



# State of New Jersey

## State Health Benefits Program

Plan Year 2025 Rate Setting Recommendation  
Analysis

Local Government Employee Group

As Approved on September 5, 2024

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# Executive Summary

The purpose of this Analysis is to recommend premium levels for the Local Government Employer Group of the State Health Benefits Program (SHBP) for January 1, 2025 through December 31, 2025.

For Plan Year 2025, employees and retirees are offered the following benefit options:

<b>Plan Type</b>	<b>Horizon</b>	<b>Aetna</b>
Unity PPO	NJDIRECT	Freedom
Unity 2019 PPO (Active Only)	NJDIRECT 2019	Freedom 2019
PPO10	NJDIRECT10	Freedom 10
PPO15	NJDIRECT15	Freedom 15
PPO1525	NJDIRECT1525	Freedom 1525
PPO2030	NJDIRECT2030	Freedom 2030
PPO2035 (Active Only)	NJDIRECT2035	Freedom 2035
HDLow	Horizon HDLow	Freedom HDLow
HDHigh	Horizon HDHigh	Freedom HDHigh
HMO10	Horizon HMO10	Aetna HMO10
HMO1525 (Retiree Only)	Horizon HMO1525	Aetna HMO1525
HMO2030 (Retiree Only)	Horizon HMO2030	Aetna HMO2030
Tiered Network	OMNIA	Liberty Plus

Recommended premium rate changes are based on a review of the experience of the Medical and Prescription Drug benefits offered to Active Employees and Retirees by the SHBP. The updated projections for Plan Year 2025 are based on medical and prescription drug claims incurred January 1, 2023 through December 31, 2023 and paid through March 31, 2024. The following summarizes the major highlights in this Rate Setting Analysis:

- The total recommended Plan Year 2025 premium rate change for the combined Local Government Actives, Early Retirees, and Medicare Retirees is an increase 16.4%. This reflects the following:
  - The recommended rate change for Local Government Actives is a 14.5% increase for medical and a 28.4% increase for the prescription drug premium rates, for a total increase of 16.3%.
  - The recommended rate change for Local Government Early Retirees is a 15.1% increase for medical and a 33.1% increase for the prescription drug premium rates, for a total increase of 17.9%.

- The Medicare Retiree medical increase for Plan Year 2024 is 7.0%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change in Plan Year 2025 is a 16.5% increase.
- The projected combined Active and Retiree Medical and Prescription Drug Claim Stabilization Reserve Balance is projected to be below the targeted 2.0 months of plan cost in Plan Year 2025. As a result, 3.0% margin is included in the Active, Early Retiree, and Medicare Retiree Medical and Prescription Drugs 2025 premiums. Even with margin, the projected CSR balances in 2025 are below the target CSR level. Additional margin may be appropriate.

## Recommended Premium Rate Changes

The recommended Plan Year 2025 premium rate changes are as follows: a 16.3% increase for Active Employees, a 17.9% increase for Early Retirees and an 12.9% increase for Medicare Retirees. The Medicare Retirees medical increase for Plan Year 2025 includes both self-insured medical premiums and fully insured Medicare Advantage premiums. For all groups combined, the recommended change is an increase of 16.4%.

The recommended premiums rate changes for Plan Year 2025 by benefit plan are listed below.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
<b>Actives</b>					
PPO / HDHP	14.6%	28.6%	28.6%	28.6%	16.3%
HMO	14.6%	28.6%	28.6%	28.6%	16.5%
Tiered Network	12.1%	22.3%	22.3%	22.3%	13.6%
<b>Total</b>	<b>14.5%</b>	<b>28.4%</b>	<b>28.3%</b>	<b>28.4%</b>	<b>16.3%</b>
<b>Early Retirees</b>					
PPO / HDHP	15.1%			33.1%	17.8%
HMO	15.1%			33.1%	18.1%
<b>Total</b>	<b>15.1%</b>			<b>33.1%</b>	<b>17.9%</b>
<b>Medicare Retirees</b>					
Total	<b>7.0%</b>			<b>16.5%</b>	<b>12.9%</b>
<b>Grand Total</b>	<b>14.4%</b>			<b>26.0%</b>	<b>16.4%</b>

The table below shows the projected total Claim Stabilization Reserve at the end of Plan Years 2023 through 2025 for Local Government. The projected reserve balances are based on the reserve balance as of June 30, 2023 provided by the State. The CSR balances below are intended to illustrate how the claims stabilization reserve may fluctuate due to gains and losses in the active and retiree plans. Actual balances as of December 31, 2024 and December 31, 2025 may differ.

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

(in \$ millions)

	Active	Retiree	Total
12/31/2023	\$76	(\$126)	(\$50)
12/31/2024	\$44	(\$144)	(\$100)
12/31/2025	\$85	(\$125)	(\$40)
Months of Plan Cost as of 12/31/2025	0.8	(2.4)	(0.2)

## Change Healthcare Cyber Attack

On February 21, 2024, Change Healthcare became aware of a data breach, which resulted in a shutdown of their systems. Change provides a service whereby providers and facilities may submit claims for adjudication and payment collection. As a result of the data breach, there could be additional delays on claims reporting and payments. Based on an analysis of actual and expected medical claims runout, an adjustment is deemed necessary for the self-insured Medicare Retiree medical claims, and 2023 completed medical claims have been increased 1.0% to account for these delays. No adjustment is deemed necessary for Active or Early Retiree medical claims.

## 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.

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 2025 Overview

The following plan design changes were approved by the SHBP Plan Design Committee for Plan Year 2017 and were subsequently reaffirmed. They are assumed to continue to be in effect for Plan Year 2025.

- 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: 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.
- Active Mail Order Generic Copays: Generic drugs filled through OptumRx's Mail Order Pharmacy are subject to a \$0 copay for all Active members.
- Retiree Mail Order Preferred Brand Copays: For retiree members enrolled in the PPO10 and PPO15 medical plans, preferred 90-day prescription drugs are subject to a \$28 copay.
- EGWP Specialty Rx Copays: 30-day copayments for Specialty Pharmacy Drugs for Employer Group Waiver Plan (EGWP) retirees are subject to a reduced copay as outlined in resolution 2023-2.

Additional Plan Design Changes that have been approved and are assumed to be in effect for Plan Year 2025, except as noted below, are as follows:

- HMS Data Integrity Vendor: In accordance with Public Law 2019, Chapter 143, the State conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and Data management 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. Savings for this change are assumed to be in the underlying claims experience and will continue in Plan Year 2025. Estimated fees are based on amounts provided by the State and are assumed to increase 2.5% each year. This program is assumed to not impact Medicare Retirees.

- 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. Estimated fees are based on amounts provided by the State and are assumed to increase 2.5% each year. This program does not impact Actives and 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. The costs associated with eviCore are reflected in the underlying capitation data provided by Horizon. This program does not impact Medicare Retirees. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact.
- 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. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees for this program have been removed from 2025 projections. This program does not impact Medicare Retirees.
- Livongo Whole Person: Beginning Plan Year 2021, Livongo also implemented 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. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees for this program have been removed from 2025 projections. This program does not impact Medicare Retirees.
- Hinge Health: Effective 2021, the State implemented Hinge Health, a coach-led, digital program using sensor guided exercise therapy for chronic back and joint pain. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees for this program, which previously flowed through the claims wire, are assumed

to be immaterial so no adjustment has been made. This program does not impact Medicare Retirees.

- Amino: Effective 2021, the State implemented Amino, a provider directory promoting transparency that helps employees make smarter healthcare choices. The tool matches members with the highest quality, lowest cost in-network providers for their specific needs. This program is assumed to be terminated effective March 1, 2024 which is assumed to have no claim impact. Estimated fees for this program have been removed from 2025 projections.
- Wondr Health: Effective 2021, the State implemented Wondr Health, an online weight loss program that uses informative videos and learning tools to teach participants how to lose weight and improve their overall health. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees are paid through Horizon and are assumed to be immaterial so no adjustment has been made. This program does not impact Medicare Retirees.
- Included Health (Formerly Grand Rounds): The State eliminated Included Health's Expert Medical Second Opinion Solution in 2023. The program provided 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 adjustments to claims or fees are included to reflect the elimination of this program for purposes of the rate setting projection.
- Humira replacement with Biosimilar: Effective 2025, Optum Rx will prefer FDA-approved interchangeable adalimumab biosimilars on its commercial formularies with \$0 copays for patients who utilize the available manufacturer copay assistance program. After a rigorous evaluation of this maturing adalimumab category, Optum Rx will prefer the biosimilar Amjevita. This change does not impact current members utilizing Humira who will be able to continue Therapy with no change in medication. As a result, no adjustment has been made to projected prescription drug costs for this change.

For all instances where Aon assumes no claim impact for the removal of vendor programs and services, Aon has not completed ROI analysis and is not representing an opinion whether the program independently provided claim savings.

## Vendor Changes

Medical Vendors: Effective July 1, 2024, Actives and Early Retirees will have a choice of enrolling in self-insured medical plan options with either Horizon or Aetna. Both vendors will offer identical versions of each plan option, except the Self-Insured Medicare plan options which will continue to only be offered by Horizon. All fully insured Medicare Advantage plans are assumed to continue to be administered by Aetna.



Pharmacy Benefit Manager: Optum is assumed to administer all of the prescription drug plans in Plan Year 2025.

## Federal Health Care Reform

IRS Health Savings Account (HSA) Requirements: On August 23, 2023, the SHBP Plan Design Committee approved resolutions 2023-11 and 2023-12, which rename the HD1500 and HD4000 to the HDLow and HDHigh plan options, respectively. As part of these resolutions, the plans' deductibles and out-of-pocket maximums will be indexed each year aligning with the IRS inflation-adjusted deductible increases and out-of-pocket maximums will be adjusted to maintain a consistent distribution between deductibles and out-of-pocket maximums. For Plan Year 2025, the HDLow and HDHigh in-network deductibles and OOP maximums will increase \$50/\$100 (Single/Family), consistent with the change in the IRS minimum deductibles for HSA qualified plans. The impact of these changes is based Aon's Actuarial Value model.

In-Network Out-of-Pocket Maximum: Effective January 1, 2025, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$9,200 single / \$18,400 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:

<b>Plan Year</b>	<b>Out-of-Pocket Maximum (Single/Family)</b>
2023	\$9,100 / \$18,200
2024	\$9,450 / \$18,900
2025	\$9,200 / \$18,400

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

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 January 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.

Inflation Reduction Act of 2022: In August 2022, the Inflation Reduction Act of 2022 (IRA) was signed into law. This law restructures the Standard Medicare Part D prescription drug benefit and revenue payments to plans beginning in 2023, with the most significant changes taking place in 2025. On July 29th, 2024, the Centers for Medicare and Medicaid Services (CMS) released the national average of individual market bids for 2025 and the national average bid (NAB) amount

came in higher than most estimates. The NAB is the key driver of the Direct Subsidy component of revenue paid to plans, including the SHBP EGWP. In addition, CMS announced a voluntary premium stabilization demonstration program which provides plans with participating carriers an additional \$15 PMPM (before adjustment for sequestration) of Direct Subsidy revenue in 2025. Optum elected to participate in this program, so the plan will receive this additional revenue. The 2025 EGWP plan costs reflect IRA cost impacts provided by Optum. Given these additional revenues from the July announcement, the projected changes in costs and revenue from the IRA mostly offset.

## New Jersey State Mandates

S1614: Effective January 2024, this bill requires health insurance carriers to provide coverage for epinephrine auto-injector devices and asthma inhalers. The bill limits cost sharing for health insurance coverage of insulin. There is no expected cost associated with mandate.

A5235: Effective July 2024, this act revises health insurance coverage for the treatment of infertility. Based on information from Horizon, this change is projected to increase Active claims 0.35%. This is assumed to have no impact on Early and Medicare Retirees.

S2535: Effective April 2024, this bill requires health benefits coverage of hearing aids and cochlear implants for covered members. Based on information from Horizon, this change is projected to increase Active claims 0.44%. This is assumed to have no impact on Early and Medicare Retirees.

A1255: Effective April 2024, this act updates requirement and standards for authorization and prior authorization of health care services. There is no expected cost associated with this mandate.

## Eligibility Changes and Other Eligible Members

### Chapter 375 Coverage of Adult Children

The number of Local Government adult children covered under Chapter 375 as of April 2024 is 40. 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 2024 rate setting premiums have been calculated based on this requirement. The Adult Child rate will be approximately 81% of the Single Employee rate.

## Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2022 through 2024 and includes a projection of enrollment from 2024 to 2025. For this analysis, enrollment through June 2024 is based on monthly snapshot census data through April 2024. Enrollment from July 2024 through December 2024 is assumed to be equal to the Special Open Enrollment Period results provided by the State. This projection assumes that Local Government Actives, and Local Government Early Retirees, and Local Government Medicare Retirees are to remain flat in Plan Year 2025.

Exhibit 1B reflects the distribution of projected Plan Year 2025 enrollment among benefit options. Approximately 60% of Local Government Actives are assumed to be enrolled in the PPO10 plan and 18% of Local Government Actives are assumed to be enrolled in the PPO15 plan. Enrollment in the HMO10 plan is projected to be approximately 2% of the total Active enrollment. Approximately 84% of Local Government Retirees are assumed to be enrolled in the PPO10 plan or the PPO15 plan.

