749/\$15,498	\$400/\$1,000	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	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
Urgent Care	\$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
Out-of-Network													
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
Prescription Drug													
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	\$7	\$7	\$7
Retail - Preferred Brand	\$16	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18	\$21	\$21	\$21	\$16
Retail - Non-Preferred Brand	\$35	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46	Member Pays the Difference	Member Pays the Difference	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	Member Pays the Difference
Mail - Generic	\$18	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$18
Mail - Preferred Brand	\$40	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36	\$52	\$52	\$52	\$40
Mail - Non-Preferred Brand	\$88	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92	Member Pays the Difference	Member Pays the Difference	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	Member Pays the Difference

¹ 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.

²On Select Services

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

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

	State Medicare Advantage ²				State Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
In-Network									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) ¹	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	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498	\$7,749/\$15,498
Overall Coinsurance	None	None	None	None	10% ⁵	10% ⁵	10% ⁵	10% ⁵	10% ⁵
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Out-of-Network									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) ¹	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
Prescription Drug⁴									
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 ³	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand ³	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand ³	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

¹ 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

² 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.

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

⁴ 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.

⁵ 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.

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