Exhibit 1C shows the projected average enrollment by benefit option and coverage tier for Plan Year 2024.

Dependents per Subscriber reflect ratios using Local Government enrollment as of April 2024 and are assumed to remain constant for Plan Year 2025. For Plan Year 2025, the enrollment distribution by coverage tier for each plan is assumed to remain consistent with the plan specific distribution for Plan Year 2024.

## Tiered Network Enrollment

The SHBP Plan Design Committee approved a Tiered Network plan option for SHBP Active Employees, effective January 1, 2016. For Plan Year 2025, 0.5% of Local Government Active Legacy PPO 10 and PPO 15 participants are assumed to migrate to the Tiered Network plan.

## Unity PPO Enrollment

For Plan Year 2025, it is assumed that 1.0% of Local Government Actives are new hires who enroll in the Unity 2019 PPO plan. No other enrollment changes are assumed for the PPO and HMO plans.

## Aetna Enrollment

Effective July 1, 2024, all Actives and Early Retirees will have a choice of enrolling in self-insured medical plan options with either Horizon or Aetna. For this analysis, enrollment through June 2024 is based on monthly snapshot census data through April 2024. Enrollment from July 2024 through December 2024 is assumed to be equal to the Special Open Enrollment Period results provided by

the State. The Special Open Enrollment Period resulted in 1.8% of Actives and Early Retirees switching to Aetna coverage.

For Plan Year 2025, it is assumed that 95% of Active and Early Retirees will enroll in the Horizon plan while the remaining 5% will be enrolled in the Aetna plan. There is no adjustment to Medicare Retirees.

## Active Demographic Changes

The Active Employee average age very slightly decreased by 0.1 from Plan Year 2023 to Plan Year 2024. The average HMO Employee age is 2.8 years older than the average PPO employee. Employees enrolled in the Unity PPO plan option are 4.0 years younger than employees enrolled in the Legacy PPO plan. The average age of Employees enrolling in the Other Plans is 2.9 years younger than the Employees in the Legacy PPO Plan.

### Average Employee Age

	<b>April 2023</b>	<b>April 2024</b>	<b>Change</b>
Legacy PPO	46.4	46.4	0.0
Legacy HMO	49.0	49.2	0.2
Unity PPO	43.2	42.4	(0.8)
Other Plans	43.4	43.5	0.1
<b>Total</b>	<b>46.1</b>	<b>46.0</b>	<b>(0.1)</b>

\* Other Plans include the PPO1525, PPO2030, PPO2035, HDHigh, HDLow, and Tiered Network plans.

# Trend Analysis

The recommended claim trend assumptions for Plan Years 2024 and 2025 are:

	Plan Year 2024		Plan Year 2025	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	7.50%	13.50%	8.00%	12.50%
PPO Early Retirees	7.50%	13.00%	8.00%	12.50%
Self-Insured Medicare Retirees	5.50%	13.50%	5.50%	13.00%
HMO/Tiered Network Actives	7.50%	13.50%	8.00%	12.50%
HMO/Tiered Network Early Retirees	7.50%	13.00%	8.00%	12.50%

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

The Medicare Retiree trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2025 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 2025 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2021 to December 31, 2023 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 2025	Vendor Recommendation			National AON Trend Guidance	
	Horizon	Aetna	Optum	Medical	Rx
PPO Actives	4.45%	7.90%	11.62%	8.00%	15.60%
PPO Early Retirees	4.45%	7.90%	11.08%	8.00%	15.10%
HMO Actives	5.19%	7.90%	11.62%	8.00%	15.60%
Tiered Network Actives	7.73%	7.90%	11.62%	8.00%	15.60%
Self-Insured Medicare Retirees	4.40%	N/A	13.15%	6.00%	11.20%

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

\*\*Optum recommended trend represents annual trend from PY2023 to PY2025.

\*\*\*Aon National Guidance trends include the impact of plan design leveraging.

### Medical Trends:

- PPO Actives: The PPO Active medical trend is 7.50% in Plan Year 2024, a 1.00% increase from the 6.50% medical trend in the Plan Year 2024 Rate Setting Analysis. The PPO Active medical trend is 8.00% for Plan Year 2025.
- PPO Early Retirees: The Plan Year 2024 Early Retiree PPO medical trend is 7.50%, a 1.00% increase from the Plan Year 2024 Rate Setting Analysis. The Plan Year 2025 medical trend is 8.00%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 5.50% in Plan Years 2024 and 2025, which is no change from the Plan Year 2024 Medicare Retiree medical trend in the Plan Year 2024 Rate Setting Analysis.
- HMO Actives: The Plan Year 2024 HMO Actives medical trend is 7.50%, which is a 1.00% increase from what was used in the Plan Year 2024 Rate Setting Analysis. The Plan Year 2025 HMO Active medical trend assumption is 8.00%.
- HMO Early Retirees: The Plan Year 2024 HMO Early Retiree medical trend is 7.50%, a 1.00% increase from what was used in the Plan Year 2024 Rate Setting Analysis. The Plan Year 2025 HMO Early Retiree medical trend assumption is 8.00%.

Prescription Drug Trends: Prescription drug trends have increased based on both Vendor and Aon trend guidance because of expected increases in GLP-1 and specialty drug costs and utilization.

The Plan Year 2024 prescription drug trends have been increased from the Plan Year 2024 Rate Setting Analysis to 13.50% for Actives, 13.00% for Early Retirees and 13.50% for Self-Insured Medicare Retirees. The recommended prescription drug trend for Plan Year 2025 is 12.50% for Actives, 12.50% for Early Retirees, and 13.00% for Self-Insured Medicare Retirees.

Additional Trend Adjustments: To reflect potential additions and terminations of Local Employers, the Active and Retiree medical and prescription drug trends will be increased by 200 basis points in Plan Year 2024 and by 150 basis points in Plan Year 2025 for Local Government. These adjustments reflect anti-selection risk and change in average health status of the population resulting from Local Employers entering or terminating coverage under the State-sponsored plans based on their own favorable or unfavorable claims experience.

Medicare Advantage: The Medicare Advantage rates in Plan Years 2024 and 2025 were provided by Aetna. Below is a table summarizing the fully insured Medicare Advantage per member per month rates for Plan Years 2023 and 2024.

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

<b>Local Government</b>	<b>Aetna Medicare Advantage Rates</b>			
	<b>2024</b>	<b>2025</b>	<b>\$ Change</b>	
<b>PPO 10</b>	\$ 148.19	\$ 158.19	\$ 10.00	
<b>PPO 15</b>	\$ 130.84	\$ 140.84	\$ 10.00	
<b>HMO 10</b>	\$ 172.32	\$ 182.32	\$ 10.00	
<b>HMO 1525</b>	\$ 137.92	\$ 147.92	\$ 10.00	

\* MA rates shown above do not include additional 3.0% margin. Final premium rates reflect the additional 3.0% margin.

# Financial Projections

## Aggregate Financial Projections

Using the assumptions and methodology described in this Rate Setting Development section of this analysis, below are the current estimated projected costs for Plan Years 2023, 2024 and 2025.

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

	PPO 10	PPO 15	Legacy HMOs	Other Plans	Total
<b>Plan Year 2023</b>					
Premium Rates x Enrollment	\$1,149.5	\$315.0	\$53.0	\$210.1	\$1,727.6
Incurred Claims	\$1,139.8	\$306.4	\$49.8	\$183.3	\$1,679.3
Administrative Charges	\$34.3	\$10.0	\$2.0	\$8.6	\$54.9
Net Gain (Loss)	(\$24.6)	(\$1.4)	\$1.2	\$18.2	(\$6.6)
<b>Plan Year 2024</b>					
Premium Rates x Enrollment	\$1,123.7	\$296.1	\$47.8	\$251.8	\$1,719.4
Incurred Claims	\$1,135.6	\$294.5	\$45.3	\$242.4	\$1,717.8
Administrative Charges	\$31.2	\$8.6	\$1.6	\$9.8	\$51.2
Net Gain (Loss)	(\$43.1)	(\$7.0)	\$0.9	(\$0.4)	(\$49.6)
<b>Plan Year 2025</b>					
Premium Rates x Enrollment	\$1,302.5	\$342.5	\$55.3	\$307.0	\$2,007.3
Incurred Claims	\$1,245.7	\$321.7	\$49.5	\$280.0	\$1,896.9
Administrative Charges	\$30.5	\$8.4	\$1.6	\$9.9	\$50.4
Net Gain (Loss)	\$26.3	\$12.4	\$4.2	\$17.1	\$60.0

Notes:

- Other Plans include the 15/25 PPO, 15/25 HMO, 20/30 PPO, 20/30 HMO, 20/35 PPO, HD1500/HDLow, HD4000/HDHigh, Tiered Network, Unity PPO, and Unity 2019 PPO plan options.
- Plan Year 2023, 2024, and 2025 premium rates include margin of 2.0%, 3.0% and 3.0%, respectively.
- Incurred Claims includes medical claims, Rx claims, MA premiums, capitation, and Rx rebates.
- Totals may not add due to rounding.

The current Plan Year 2023 financial results project a loss of \$6.6M compared to a \$51.5 million gain projected in the Plan Year 2024 Rate Setting Analysis.

The current Plan Year 2024 results project a loss of \$49.6 million compared to \$56.0 million gain projected in the Plan Year 2024 Rate Setting Analysis, which reflected 3.0% margin added to 2024 premium rates to address the below-target Claims Stabilization Reserve balance.

The Plan Year 2025 Rate Setting Analysis is projected to produce a \$60.0 million gain for Local Government Actives and Retirees, reflecting the 3.0% margin added to address the below-target



Claims Stabilization Reserve balance. The Plan Year 2025 aggregate projected cost is approximately \$1.9 billion: \$1.3 billion for Actives and \$0.6 billion for Retirees.

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

## Cost Driver Analysis

The premium rates outlined in the Plan Year 2024 Rate Setting Analysis were developed using 2022 incurred claims projected to 2023 and 2024. The updated projections and Plan Year 2025 premium rates outlined in this analysis reflect actual 2023 claims experience and updated assumptions. Differences between the projected 2023 claims experience in the Plan Year 2024 Rate Setting Analysis and the actual Plan Year 2023 experience as well as updated assumptions contribute to the Plan Year 2025 premium increases.

### **Active Medical**

For Plan Year 2023, actual Active per member per month (PMPM) medical claims experience was 1.0% higher than expected. Based on Calendar Year 2023 reporting provided by Horizon, medical claim experience was driven by the following:

- Medical claims for outpatient services increased, with a total annual trend of 12%, including an 11% increase in the cost per visit and 1% increase in utilization.
- Utilization increased for outpatient services that are higher cost, including Emergency Room (+1% utilization), outpatient ambulatory (+3% utilization), and Outpatient Surgery (+11% utilization).
- Inpatient visits decreased 4%, but the cost per visit increased 12%. Additionally, professional visits increased 1%, including a 7% increase in specialist visits, and the cost per services increased 8%.

The 2024 medical projection also reflects a higher trend and anti-selection assumption (9.5% combined) compared to the Plan Year 2024 Rate Setting Analysis (7.25%). Claims are also projected to be 0.5% higher in 2024 because of NJ State Mandates that go into effect in 2024. Overall, the 2024 Medical claims are projected to be 3.9% higher than what was projected in the Plan Year 2024 Rate Setting Analysis.

### **Active Rx**

For Plan Year 2023, actual Active PMPM prescription drug claims experience was 11.8% higher than expected. Based on Calendar Year 2023 Optum reporting, Rx claim increases were driven by the following:

- Drugs for inflammatory conditions rank number one in terms of spend by disease state, and PMPM claims spend for inflammatory conditions increased 34.3% in 2023. The top drugs in this category were Humira Pen, Stelara, and Dupixent.
- PMPM Drug Spend for weight loss drugs (such as high cost GLP-1 medications) increased 160.0%. Wegovy ranked first in terms of individual drug spend, and

Ozempic, Mounjaro, and Trulicity were all GLP-1 drugs that ranked in the top 10 of individual drug spend.

- Overall specialty drug claims PMPM increased 23.8%, which was driven by inflammatory conditions (noted above) and oncology.

In addition to higher than expected claims in 2023, the 2024 Rx projection reflects a higher trend and anti-selection assumption (15.5% combined) compared to the Plan Year 2024 Rate Setting Analysis (9.75% combined). Overall, the 2024 Rx claims are projected to be 18.4% higher than what was projected in the Plan Year 2024 Rate Setting Analysis. This increase is partially offset by higher than expected rebates. PMPM Rebates are projected to be 25.0% higher compared to the Plan Year 2024 Rate Setting Analysis, and as a result Rx claims net of rebates are 14.5% higher in 2024 than expected.

### **Early Retiree Medical**

For Plan Year 2023, actual Early Retiree PMPM medical claims experience was 2.5% higher than expected. Based on data provided by Horizon, medical claim experience was driven by the following:

- Medical claims for outpatient services increased, with a total annual trend of 18%, including an 12% increase in the cost per visit and 6% increase in utilization. Outpatient Surgery and Emergency Room utilization increased 11% and 3%, respectively.
- Inpatient visits decreased 7%, which is partially offset by a 2% increase in the cost per visit. Additionally, professional visits increased 3%, including a 7% increase in specialist visits, and the cost per visit increased 7%.

In addition to higher than expected claims in 2023, the 2024 medical projection reflects a higher trend and anti-selection assumption (9.5% combined) compared to the Plan Year 2024 Rate Setting Analysis (7.25% combined). Overall, the 2024 Medical claims are projected to be 4.3% higher than what was projected in the Plan Year 2024 Rate Setting Analysis.

### **Early Retiree Rx**

For Plan Year 2023, actual Early Retiree PMPM medical claims experience was 18.7% higher than expected. Based on data provided by Optum, Rx claim increases were driven by the following:

- Drugs for inflammatory conditions rank number one in terms of spend by disease state, and PMPM claims spend for inflammatory conditions increased 20.1% in 2023. The top drugs in this category were Humira Pen, Stelara, and Dupixent.
- PMPM Drug Spend for weight loss drugs (such as high cost GLP-1 medications) increased 172.0%. Wegovy and Ozempic ranked second and third in terms of individual drug spend.

- Overall specialty drug claims PMPM increased 19.9%, which was driven by inflammatory conditions (noted above) and oncology.

In addition to higher than expected claims in 2023, the 2024 Rx projection reflects a higher trend and anti-selection assumption (15.0%) compared to the Plan Year 2024 Rate Setting Analysis (9.75%). Overall, the 2024 Rx claims are projected to be 23.7% higher than what was projected in the Plan Year 2024 Rate Setting Analysis. This increase is partially offset by higher than expected rebates. PMPM Rebates are projected to be 32.4% higher compared to the Plan Year 2024 Rate Setting Analysis, and as a result Rx claims net of rebates are 18.5% higher in 2024 than expected.

#### **Medicare Retiree Medical**

91% of Medicare Retiree Members are enrolled in Medicare Advantage plans, and the majority of the medical plan cost is equal to the Medicare Advantage Premium multiplied by membership.

#### **Medicare Retiree Rx**

For Plan Year 2023, actual Medicare Retiree PMPM prescription drug claims experience was 7.9% higher than expected. Based on data provided by Optum, Rx claim increases were driven by the following:

- Drugs for diabetes rank number one in terms of spend by disease state, and PMPM claims spend increased 16.4% in 2023.
- Specialty drug claims PMPM increased 15.9% driven by increases in spend for oncology, inflammatory conditions, immune globulin, and cardiovascular drugs.

In addition to higher than expected claims in 2023, the 2024 Rx projection reflects a higher trend and anti-selection assumption (15.5%) compared to the Plan Year 2024 Rate Setting Analysis (8.5%). Overall, the 2024 Rx claims are projected to be 14.8% higher than what was projected in the Plan Year 2024 Rate Setting Analysis. This increase is partially offset by higher than expected rebates and EGWP credits. PMPM Rebates and EGWP credits are projected to be 25.3% higher and 15.7% higher compared to the Plan Year 2024 Rate Setting Analysis. As a result Rx claims net of rebates and EGWP credits are 10.9% higher in 2024 than expected.

## Self-Insured Vendor Administrative Fees and Claim Charges

Below are Plan Year 2025 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. Plan Year 2025 Horizon and Aetna ASO fees vary by the number of self-insured Medical subscribers enrolled with each vendor. Fees shown below are based on projected 2025 subscriber enrollment as outlined in this analysis. 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 & Aetna Medical PEPM Fees/Charges**

	PEPM Fees				
	PPO	HMO	Tiered	HDHP	Medicare Retirees
<b>Horizon</b>					
Total ASO Fee	\$33.72	\$43.72	\$45.72	\$36.33	\$28.91
NJWELL Program - Base Fee	\$20.90	\$20.90	\$20.90	\$20.90	n/a
Healthy Lifestyle Coaching - Telephonic	\$1.58	\$1.58	\$1.58	\$1.58	n/a
<b>Aetna</b>					
Total ASO Fee	\$44.77	\$64.71	\$73.17	\$46.72	n/a
NJWELL Program - Base Fee	\$2.99	\$2.99	\$2.99	\$2.99	n/a
Healthy Lifestyle Coaching - Telephonic	\$1.47	\$1.47	\$1.47	\$1.47	n/a

\* Wellness 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:

- Episodes of care, out based payments, and care coordination
- NJWELL and Retiree Wellness Program fees (physician attestation forms, gift cards, etc.)
- DPCMH and PCMH administrative fees and capitation amounts
- Horizon bFit fitness incentive program
- Claim recovery services
- Third Party Vendor Program Fees

### **Prescription Drug Fees**

Optum's administrative fees for the prescription drug program for Plan Year 2025 are assumed to be \$5.25 PEPM for Commercial and \$8.00 PMPM for EGWP. EGWP projections also include projected fees for the new Medicare Prescription Payment Plan (known as M3P) that was introduced under the Inflation Reduction Act of 2022.

# Rate Setting Development

## Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2023, 2024, and 2025, separately for each PPO, Tiered Network, HMO and High Deductible plan. Costs are also projected separately for Actives, Early Retirees and Medicare Retirees, and separately for medical claims, prescription drug claims, administrative costs.

Plan Year 2025 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. Each benefit plan is projected separately and then experience is combined to develop uniform premium increases across groupings of similar plans:

Premium Group	Included Plans
Active PPO, HMO, HDHP, Tiered Network, Unity PPO, Unity 2019 PPO	Premium increase reflects projected experience for all self-insured active plans*
Early Retiree	Premium increase reflects projected experience for all self-insured Early Retiree plans
Self-Insured Medicare Retiree	Premium increase reflects projected experience for all self-insured Medicare Retiree plans

\*The Tiered Network Premium increase reflects a credibility adjustment giving additional weight to actual Tiered Network plan experience

## Projection Assumptions

1. Using 2023 incurred claims data paid through March 2024 supplied by Horizon and Optum, incurred claims were completed for Plan Year 2023, 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 2023 were divided by average covered members to get average claims per member per year. Covered members were based on historical monthly census data and adjusted with assumptions for the number of members per coverage tier.
4. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2025 using the annual trend rates listed in the Trend Analysis section of this document and incorporate the impact of any plan design changes.

Projected Aetna average self-insured medical claims are based on projected Horizon amounts with adjustments for network differences.

5. Aggregate claims for Plan Year 2025 are the product of projected membership and the projected claims per member.
6. Plan Year 2025 projected Medicare Advantage fully insured premiums are based on rates provided by Aetna.
7. Prescription drug rebates for Plan Year 2023 are based on actual incurred rebate data provided by Optum. Projected rebates for Plan Years 2024 and 2025 are based on data provided by Optum.
8. Prescription drug rebates paid through the medical plan for Plan Year 2023 are based on actual rebate payment data provided by Horizon. Prescription Drug Rebates estimated to be paid through the medical plan for Plan Years 2024 and 2025 are incorporated in the medical claim projections and are based on the actual Plan Year 2023 data provided by Horizon.
9. 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 2023, 2024, and 2025.
  - a. CMS per capita payments: Plan Years 2023, 2024, and 2025 expected CMS per capita payments were provided by Optum. The Plan Year 2025 CMS per capita payment is assumed to be \$119.13 Per Member Per Month (PMPM).
  - b. Coverage Gap Discount: Plan Years 2023, 2024, and 2025 expected coverage gap payments were provided by Optum. The Plan Year 2025 credits are assumed to be \$121.36 PMPM.
  - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2023 credit is not expected to be fully paid until the beginning of Plan Year 2025. Plan Years 2023, 2024, and 2025 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2025 credits are assumed to be \$89.51 PMPM.
  - d. Low Income Cost Sharing (LICS): Plan Years 2023, 2024, and 2025 actual and expected LICS payments were provided by Optum. For Plan Year 2025, the subsidy payment is assumed to be \$0.20 PMPM.

10. Total SHBP projected Plan Year 2025 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.
11. Due to small enrollment and claims data, projected claims for some plans are based on PPO15 claims experience adjusted for the expected relative plan cost differences. These include:
  - a. Local Government Actives: PPO2035, HDHigh, HDLow, Unity PPO, and Unity 2019 PPO plan options
  - b. Local Government Early Retirees: PPO2035, HDHigh, HDLow, Tiered Network, and Unity PPO plan options
12. Tiered Network Active projected costs in Plan Year 2025 reflects 50% of actual Plan Year 2023 medical and prescription drug claim experience. The actual experience is blended with PPO15 claims experience adjusted for the difference in plan design.
13. 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 2025 administrative fees are based on amounts provided by Horizon, Aetna, and Optum.
14. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$9.1 million for Plan Year 2025. Actual Plan Year 2023 overhead charges were provided by the State and were used to project charges for Plan Year 2025.
15. Additional fees and claim charges reported and projected by the vendors have been reflected in the projections.
16. Projected investment income of \$5.4 million was used to reduce projected administrative costs for Plan Year 2025. Actual Plan Year 2023 investment income was provided by the State and was used to project charges for Plan Year 2025.
17. Based on participation in NJWELL, employers are eligible for a 1% discount on their premium rates in the following plan year. Plan Year 2023 participation showed 25 Local Government employers (a total of 559 Employees) were eligible for this discount. The Plan Year 2024 costs have been adjusted to reflect the total number of Employees who will receive the 1% premium discount in Plan Year 2024. 1% of Employees are assumed to be eligible for this discount in Plan Year 2025.



## Claim Stabilization Reserve

1. Active and Retiree premiums for 2025 include a 3.0% margin, since the projected total Claim Stabilization Reserve for the Local Government Group is projected to be below the recommended level of 2.0 months at the end of Plan Year 2025.
2. Projected Claim Stabilization Reserve at December 31, 2024 is based on the actual Claim Stabilization Reserve at June 30, 2023 provided by the Division.
3. The Active Claim Stabilization Reserve can be used to reduce Active premiums and the Retiree Claim Stabilization Reserve can be used to reduce the Retiree premiums. The Local Government Active and Retiree premium rate changes do not reflect a projected reduction in the Claim Stabilization Reserve in Plan Year 2025.

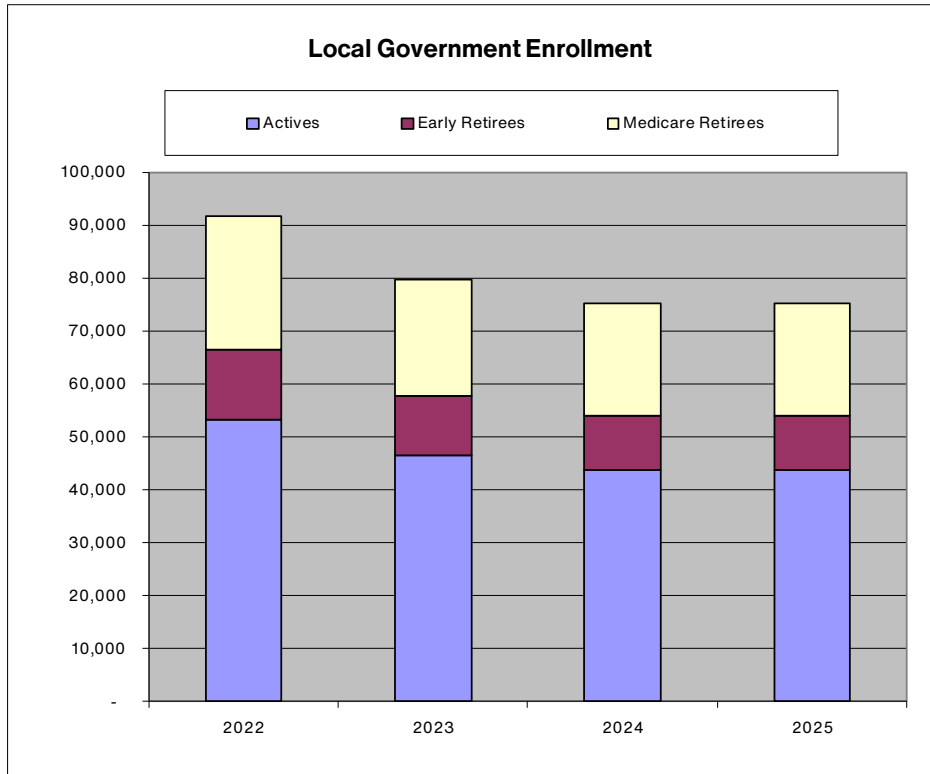
## Projected Premiums

1. Plan Year 2025 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to the Plan Year 2024 premium rates. Premium rates for the self-insured Aetna and Horizon plans are assumed to be the same for Plan Year 2025.
2. Aggregate Plan Year 2025 premiums are calculated by multiplying projected Plan Year 2025 enrollment by projected Plan Year 2025 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, 2023 and paid through March 31, 2024 for all groups.
2. Enrollment: Plan Year 2024 enrollment and Plan Year 2025 projected enrollment is based on actual census data provided by the State through April 2024 and Special Period Open Enrollment results provided by the State. Actual calendar year 2023 census data from the Division is used for the 2023 exposure units in the cost analysis.

## Exhibit 1A – Enrollment Projections

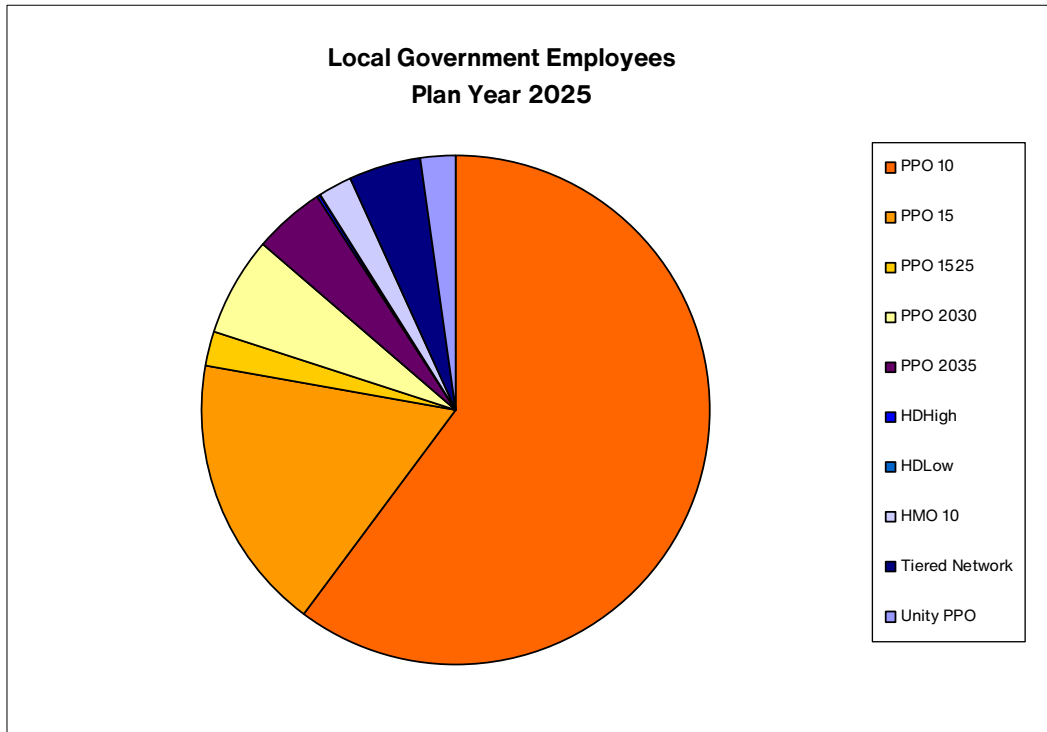


### Annual Change in Enrollment

	Actual <u>2022 to 2023</u>	Actual <u>2023 to 2024</u>	Actual <u>2024 to 2025</u>
Actives	(12.8%)	(6.1%)	0.0%
Early Retirees	(16.2%)	(7.1%)	0.0%
Medicare Retirees	(11.4%)	(4.2%)	0.0%

Actual 2024 enrollment for Active Employees and Retirees was assumed to be consistent with actual census data provided by the State through April 2024 and Special Open Enrollment results provided by the State

## Exhibit 1B Actives – Projected Plan Year 2025 Plan Distribution



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

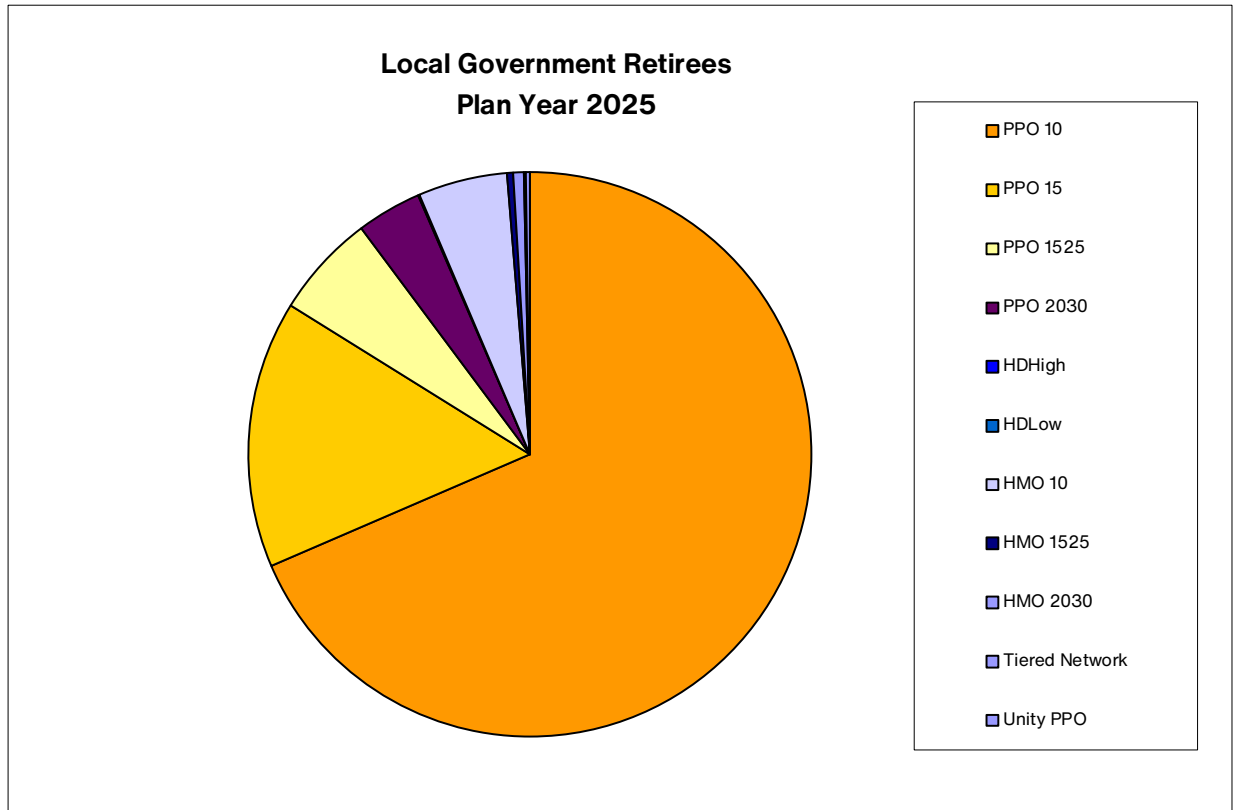
Assumes approximately 93% of Employees will enroll in the PPO plans, 2% in the HMO plans, 5% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 80% of Employees will enroll in the PPO 10, PPO 15, and HMO 10 plans and approximately 24% in the other benefit options.

Actives	Horizon	Aetna	Total
PPO 10	57.2%	3.0%	60.2%
PPO 15	16.7%	0.9%	17.6%
PPO 1525	2.1%	0.1%	2.2%
PPO 2030	6.0%	0.3%	6.3%
PPO 2035	4.3%	0.2%	4.5%
HDHigh	0.2%	0.0%	0.2%
HDLow	0.0%	0.0%	0.0%
HMO 10	2.0%	0.1%	2.1%
Tiered Network	4.4%	0.2%	4.6%
Unity PPO	2.1%	0.1%	2.2%
<b>Total</b>	<b>95.0%</b>	<b>5.0%</b>	<b>100.0%</b>

\*Some plans may show 0.0% enrollment. These plans may include low enrollment which rounds to 0.0%. Numbers may not add due to rounding

## Exhibit 1B Early and Medicare Retirees – Projected Plan Year 2025 Plan Distribution



Assumes approximately 94% of Retirees will enroll in the PPO plans, 6% in the HMO plans, and less than 1% in the High Deductible plan.

Assumes approximately 89% of Retirees will enroll in the PPO 10, PPO15, and HMO 10 plans and approximately 11% in the other benefit options.

Retirees	Horizon	Aetna	Total
PPO 10	20.3%	48.3%	68.5%
PPO 15	4.9%	10.4%	15.3%
PPO 1525	5.9%	0.1%	5.9%
PPO 2030	3.6%	0.1%	3.7%
HDHigh	0.1%	0.0%	0.1%
HDLow	0.0%	0.0%	0.0%
HMO 10	1.4%	3.7%	5.1%
HMO 1525	0.2%	0.2%	0.4%
HMO 2030	0.6%	0.0%	0.6%
Tiered Network	0.0%	0.1%	0.1%
Unity PPO	<u>0.2%</u>	<u>0.0%</u>	<u>0.2%</u>
<b>Total</b>	<b>37.1%</b>	<b>62.9%</b>	<b>100.0%</b>

\*Some plans may show 0.0% enrollment. These plans may include low enrollment which rounds to 0.0%. Numbers may not add due to rounding

Exhibit 1C Actives - 2024 Enrollment

	2024 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>LOCAL GOVERNMENT - ACTIVE &amp; COBRA</b>					
<b><u>Medical Plans</u></b>					
PPO10	10,186	4,019	8,955	3,541	26,701
PPO15	2,931	1,281	2,682	913	7,807
PPO1525	383	160	292	132	966
PPO2030	1,068	372	973	367	2,780
PPO2035	738	354	698	208	1,997
HDHigh	51	1	24	8	82
HDLow	13	1	4	2	20
HMO10	384	139	262	159	944
Tiered Network	1,000	202	439	187	1,828
Unity PPO	58	40	96	38	232
Unity 2019 PPO	203	36	57	35	330
<b>Total</b>	<b>17,013</b>	<b>6,603</b>	<b>14,481</b>	<b>5,589</b>	<b>43,685</b>

\* Numbers may not add due to rounding.

Exhibit 1C Early and Medicare Retirees – 2024 Enrollment

	2024 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>LOCAL GOVERNMENT RETIREES</b>					
<b><u>Medical Plans</u></b>					
PPO10	9,438	8,057	3,216	914	21,625
PPO15	2,076	1,810	751	194	4,830
PPO1525	937	726	159	52	1,874
PPO2030	203	424	473	74	1,173
HDHigh	10	11	3	1	25
HDLow	0	0	0	0	0
HMO10	808	578	161	67	1,614
HMO1525	41	44	21	5	111
HMO2030	31	55	88	17	191
Tiered Network	15	8	10	2	34
Unity PPO	33	11	19	11	74
<b>Total</b>	<b>13,592</b>	<b>11,722</b>	<b>4,901</b>	<b>1,336</b>	<b>31,551</b>

\* Numbers may not add due to rounding.

## Exhibit 2A – Medical Trend Assumption

The chart below shows the rolling 12-month medical claims experience trends for the Active and Early Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 2023. Column (A) shows the overall Per Member Per Month (PMPM) claims increase. Column (B) shows the estimated impact of plan design and vendor changes that occurred during the claim periods. These impacts are listed below in the "Normalizing Adjustments" section. Column (C) shows the estimated gross trend attributable to claims experience and capitation which is based on the overall PMPM increase grossed up for the plan changes.

	(A) Increase in Claims	(B) Plan Changes	(C) = (A) - (B) Claim Trend
<b><u>PPO Active</u></b>			
12 Months through 12/2022 vs 12/2021	2.8%	0.0%	2.8%
12 Months through 12/2023 vs 12/2022	10.0%	0.0%	10.0%
Recommended 2025 Trend Assumption			<b>8.0%</b>

<b><u>PPO Early Retiree</u></b>			
12 Months through 12/2022 vs 12/2021	3.8%	0.0%	3.8%
12 Months through 12/2023 vs 12/2022	9.1%	0.0%	9.1%
Recommended 2025 Trend Assumption			<b>8.0%</b>

<b><u>HMO Active</u></b>			
12 Months through 12/2022 vs 12/2021	(6.3%)	0.0%	(6.3%)
12 Months through 12/2023 vs 12/2022	7.0%	0.0%	7.0%
Recommended 2025 Trend Assumption			<b>8.0%</b>

<b><u>HMO Early Retiree</u></b>			
12 Months through 12/2022 vs 12/2021	0.3%	0.0%	0.3%
12 Months through 12/2023 vs 12/2022	10.0%	0.0%	10.0%
Recommended 2025 Trend Assumption			<b>8.0%</b>

**Normalizing Adjustments**

None

## Exhibit 2B – Prescription Drug Trend Assumption

The chart below shows the rolling 12-month prescription drug claims experience trends for the Active, Early Retiree, and EGWP Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 2023. Column (A) shows the overall Per Member Per Month (PMPM) claims increase. Column (B) shows the estimated impact of plan design and vendor changes that occurred during the claim periods. These impacts are listed below in the "Normalizing Adjustments" section. Column (C) shows the estimated gross trend attributable to claims experience and capitation which is based on the overall PMPM increase grossed up for the plan changes.

	(A) Increase in Claims	(B) Plan Changes	(C) = (A) - (B) Claim Trend
<b>Active Rx</b>			
12 Months through 12/2022 vs 12/2021	13.7%	0.0%	13.7%
12 Months through 12/2023 vs 12/2022	23.5%	0.0%	23.5%
Recommended 2025 Trend Assumption			<b>12.5%</b>

<b>Early Retiree Rx</b>			
12 Months through 12/2022 vs 12/2021	13.1%	0.0%	13.1%
12 Months through 12/2023 vs 12/2022	30.2%	0.0%	30.2%
Recommended 2025 Trend Assumption			<b>12.5%</b>

<b>EGWP Rx</b>			
12 Months through 12/2022 vs 12/2021	10.7%	0.0%	10.7%
12 Months through 12/2023 vs 12/2022	17.3%	0.0%	17.3%
Recommended 2025 Trend Assumption			<b>13.0%</b>

Normalizing Adjustments:

None



Exhibit 3A – Plan Year 2023 Aggregate Costs

Page 1 of 2

	Legacy Plans						1525			
	Total	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO	Horizon PPO	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>										
Average Medical Members	173,562	21,808	4,533	91,543	27,034	1,663	4,089	6,103	85	149
Incurred Medical Claims	\$1,341,205,000	\$39,901,000	\$7,350,000	\$868,138,000	\$240,541,000	\$3,524,000	\$33,284,000	\$37,072,000	\$145,000	\$1,120,000
Capitation	\$38,766,000	\$0	\$0	\$24,656,000	\$7,359,000	\$0	\$1,161,000	\$1,172,000	\$0	\$40,000
Incurred Prescription Drug Claims	\$592,069,000	\$168,299,000	\$35,307,000	\$242,669,000	\$63,574,000	\$14,087,000	\$10,610,000	\$23,844,000	\$441,000	\$323,000
Prescription Drug Rebates	(\$210,245,000)	(\$46,341,000)	(\$9,722,000)	(\$99,182,000)	(\$25,986,000)	(\$3,879,000)	(\$7,524,000)	(\$7,524,000)	(\$122,000)	(\$121,000)
EGWP Credits	(\$82,454,000)	(\$58,342,000)	(\$12,126,000)	\$0	\$0	(\$4,449,000)	(\$211,000)	(\$5,864,000)	(\$227,000)	(\$70,000)
Administrative Fees	\$54,901,000	\$4,618,000	\$957,000	\$29,722,000	\$9,065,000	\$355,000	\$1,615,000	\$2,238,000	\$17,000	\$47,000
Total Cost	\$1,734,242,000	\$108,135,000	\$21,766,000	\$1,066,003,000	\$294,553,000	\$9,638,000	\$42,184,000	\$50,938,000	\$254,000	\$1,339,000
Total Premium	\$1,727,626,000	\$99,868,000	\$19,795,000	\$1,049,637,000	\$295,159,000	\$8,790,000	\$44,245,000	\$53,061,000	\$371,000	\$1,375,000
Gain (Loss)	(\$6,616,000)	(\$8,267,000)	(\$1,971,000)	(\$16,366,000)	\$606,000	(\$848,000)	\$2,061,000	\$2,123,000	\$117,000	\$36,000
<b>Employees</b>										
Average Medical Members	110,664	N/A	N/A	70,148	22,100	N/A	2,705	2,857	N/A	N/A
Incurred Medical Claims	\$959,703,000	N/A	N/A	\$640,119,000	\$192,935,000	N/A	\$20,613,000	\$21,886,000	N/A	N/A
Capitation	\$30,283,000	N/A	N/A	\$19,128,000	\$6,082,000	N/A	\$792,000	\$804,000	N/A	N/A
Incurred Prescription Drug Claims	\$243,880,000	N/A	N/A	\$165,585,000	\$46,618,000	N/A	\$5,671,000	\$3,977,000	N/A	N/A
Prescription Drug Rebates	(\$99,739,000)	N/A	N/A	(\$67,719,000)	(\$19,065,000)	N/A	(\$2,319,000)	(\$1,627,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$38,652,000	N/A	N/A	\$23,780,000	\$7,614,000	N/A	\$1,129,000	\$1,023,000	N/A	N/A
Total Cost	\$1,172,779,000	N/A	N/A	\$780,893,000	\$234,184,000	N/A	\$25,886,000	\$26,063,000	N/A	N/A
Total Premium	\$1,184,021,000	N/A	N/A	\$774,555,000	\$234,908,000	N/A	\$28,097,000	\$28,126,000	N/A	N/A
Gain (Loss)	\$11,242,000	N/A	N/A	(\$6,338,000)	\$724,000	N/A	\$2,211,000	\$2,063,000	N/A	N/A
<b>Early Retirees</b>										
Average Medical Members	32,076	N/A	N/A	21,395	4,934	N/A	1,305	1,054	N/A	123
Incurred Medical Claims	\$323,130,000	N/A	N/A	\$228,019,000	\$47,606,000	N/A	\$12,474,000	\$9,073,000	N/A	\$1,047,000
Capitation	\$8,425,000	N/A	N/A	\$5,528,000	\$1,277,000	N/A	\$365,000	\$328,000	N/A	\$38,000
Incurred Prescription Drug Claims	\$110,164,000	N/A	N/A	\$77,084,000	\$16,956,000	N/A	\$4,494,000	\$3,218,000	N/A	\$239,000
Prescription Drug Rebates	(\$44,966,000)	N/A	N/A	(\$31,463,000)	(\$6,921,000)	N/A	(\$1,834,000)	(\$1,313,000)	N/A	(\$98,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$9,121,000	N/A	N/A	\$5,942,000	\$1,451,000	N/A	\$450,000	\$260,000	N/A	\$32,000
Total Cost	\$405,874,000	N/A	N/A	\$285,110,000	\$60,369,000	N/A	\$15,949,000	\$11,566,000	N/A	\$1,258,000
Total Premium	\$399,189,000	N/A	N/A	\$275,082,000	\$60,251,000	N/A	\$15,588,000	\$12,455,000	N/A	\$1,253,000
Gain (Loss)	(\$6,685,000)	N/A	N/A	(\$10,028,000)	(\$118,000)	N/A	(\$361,000)	\$889,000	N/A	(\$5,000)
<b>Medicare Retirees</b>										
Average Medical Members	30,822	21,808	4,533	N/A	N/A	1,663	79	2,192	85	26
Incurred Medical Claims	\$58,372,000	\$39,901,000	\$7,350,000	N/A	N/A	\$3,524,000	\$197,000	\$6,113,000	\$145,000	\$73,000
Capitation	\$58,000	\$0	\$0	N/A	N/A	\$0	\$4,000	\$40,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$238,025,000	\$168,299,000	\$35,307,000	N/A	N/A	\$14,087,000	\$445,000	\$16,649,000	\$441,000	\$84,000
Prescription Drug Rebates	(\$65,540,000)	(\$46,341,000)	(\$9,722,000)	N/A	N/A	(\$3,879,000)	(\$122,000)	(\$4,584,000)	(\$122,000)	(\$23,000)
EGWP Credits	(\$82,454,000)	(\$58,342,000)	(\$12,126,000)	N/A	N/A	(\$4,449,000)	(\$211,000)	(\$5,864,000)	(\$227,000)	(\$70,000)
Administrative Fees	\$7,128,000	\$4,618,000	\$957,000	N/A	N/A	\$355,000	\$36,000	\$955,000	\$17,000	\$15,000
Total Cost	\$155,589,000	\$108,135,000	\$21,766,000	N/A	N/A	\$9,638,000	\$349,000	\$13,309,000	\$254,000	\$81,000
Total Premium	\$144,416,000	\$99,868,000	\$19,795,000	N/A	N/A	\$8,790,000	\$560,000	\$12,480,000	\$371,000	\$122,000
Gain (Loss)	(\$11,173,000)	(\$8,267,000)	(\$1,971,000)	N/A	N/A	(\$848,000)	\$211,000	(\$829,000)	\$117,000	\$41,000

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2023 premium rates include margin of 2.0%.

## Exhibit 3A – Plan Year 2023 Aggregate Costs

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	2030		2035	HD 4000	HD 1500	Tiered Network	Unity PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon	Horizon Unity PPO	Horizon Unity 2019 PPO
<b>Employees and Retirees</b>								
Average Medical Members	9,798	572	1,077	179	47	3,441	884	557
Incurred Medical Claims	\$71,165,000	\$3,693,000	\$6,858,000	\$301,000	\$90,000	\$17,865,000	\$6,486,000	\$3,672,000
Capitation	\$2,563,000	\$160,000	\$285,000	\$44,000	\$13,000	\$925,000	\$359,000	\$29,000
Incurred Prescription Drug Claims	\$20,334,000	\$1,410,000	\$2,207,000	\$62,000	\$29,000	\$5,746,000	\$2,628,000	\$499,000
Prescription Drug Rebates	(\$7,968,000)	(\$557,000)	(\$903,000)	(\$25,000)	(\$12,000)	(\$2,350,000)	(\$1,074,000)	(\$204,000)
EGWP Credits	(\$1,097,000)	(\$68,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$3,214,000	\$196,000	\$442,000	\$86,000	\$21,000	\$1,750,000	\$290,000	\$268,000
<b>Total Cost</b>	<b>\$88,211,000</b>	<b>\$4,834,000</b>	<b>\$8,889,000</b>	<b>\$468,000</b>	<b>\$141,000</b>	<b>\$23,936,000</b>	<b>\$8,689,000</b>	<b>\$4,264,000</b>
Total Premium	\$94,878,000	\$5,507,000	\$9,552,000	\$1,150,000	\$407,000	\$28,999,000	\$8,922,000	\$5,910,000
Gain (Loss)	\$6,667,000	\$673,000	\$663,000	\$682,000	\$266,000	\$5,063,000	\$233,000	\$1,646,000
<b>Employees</b>								
Average Medical Members	6,928	N/A	1,077	127	47	3,373	745	557
Incurred Medical Claims	\$51,142,000	N/A	\$6,858,000	\$197,000	\$90,000	\$17,291,000	\$4,900,000	\$3,672,000
Capitation	\$1,889,000	N/A	\$285,000	\$32,000	\$13,000	\$907,000	\$322,000	\$29,000
Incurred Prescription Drug Claims	\$11,954,000	N/A	\$2,207,000	\$13,000	\$29,000	\$5,531,000	\$1,796,000	\$499,000
Prescription Drug Rebates	(\$4,889,000)	N/A	(\$903,000)	(\$5,000)	(\$12,000)	(\$2,262,000)	(\$734,000)	(\$204,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,361,000	N/A	\$442,000	\$59,000	\$21,000	\$1,718,000	\$237,000	\$268,000
<b>Total Cost</b>	<b>\$62,457,000</b>	<b>N/A</b>	<b>\$8,889,000</b>	<b>\$296,000</b>	<b>\$141,000</b>	<b>\$23,185,000</b>	<b>\$6,521,000</b>	<b>\$4,264,000</b>
Total Premium	\$66,036,000	N/A	\$9,552,000	\$741,000	\$407,000	\$28,339,000	\$7,350,000	\$5,910,000
Gain (Loss)	\$3,579,000	N/A	\$663,000	\$445,000	\$266,000	\$5,154,000	\$829,000	\$1,646,000
<b>Early Retirees</b>								
Average Medical Members	2,460	546	N/A	52	N/A	68	139	N/A
Incurred Medical Claims	\$19,032,000	\$3,615,000	N/A	\$104,000	N/A	\$574,000	\$1,586,000	N/A
Capitation	\$664,000	\$158,000	N/A	\$12,000	N/A	\$18,000	\$37,000	N/A
Incurred Prescription Drug Claims	\$5,808,000	\$1,269,000	N/A	\$49,000	N/A	\$215,000	\$832,000	N/A
Prescription Drug Rebates	(\$2,371,000)	(\$518,000)	N/A	(\$20,000)	N/A	(\$88,000)	(\$340,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A
Administrative Fees	\$691,000	\$183,000	N/A	\$27,000	N/A	\$32,000	\$53,000	N/A
<b>Total Cost</b>	<b>\$23,824,000</b>	<b>\$4,707,000</b>	<b>N/A</b>	<b>\$172,000</b>	<b>N/A</b>	<b>\$751,000</b>	<b>\$2,168,000</b>	<b>N/A</b>
Total Premium	\$26,576,000	\$5,343,000	N/A	\$409,000	N/A	\$660,000	\$1,572,000	N/A
Gain (Loss)	\$2,752,000	\$636,000	N/A	\$237,000	N/A	(\$91,000)	(\$596,000)	N/A
<b>Medicare Retirees</b>								
Average Medical Members	410	26	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$991,000	\$78,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$10,000	\$2,000	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$2,572,000	\$141,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$708,000)	(\$39,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$1,097,000)	(\$68,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$162,000	\$13,000	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total Cost</b>	<b>\$1,930,000</b>	<b>\$127,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Total Premium	\$2,266,000	\$164,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	\$336,000	\$37,000	N/A	N/A	N/A	N/A	N/A	N/A

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2023 premium rates include margin of 2.0%.

## Exhibit 3B – Plan Year 2024 Aggregate Costs

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	Legacy Plans							1525			
	Total	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>											
Average Medical Members	161,501	21,444	4,624	81,743	22,975	1,676	3,180	47	5,275	94	125
Incurred Medical Claims	\$1,357,400,000	\$43,947,000	\$8,308,000	\$851,899,000	\$225,335,000	\$4,247,000	\$28,316,000	\$356,000	\$34,137,000	\$216,000	\$974,000
Capitation	\$39,170,000	\$211,000	\$41,000	\$24,114,000	\$6,841,000	\$34,000	\$985,000	\$15,000	\$1,035,000	\$3,000	\$34,000
Incurred Prescription Drug Claims	\$644,932,000	\$186,719,000	\$40,717,000	\$248,960,000	\$65,664,000	\$15,689,000	\$9,759,000	\$97,000	\$26,290,000	\$535,000	\$322,000
Prescription Drug Rebates	(\$228,491,000)	(\$55,064,000)	(\$11,999,000)	(\$98,632,000)	(\$26,014,000)	(\$4,647,000)	(\$3,814,000)	(\$38,000)	(\$8,480,000)	(\$159,000)	(\$116,000)
EGWP Credits	(\$95,167,000)	(\$66,626,000)	(\$14,423,000)	N/A	N/A	(\$5,035,000)	(\$257,000)	\$0	(\$6,931,000)	(\$277,000)	(\$96,000)
Administrative Fees	\$51,159,000	\$3,897,000	\$836,000	\$27,339,000	\$7,805,000	\$328,000	\$1,318,000	\$10,000	\$1,942,000	\$19,000	\$39,000
Total Cost	\$1,769,003,000	\$113,084,000	\$23,480,000	\$1,053,680,000	\$279,631,000	\$10,616,000	\$36,307,000	\$440,000	\$47,993,000	\$337,000	\$1,157,000
Total Premium	\$1,719,362,000	\$111,039,000	\$22,821,000	\$1,012,653,000	\$273,304,000	\$10,356,000	\$37,475,000	\$463,000	\$48,996,000	\$503,000	\$1,205,000
Gain (Loss)	(\$49,641,000)	(\$2,045,000)	(\$659,000)	(\$41,027,000)	(\$6,327,000)	(\$260,000)	\$1,168,000	\$23,000	\$1,003,000	\$166,000	\$48,000
<b>Employees</b>											
Average Medical Members	102,358	629	119	62,427	18,416	53	2,063	39	2,166	N/A	N/A
Incurred Medical Claims	\$977,566,000	\$6,136,000	\$1,090,000	\$626,481,000	\$177,163,000	\$435,000	\$17,248,000	\$282,000	\$18,698,000	N/A	N/A
Capitation	\$30,613,000	\$188,000	\$36,000	\$18,649,000	\$5,549,000	\$17,000	\$96,000	\$12,000	\$668,000	N/A	N/A
Incurred Prescription Drug Claims	\$265,034,000	\$1,586,000	\$274,000	\$168,928,000	\$47,645,000	\$138,000	\$5,132,000	\$69,000	\$4,027,000	N/A	N/A
Prescription Drug Rebates	(\$104,970,000)	(\$628,000)	(\$108,000)	(\$66,906,000)	(\$18,871,000)	(\$55,000)	(\$2,033,000)	(\$27,000)	(\$1,595,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$36,249,000	\$164,000	\$29,000	\$21,571,000	\$6,385,000	\$20,000	\$893,000	\$8,000	\$775,000	N/A	N/A
Total Cost	\$1,204,492,000	\$7,446,000	\$1,321,000	\$768,723,000	\$217,871,000	\$555,000	\$21,903,000	\$344,000	\$22,573,000	N/A	N/A
Total Premium	\$1,172,908,000	\$7,026,000	\$1,277,000	\$745,343,000	\$213,201,000	\$592,000	\$23,392,000	\$375,000	\$23,186,000	N/A	N/A
Gain (Loss)	(\$31,584,000)	(\$420,000)	(\$44,000)	(\$23,380,000)	(\$4,670,000)	\$37,000	\$1,489,000	\$31,000	\$613,000	N/A	N/A
<b>Early Retirees</b>											
Average Medical Members	29,530	83	17	19,316	4,559	56	1,037	8	952	8	95
Incurred Medical Claims	\$324,520,000	\$944,000	\$171,000	\$225,418,000	\$48,172,000	\$572,000	\$10,853,000	\$74,000	\$8,973,000	\$73,000	\$885,000
Capitation	\$8,494,000	\$23,000	\$5,000	\$5,465,000	\$1,292,000	\$17,000	\$317,000	\$3,000	\$325,000	\$3,000	\$32,000
Incurred Prescription Drug Claims	\$115,923,000	\$343,000	\$66,000	\$80,032,000	\$18,019,000	\$222,000	\$4,106,000	\$28,000	\$3,342,000	\$18,000	\$212,000
Prescription Drug Rebates	(\$45,953,000)	(\$136,000)	(\$26,000)	(\$31,726,000)	(\$7,143,000)	(\$88,000)	(\$1,628,000)	(\$11,000)	(\$1,325,000)	(\$7,000)	(\$84,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,951,000	\$23,000	\$5,000	\$5,768,000	\$1,420,000	\$26,000	\$396,000	\$2,000	\$243,000	\$4,000	\$25,000
Total Cost	\$411,935,000	\$1,197,000	\$221,000	\$284,957,000	\$61,760,000	\$749,000	\$14,044,000	\$96,000	\$11,558,000	\$91,000	\$1,070,000
Total Premium	\$395,467,000	\$1,073,000	\$222,000	\$267,310,000	\$60,103,000	\$774,000	\$13,455,000	\$88,000	\$12,195,000	\$95,000	\$1,051,000
Gain (Loss)	(\$16,468,000)	(\$124,000)	\$1,000	(\$17,647,000)	(\$1,657,000)	\$25,000	(\$589,000)	(\$8,000)	\$637,000	\$4,000	(\$19,000)
<b>Medicare Retirees</b>											
Average Medical Members	29,613	20,732	4,488	N/A	N/A	1,567	80	N/A	2,157	86	30
Incurred Medical Claims	\$55,314,000	\$36,867,000	\$7,047,000	N/A	N/A	\$3,240,000	\$215,000	N/A	\$6,466,000	\$143,000	\$89,000
Capitation	\$63,000	\$0	\$0	N/A	N/A	\$0	\$5,000	N/A	\$42,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$263,975,000	\$184,790,000	\$40,377,000	N/A	N/A	\$15,329,000	\$521,000	N/A	\$18,921,000	\$517,000	\$110,000
Prescription Drug Rebates	(\$77,568,000)	(\$54,300,000)	(\$11,865,000)	N/A	N/A	(\$4,504,000)	(\$153,000)	N/A	(\$5,560,000)	(\$152,000)	(\$32,000)
EGWP Credits	(\$95,167,000)	(\$66,626,000)	(\$14,423,000)	N/A	N/A	(\$5,035,000)	(\$257,000)	N/A	(\$6,931,000)	(\$277,000)	(\$96,000)
Administrative Fees	\$5,959,000	\$3,710,000	\$802,000	N/A	N/A	\$282,000	\$29,000	N/A	\$924,000	\$15,000	\$14,000
Total Cost	\$152,576,000	\$104,441,000	\$21,938,000	N/A	N/A	\$9,312,000	\$360,000	N/A	\$13,862,000	\$246,000	\$87,000
Total Premium	\$150,987,000	\$102,940,000	\$21,322,000	N/A	N/A	\$8,990,000	\$628,000	N/A	\$13,615,000	\$408,000	\$154,000
Gain (Loss)	(\$1,589,000)	(\$1,501,000)	(\$616,000)	N/A	N/A	(\$322,000)	\$268,000	N/A	(\$247,000)	\$162,000	\$67,000

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2024 premium rates include margin of 3.0%.

Exhibit 3B – Plan Year 2024 Aggregate Costs

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	2030				PPO 2035		HDHigh	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna	Horizon	Aetna	Horizon
<b>Employees and Retirees</b>								
Average Medical Members	155	9,555	28	498	88	4,673	4	207
Incurred Medical Claims	\$1,238,000	\$76,052,000	\$199,000	\$3,511,000	\$712,000	\$40,748,000	\$32,000	\$1,606,000
Capitation	\$47,000	\$2,722,000	\$9,000	\$152,000	\$26,000	\$1,365,000	\$1,000	\$57,000
Incurred Prescription Drug Claims	\$322,000	\$23,175,000	\$75,000	\$1,419,000	\$188,000	\$12,075,000	\$11,000	\$563,000
Prescription Drug Rebates	(\$128,000)	(\$8,849,000)	(\$30,000)	(\$546,000)	(\$74,000)	(\$4,782,000)	(\$4,000)	(\$223,000)
EGWP Credits	\$0	(\$1,444,000)	\$0	(\$78,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$38,000	\$3,176,000	\$9,000	\$174,000	\$22,000	\$1,634,000	\$1,000	\$95,000
Total Cost	\$1,517,000	\$94,832,000	\$262,000	\$4,632,000	\$874,000	\$51,040,000	\$41,000	\$2,098,000
Total Premium	\$1,524,000	\$100,354,000	\$281,000	\$5,254,000	\$716,000	\$43,018,000	\$26,000	\$1,382,000
Gain (Loss)	\$7,000	\$5,522,000	\$19,000	\$622,000	(\$158,000)	(\$8,022,000)	(\$15,000)	(\$716,000)
<b>Employees</b>								
Average Medical Members	119	6,519	N/A	N/A	88	4,673	4	161
Incurred Medical Claims	\$939,000	\$52,970,000	N/A	N/A	\$712,000	\$40,748,000	\$32,000	\$1,179,000
Capitation	\$36,000	\$1,946,000	N/A	N/A	\$26,000	\$1,365,000	\$1,000	\$45,000
Incurred Prescription Drug Claims	\$224,000	\$12,895,000	N/A	N/A	\$188,000	\$12,075,000	\$11,000	\$396,000
Prescription Drug Rebates	(\$89,000)	(\$5,107,000)	N/A	N/A	(\$74,000)	(\$4,782,000)	(\$4,000)	(\$157,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$30,000	\$2,266,000	N/A	N/A	\$22,000	\$1,634,000	\$1,000	\$72,000
Total Cost	\$1,140,000	\$64,970,000	N/A	N/A	\$874,000	\$51,040,000	\$41,000	\$1,535,000
Total Premium	\$1,149,000	\$67,251,000	N/A	N/A	\$716,000	\$43,018,000	\$26,000	\$994,000
Gain (Loss)	\$9,000	\$2,281,000	N/A	N/A	(\$158,000)	(\$8,022,000)	(\$15,000)	(\$541,000)
<b>Early Retirees</b>								
Average Medical Members	36	2,587	28	474	N/A	N/A	-	46
Incurred Medical Claims	\$299,000	\$21,915,000	\$199,000	\$3,431,000	N/A	N/A	\$0	\$427,000
Capitation	\$11,000	\$764,000	\$9,000	\$150,000	N/A	N/A	\$0	\$12,000
Incurred Prescription Drug Claims	\$98,000	\$7,024,000	\$75,000	\$1,265,000	N/A	N/A	\$0	\$167,000
Prescription Drug Rebates	(\$39,000)	(\$2,785,000)	(\$30,000)	(\$501,000)	N/A	N/A	\$0	(\$66,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,000	\$736,000	\$9,000	\$165,000	N/A	N/A	\$0	\$23,000
Total Cost	\$377,000	\$27,654,000	\$262,000	\$4,510,000	N/A	N/A	\$0	\$563,000
Total Premium	\$375,000	\$30,345,000	\$281,000	\$5,082,000	N/A	N/A	\$0	\$388,000
Gain (Loss)	(\$2,000)	\$2,691,000	\$19,000	\$572,000	N/A	N/A	\$0	(\$175,000)
<b>Medicare Retirees</b>								
Average Medical Members	N/A	449	N/A	24	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	\$1,167,000	N/A	\$80,000	N/A	N/A	N/A	N/A
Capitation	N/A	\$12,000	N/A	\$2,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	\$3,256,000	N/A	\$154,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	(\$957,000)	N/A	(\$45,000)	N/A	N/A	N/A	N/A
EGWP Credits	N/A	(\$1,444,000)	N/A	(\$78,000)	N/A	N/A	N/A	N/A
Administrative Fees	N/A	\$174,000	N/A	\$9,000	N/A	N/A	N/A	N/A
Total Cost	N/A	\$2,208,000	N/A	\$122,000	N/A	N/A	N/A	N/A
Total Premium	N/A	\$2,758,000	N/A	\$172,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	\$550,000	N/A	\$50,000	N/A	N/A	N/A	N/A

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2024 premium rates include margin of 3.0%.

Exhibit 3B – Plan Year 2024 Aggregate Costs

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	HDLow		Tiered Network		Unity PPO			
	Aetna	Horizon	Aetna	Horizon	Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO
<b>Employees and Retirees</b>								
Average Medical Members	-	34	104	3,606	23	753	9	581
Incurred Medical Claims	\$0	\$279,000	\$667,000	\$23,297,000	\$186,000	\$6,340,000	\$66,000	\$4,732,000
Capitation	\$0	\$10,000	\$30,000	\$1,061,000	\$11,000	\$333,000	\$0	\$33,000
Incurred Prescription Drug Claims	\$0	\$95,000	\$257,000	\$8,053,000	\$64,000	\$2,282,000	\$21,000	\$1,580,000
Prescription Drug Rebates	\$0	(\$38,000)	(\$102,000)	(\$3,189,000)	(\$25,000)	(\$904,000)	(\$8,000)	(\$626,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$18,000	\$44,000	\$1,879,000	\$5,000	\$249,000	\$2,000	\$280,000
Total Cost	\$0	\$364,000	\$896,000	\$31,101,000	\$241,000	\$8,300,000	\$81,000	\$5,999,000
Total Premium	\$0	\$331,000	\$846,000	\$31,664,000	\$221,000	\$8,170,000	\$81,000	\$6,679,000
Gain (Loss)	\$0	(\$33,000)	(\$50,000)	\$563,000	(\$20,000)	(\$130,000)	\$0	\$680,000
<b>Employees</b>								
Average Medical Members	-	34	104	3,533	18	603	9	581
Incurred Medical Claims	\$0	\$279,000	\$667,000	\$22,719,000	\$135,000	\$4,855,000	\$66,000	\$4,732,000
Capitation	\$0	\$10,000	\$30,000	\$1,041,000	\$9,000	\$289,000	\$0	\$33,000
Incurred Prescription Drug Claims	\$0	\$95,000	\$257,000	\$7,762,000	\$43,000	\$1,688,000	\$21,000	\$1,580,000
Prescription Drug Rebates	\$0	(\$38,000)	(\$102,000)	(\$3,074,000)	(\$17,000)	(\$669,000)	(\$8,000)	(\$626,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$18,000	\$44,000	\$1,843,000	\$4,000	\$188,000	\$2,000	\$280,000
Total Cost	\$0	\$364,000	\$896,000	\$30,291,000	\$174,000	\$6,351,000	\$81,000	\$5,999,000
Total Premium	\$0	\$331,000	\$846,000	\$30,884,000	\$170,000	\$6,371,000	\$81,000	\$6,679,000
Gain (Loss)	\$0	(\$33,000)	(\$50,000)	\$593,000	(\$4,000)	\$20,000	\$0	\$680,000
<b>Early Retirees</b>								
Average Medical Members	N/A	N/A	-	73	5	150	N/A	N/A
Incurred Medical Claims	N/A	N/A	\$0	\$578,000	\$51,000	\$1,485,000	N/A	N/A
Capitation	N/A	N/A	\$0	\$20,000	\$2,000	\$44,000	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	\$0	\$291,000	\$21,000	\$594,000	N/A	N/A
Prescription Drug Rebates	N/A	N/A	\$0	(\$115,000)	(\$8,000)	(\$235,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	\$0	\$36,000	\$1,000	\$61,000	N/A	N/A
Total Cost	N/A	N/A	\$0	\$810,000	\$67,000	\$1,949,000	N/A	N/A
Total Premium	N/A	N/A	\$0	\$780,000	\$51,000	\$1,799,000	N/A	N/A
Gain (Loss)	N/A	N/A	\$0	(\$30,000)	(\$16,000)	(\$150,000)	N/A	N/A
<b>Medicare Retirees</b>								
Average Medical Members	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2024 premium rates include margin of 3.0%.

Exhibit 3C – Plan Year 2025 Aggregate Costs

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	Legacy Plans						1525				
	Total	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>											
Average Medical Members	162,523	25,568	5,901	77,438	21,691	1,883	2,964	219	5,137	115	104
Incurred Medical Claims	\$1,494,298,000	\$92,897,000	\$22,239,000	\$885,993,000	\$233,519,000	\$6,695,000	\$28,768,000	\$2,098,000	\$35,919,000	\$443,000	\$854,000
Capitation	\$43,015,000	\$1,568,000	\$462,000	\$25,010,000	\$7,071,000	\$109,000	\$1,004,000	\$75,000	\$1,085,000	\$11,000	\$29,000
Incurred Prescription Drug Claims	\$743,098,000	\$230,295,000	\$51,000,000	\$270,757,000	\$68,081,000	\$18,946,000	\$10,155,000	\$755,000	\$32,409,000	\$669,000	\$317,000
Prescription Drug Rebates	(\$266,223,000)	(\$68,446,000)	(\$15,230,000)	(\$110,139,000)	(\$27,692,000)	(\$5,616,000)	(\$4,061,000)	(\$307,000)	(\$10,600,000)	(\$202,000)	(\$114,000)
EGWP Credits	(\$117,331,000)	(\$82,145,000)	(\$17,788,000)	N/A	N/A	(\$6,202,000)	(\$318,000)	\$0	(\$8,544,000)	(\$340,000)	(\$119,000)
Administrative Fees	\$50,445,000	\$5,231,000	\$1,227,000	\$25,270,000	\$7,176,000	\$360,000	\$1,229,000	\$53,000	\$1,896,000	\$17,000	\$38,000
Total Cost	\$1,947,302,000	\$179,400,000	\$41,910,000	\$1,096,891,000	\$288,155,000	\$14,292,000	\$36,777,000	\$2,674,000	\$52,165,000	\$598,000	\$1,005,000
Total Premium	\$2,007,261,000	\$181,557,000	\$42,664,000	\$1,120,984,000	\$299,795,000	\$14,555,000	\$40,740,000	\$2,634,000	\$55,914,000	\$830,000	\$1,169,000
Gain (Loss)	\$59,959,000	\$2,157,000	\$754,000	\$24,093,000	\$11,640,000	\$263,000	\$3,963,000	(\$40,000)	\$3,749,000	\$232,000	\$164,000
<b>Employees</b>											
Average Medical Members	103,246	3,897	1,202	58,885	17,317	128	1,981	170	2,061	N/A	N/A
Incurred Medical Claims	\$1,078,625,000	\$41,824,000	\$12,287,000	\$648,907,000	\$182,914,000	\$1,142,000	\$18,190,000	\$1,603,000	\$19,501,000	N/A	N/A
Capitation	\$33,605,000	\$1,277,000	\$397,000	\$19,262,000	\$5,713,000	\$45,000	\$697,000	\$57,000	\$696,000	N/A	N/A
Incurred Prescription Drug Claims	\$304,604,000	\$11,821,000	\$3,277,000	\$183,123,000	\$48,374,000	\$349,000	\$5,474,000	\$558,000	\$6,813,000	N/A	N/A
Prescription Drug Rebates	(\$123,767,000)	(\$4,803,000)	(\$1,331,000)	(\$74,407,000)	(\$19,656,000)	(\$142,000)	(\$2,224,000)	(\$227,000)	(\$2,768,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$35,648,000	\$1,119,000	\$327,000	\$19,926,000	\$5,859,000	\$52,000	\$833,000	\$40,000	\$739,000	N/A	N/A
Total Cost	\$1,328,715,000	\$51,238,000	\$14,957,000	\$796,811,000	\$223,204,000	\$1,446,000	\$22,970,000	\$2,031,000	\$24,981,000	N/A	N/A
Total Premium	\$1,369,664,000	\$50,977,000	\$15,150,000	\$818,535,000	\$231,777,000	\$1,635,000	\$26,072,000	\$2,007,000	\$26,736,000	N/A	N/A
Gain (Loss)	\$40,949,000	(\$261,000)	\$193,000	\$21,724,000	\$8,573,000	\$189,000	\$3,102,000	(\$24,000)	\$1,755,000	N/A	N/A
<b>Early Retirees</b>											
Average Medical Members	29,667	940	210	18,553	4,374	190	903	49	920	29	74
Incurred Medical Claims	\$356,578,000	\$11,719,000	\$2,365,000	\$237,086,000	\$50,605,000	\$2,128,000	\$10,347,000	\$495,000	\$9,501,000	\$291,000	\$759,000
Capitation	\$9,343,000	\$291,000	\$65,000	\$5,748,000	\$1,358,000	\$64,000	\$302,000	\$18,000	\$344,000	\$11,000	\$27,000
Incurred Prescription Drug Claims	\$132,754,000	\$4,439,000	\$944,000	\$87,634,000	\$19,707,000	\$859,000	\$4,076,000	\$197,000	\$3,684,000	\$74,000	\$189,000
Prescription Drug Rebates	(\$54,130,000)	(\$1,810,000)	(\$385,000)	(\$35,732,000)	(\$8,036,000)	(\$350,000)	(\$1,662,000)	(\$80,000)	(\$1,502,000)	(\$30,000)	(\$77,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,675,000	\$286,000	\$72,000	\$5,344,000	\$1,317,000	\$17,000	\$367,000	\$13,000	\$224,000	\$1,000	\$24,000
Total Cost	\$453,220,000	\$14,925,000	\$3,061,000	\$300,080,000	\$64,951,000	\$2,718,000	\$13,430,000	\$643,000	\$12,251,000	\$347,000	\$922,000
Total Premium	\$467,157,000	\$14,335,000	\$3,305,000	\$302,449,000	\$68,018,000	\$2,811,000	\$13,964,000	\$627,000	\$13,928,000	\$370,000	\$991,000
Gain (Loss)	\$13,937,000	(\$590,000)	\$244,000	\$2,369,000	\$3,067,000	\$93,000	\$534,000	(\$16,000)	\$1,677,000	\$23,000	\$69,000
<b>Medicare Retirees</b>											
Average Medical Members	29,610	20,731	4,489	N/A	N/A	1,565	80	N/A	2,156	86	30
Incurred Medical Claims	\$59,095,000	\$39,354,000	\$7,587,000	N/A	N/A	\$3,425,000	\$231,000	N/A	\$6,917,000	\$152,000	\$95,000
Capitation	\$67,000	\$0	\$0	N/A	N/A	\$0	\$5,000	N/A	\$45,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$305,740,000	\$214,035,000	\$46,779,000	N/A	N/A	\$17,738,000	\$605,000	N/A	\$21,912,000	\$595,000	\$128,000
Prescription Drug Rebates	(\$88,326,000)	(\$61,833,000)	(\$13,514,000)	N/A	N/A	(\$5,124,000)	(\$175,000)	N/A	(\$6,330,000)	(\$172,000)	(\$37,000)
EGWP Credits	(\$117,331,000)	(\$82,145,000)	(\$17,788,000)	N/A	N/A	(\$6,202,000)	(\$318,000)	N/A	(\$8,544,000)	(\$340,000)	(\$119,000)
Administrative Fees	\$6,122,000	\$3,826,000	\$828,000	N/A	N/A	\$291,000	\$29,000	N/A	\$933,000	\$16,000	\$14,000
Total Cost	\$165,367,000	\$113,237,000	\$23,892,000	N/A	N/A	\$10,128,000	\$377,000	N/A	\$14,933,000	\$251,000	\$83,000
Total Premium	\$170,440,000	\$116,245,000	\$24,209,000	N/A	N/A	\$10,109,000	\$704,000	N/A	\$15,250,000	\$460,000	\$178,000
Gain (Loss)	\$5,073,000	\$3,008,000	\$317,000	N/A	N/A	(\$19,000)	\$327,000	N/A	\$317,000	\$209,000	\$95,000

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2025 premium rates include margin of 3.0%.

Exhibit 3C – Projected Plan Year 2025 Aggregate Costs

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	2030				PPO 2035		HDHigh	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna	Horizon	Aetna	Horizon
<b>Employees and Retirees</b>								
Average Medical Members	580	9,157	29	497	293	4,458	14	198
Incurred Medical Claims	\$5,093,000	\$79,824,000	\$225,000	\$3,836,000	\$2,708,000	\$42,657,000	\$118,000	\$1,681,000
Capitation	\$189,000	\$2,851,000	\$10,000	\$166,000	\$94,000	\$1,426,000	\$5,000	\$59,000
Incurred Prescription Drug Claims	\$1,484,000	\$26,453,000	\$89,000	\$1,619,000	\$802,000	\$12,186,000	\$38,000	\$535,000
Prescription Drug Rebates	(\$604,000)	(\$10,317,000)	(\$36,000)	(\$639,000)	(\$326,000)	(\$4,951,000)	(\$15,000)	(\$218,000)
EGWP Credits	\$0	(\$1,779,000)	\$0	(\$96,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$158,000	\$2,992,000	\$10,000	\$168,000	\$86,000	\$1,521,000	\$5,000	\$88,000
Total Cost	\$6,320,000	\$100,024,000	\$298,000	\$5,054,000	\$3,364,000	\$52,839,000	\$151,000	\$2,145,000
Total Premium	\$6,716,000	\$112,943,000	\$345,000	\$6,207,000	\$2,889,000	\$47,325,000	\$102,000	\$1,513,000
Gain (Loss)	\$396,000	\$12,919,000	\$47,000	\$1,153,000	(\$475,000)	(\$5,514,000)	(\$49,000)	(\$632,000)
<b>Employees</b>								
Average Medical Members	426	6,217	N/A	N/A	293	4,458	12	154
Incurred Medical Claims	\$3,703,000	\$55,469,000	N/A	N/A	\$2,708,000	\$42,657,000	\$95,000	\$1,238,000
Capitation	\$139,000	\$2,032,000	N/A	N/A	\$94,000	\$1,426,000	\$4,000	\$47,000
Incurred Prescription Drug Claims	\$1,009,000	\$14,974,000	N/A	N/A	\$802,000	\$12,186,000	\$28,000	\$354,000
Prescription Drug Rebates	(\$410,000)	(\$6,084,000)	N/A	N/A	(\$326,000)	(\$4,951,000)	(\$11,000)	(\$144,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$120,000	\$2,130,000	N/A	N/A	\$86,000	\$1,521,000	\$4,000	\$67,000
Total Cost	\$4,561,000	\$68,521,000	N/A	N/A	\$3,364,000	\$52,839,000	\$120,000	\$1,562,000
Total Premium	\$4,842,000	\$75,316,000	N/A	N/A	\$2,889,000	\$47,325,000	\$79,000	\$1,076,000
Gain (Loss)	\$281,000	\$6,795,000	N/A	N/A	(\$475,000)	(\$5,514,000)	(\$41,000)	(\$486,000)
<b>Early Retirees</b>								
Average Medical Members	154	2,491	29	473	N/A	N/A	2	44
Incurred Medical Claims	\$1,390,000	\$23,107,000	\$225,000	\$3,750,000	N/A	N/A	\$23,000	\$443,000
Capitation	\$50,000	\$806,000	\$10,000	\$164,000	N/A	N/A	\$1,000	\$12,000
Incurred Prescription Drug Claims	\$475,000	\$7,711,000	\$89,000	\$1,439,000	N/A	N/A	\$10,000	\$181,000
Prescription Drug Rebates	(\$194,000)	(\$3,144,000)	(\$36,000)	(\$587,000)	N/A	N/A	(\$4,000)	(\$74,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$38,000	\$686,000	\$10,000	\$159,000	N/A	N/A	\$1,000	\$21,000
Total Cost	\$1,759,000	\$29,166,000	\$298,000	\$4,925,000	N/A	N/A	\$31,000	\$583,000
Total Premium	\$1,874,000	\$34,535,000	\$345,000	\$6,014,000	N/A	N/A	\$23,000	\$437,000
Gain (Loss)	\$115,000	\$5,369,000	\$47,000	\$1,089,000	N/A	N/A	(\$8,000)	(\$146,000)
<b>Medicare Retirees</b>								
Average Medical Members	N/A	449	N/A	24	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	\$1,248,000	N/A	\$86,000	N/A	N/A	N/A	N/A
Capitation	N/A	\$13,000	N/A	\$2,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	\$3,768,000	N/A	\$180,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	(\$1,089,000)	N/A	(\$52,000)	N/A	N/A	N/A	N/A
EGWP Credits	N/A	(\$1,779,000)	N/A	(\$96,000)	N/A	N/A	N/A	N/A
Administrative Fees	N/A	\$176,000	N/A	\$9,000	N/A	N/A	N/A	N/A
Total Cost	N/A	\$2,337,000	N/A	\$129,000	N/A	N/A	N/A	N/A
Total Premium	N/A	\$3,092,000	N/A	\$193,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	\$755,000	N/A	\$64,000	N/A	N/A	N/A	N/A

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2025 premium rates include margin of 3.0%.

## Exhibit 3C – Projected Plan Year 2025 Aggregate Costs

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	HDLow		Tiered Network		Unity PPO			
	Aetna	Horizon	Aetna	Horizon	Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO
<b>Employees and Retirees</b>								
Average Medical Members	2	32	270	3,820	53	724	118	1,258
Incurred Medical Claims	\$15,000	\$288,000	\$1,859,000	\$27,047,000	\$475,000	\$6,700,000	\$1,020,000	\$11,327,000
Capitation	\$1,000	\$11,000	\$87,000	\$1,232,000	\$25,000	\$350,000	\$7,000	\$78,000
Incurred Prescription Drug Claims	\$4,000	\$81,000	\$664,000	\$9,454,000	\$167,000	\$2,281,000	\$327,000	\$3,530,000
Prescription Drug Rebates	(\$2,000)	(\$33,000)	(\$270,000)	(\$3,842,000)	(\$68,000)	(\$928,000)	(\$133,000)	(\$1,434,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,000	\$16,000	\$126,000	\$1,908,000	\$13,000	\$234,000	\$32,000	\$590,000
Total Cost	\$19,000	\$363,000	\$2,466,000	\$35,799,000	\$612,000	\$8,637,000	\$1,253,000	\$14,091,000
Total Premium	\$18,000	\$350,000	\$2,455,000	\$37,976,000	\$594,000	\$9,067,000	\$1,313,000	\$16,606,000
Gain (Loss)	(\$1,000)	(\$13,000)	(\$11,000)	\$2,177,000	(\$18,000)	\$430,000	\$60,000	\$2,515,000
<b>Employees</b>								
Average Medical Members	2	32	266	3,750	40	579	118	1,258
Incurred Medical Claims	\$15,000	\$288,000	\$1,828,000	\$26,446,000	\$341,000	\$5,122,000	\$1,020,000	\$11,327,000
Capitation	\$1,000	\$11,000	\$86,000	\$1,211,000	\$21,000	\$304,000	\$7,000	\$78,000
Incurred Prescription Drug Claims	\$4,000	\$81,000	\$647,000	\$9,139,000	\$110,000	\$1,624,000	\$327,000	\$3,530,000
Prescription Drug Rebates	(\$2,000)	(\$33,000)	(\$263,000)	(\$3,713,000)	(\$45,000)	(\$660,000)	(\$133,000)	(\$1,434,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,000	\$16,000	\$124,000	\$1,876,000	\$10,000	\$176,000	\$32,000	\$590,000
Total Cost	\$19,000	\$363,000	\$2,422,000	\$34,959,000	\$437,000	\$6,566,000	\$1,253,000	\$14,091,000
Total Premium	\$18,000	\$350,000	\$2,409,000	\$37,098,000	\$449,000	\$7,005,000	\$1,313,000	\$16,606,000
Gain (Loss)	(\$1,000)	(\$13,000)	(\$13,000)	\$2,139,000	\$12,000	\$439,000	\$60,000	\$2,515,000
<b>Early Retirees</b>								
Average Medical Members	N/A	N/A	4	70	13	145	N/A	N/A
Incurred Medical Claims	N/A	N/A	\$31,000	\$601,000	\$134,000	\$1,578,000	N/A	N/A
Capitation	N/A	N/A	\$1,000	\$21,000	\$4,000	\$46,000	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	\$17,000	\$315,000	\$57,000	\$657,000	N/A	N/A
Prescription Drug Rebates	N/A	N/A	(\$7,000)	(\$129,000)	(\$23,000)	(\$268,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	\$2,000	\$32,000	\$3,000	\$58,000	N/A	N/A
Total Cost	N/A	N/A	\$44,000	\$840,000	\$175,000	\$2,071,000	N/A	N/A
Total Premium	N/A	N/A	\$46,000	\$878,000	\$145,000	\$2,062,000	N/A	N/A
Gain (Loss)	N/A	N/A	\$2,000	\$38,000	(\$30,000)	(\$9,000)	N/A	N/A
<b>Medicare Retirees</b>								
Average Medical Members	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* Numbers may not add due to rounding. 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.

\*\* Plan Year 2025 premium rates include margin of 3.0%.



Exhibit 4A – Plan Year 2025 Monthly Active Premiums

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	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<b>Medical Coverage Only</b>							
Single	\$1,274.96	\$1,214.10	\$1,179.19	\$1,177.72	N/A	\$1,107.01	N/A
Employee+Spouse	\$2,549.92	\$2,428.20	\$2,358.38	\$2,355.44	N/A	\$2,214.02	N/A
Family	\$3,557.14	\$3,387.34	\$3,289.94	\$3,285.84	N/A	\$3,088.56	N/A
Employee+Child(ren)	\$2,282.18	\$2,173.24	\$2,110.75	\$2,108.12	N/A	\$1,981.55	N/A
Adult Child Rate	\$1,027.36	\$978.32	\$950.19	\$949.01	N/A	\$892.03	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<b>Rx Card</b>							
Single	\$236.39	\$236.39	\$236.39	\$214.39	N/A	\$218.22	N/A
Employee+Spouse	\$472.78	\$472.78	\$472.78	\$428.78	N/A	\$436.44	N/A
Family	\$659.53	\$659.53	\$659.53	\$598.15	N/A	\$608.83	N/A
Employee+Child(ren)	\$423.14	\$423.14	\$423.14	\$383.76	N/A	\$390.61	N/A
Adult Child Rate	\$190.49	\$190.49	\$190.49	\$172.76	N/A	\$175.84	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<b>Rx with Medical Coverage</b>							
Single	\$1,495.35	\$1,432.42	\$1,403.54	\$1,376.96	N/A	\$1,309.13	N/A
Employee+Spouse	\$2,990.70	\$2,864.84	\$2,807.08	\$2,753.92	N/A	\$2,618.26	N/A
Family	\$4,172.03	\$3,996.45	\$3,915.88	\$3,841.73	N/A	\$3,652.47	N/A
Employee+Child(ren)	\$2,676.68	\$2,564.03	\$2,512.34	\$2,464.76	N/A	\$2,343.34	N/A
Adult Child Rate	\$1,204.96	\$1,154.24	\$1,130.98	\$1,109.56	N/A	\$1,054.89	N/A

Exhibit 4A – Plan Year 2025 Monthly Active Premiums

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	<b>2035</b>	<b>HDHigh</b>	<b>HDLow</b>	<b>Tiered Network</b>	<b>Unity PPO</b>	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<b><u>Medical Coverage Only</u></b>						
Single	\$952.04	\$617.74	\$916.14	\$845.65	\$1,135.19	\$1,129.21
Employee+Spouse	\$1,904.08	\$1,235.48	\$1,832.28	\$1,691.30	\$2,270.38	\$2,258.42
Family	\$2,656.19	\$1,723.49	\$2,556.03	\$2,359.36	\$3,167.18	\$3,150.50
Employee+Child(ren)	\$1,704.15	\$1,105.75	\$1,639.89	\$1,513.71	\$2,031.99	\$2,021.29
Adult Child Rate	\$767.15	\$497.77	\$738.23	\$681.42	\$914.74	\$909.92
	<b>2035</b>	<b>HDHigh</b>	<b>HDLow</b>	<b>Tiered Network</b>	<b>Unity PPO</b>	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<b><u>Rx Card</u></b>						
Single	\$196.40	\$140.47	\$208.37	\$191.06	\$214.57	\$214.57
Employee+Spouse	\$392.80	\$280.94	\$416.74	\$382.12	\$429.14	\$429.14
Family	\$547.96	\$391.91	\$581.35	\$533.06	\$598.65	\$598.65
Employee+Child(ren)	\$351.56	\$251.44	\$372.98	\$342.00	\$384.08	\$384.08
Adult Child Rate	\$158.26	\$113.19	\$167.90	\$153.96	\$172.90	\$172.90
	<b>2035</b>	<b>HDHigh</b>	<b>HDLow</b>	<b>Tiered Network</b>	<b>Unity PPO</b>	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<b><u>Rx with Medical Coverage</u></b>						
Single	\$1,133.94	\$758.21	\$1,124.51	\$1,023.21	\$1,334.60	\$1,328.62
Employee+Spouse	\$2,267.89	\$1,516.42	\$2,249.02	\$2,046.42	\$2,669.20	\$2,657.24
Family	\$3,163.70	\$2,115.40	\$3,137.38	\$2,854.75	\$3,723.53	\$3,706.85
Employee+Child(ren)	\$2,029.76	\$1,357.19	\$2,012.87	\$1,831.54	\$2,388.93	\$2,378.23
Adult Child Rate	\$913.74	\$610.96	\$906.13	\$824.50	\$1,075.42	\$1,070.60

Exhibit 4B – Plan Year 2025 Annual Active Premiums

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	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<b><u>Medical Coverage Only</u></b>							
Single	\$15,300	\$14,569	\$14,150	\$14,133	N/A	\$13,284	N/A
Employee+Spouse	\$30,599	\$29,138	\$28,301	\$28,265	N/A	\$26,568	N/A
Family	\$42,686	\$40,648	\$39,479	\$39,430	N/A	\$37,063	N/A
Employee+Child(ren)	\$27,386	\$26,079	\$25,329	\$25,297	N/A	\$23,779	N/A
Adult Child Rate	\$12,328	\$11,740	\$11,402	\$11,388	N/A	\$10,704	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<b><u>Rx Card</u></b>							
Single	\$2,837	\$2,837	\$2,837	\$2,573	N/A	\$2,619	N/A
Employee+Spouse	\$5,673	\$5,673	\$5,673	\$5,145	N/A	\$5,237	N/A
Family	\$7,914	\$7,914	\$7,914	\$7,178	N/A	\$7,306	N/A
Employee+Child(ren)	\$5,078	\$5,078	\$5,078	\$4,605	N/A	\$4,687	N/A
Adult Child Rate	\$2,286	\$2,286	\$2,286	\$2,073	N/A	\$2,110	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<b><u>Rx with Medical Coverage</u></b>							
Single	\$17,944	\$17,189	\$16,842	\$16,524	N/A	\$15,710	N/A
Employee+Spouse	\$35,888	\$34,378	\$33,685	\$33,047	N/A	\$31,419	N/A
Family	\$50,064	\$47,957	\$46,991	\$46,101	N/A	\$43,830	N/A
Employee+Child(ren)	\$32,120	\$30,768	\$30,148	\$29,577	N/A	\$28,120	N/A
Adult Child Rate	\$14,460	\$13,851	\$13,572	\$13,315	N/A	\$12,659	N/A

Exhibit 4B – Plan Year 2025 Annual Active Premiums

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	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<b><u>Medical Coverage Only</u></b>						
Single	\$11,424	\$7,413	\$10,994	\$10,148	\$13,622	\$13,551
Employee+Spouse	\$22,849	\$14,826	\$21,987	\$20,296	\$27,245	\$27,101
Family	\$31,874	\$20,682	\$30,672	\$28,312	\$38,006	\$37,806
Employee+Child(ren)	\$20,450	\$13,269	\$19,679	\$18,165	\$24,384	\$24,255
Adult Child Rate	\$9,206	\$5,973	\$8,859	\$8,177	\$10,977	\$10,919
	<b>2035</b>	<b>HDHigh</b>	<b>HDLow</b>	<b>Tiered Network</b>	<b>Unity PPO</b>	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<b><u>Rx Card</u></b>						
Single	\$2,357	\$1,686	\$2,500	\$2,293	\$2,575	\$2,575
Employee+Spouse	\$4,714	\$3,371	\$5,001	\$4,585	\$5,150	\$5,150
Family	\$6,576	\$4,703	\$6,976	\$6,397	\$7,184	\$7,184
Employee+Child(ren)	\$4,219	\$3,017	\$4,476	\$4,104	\$4,609	\$4,609
Adult Child Rate	\$1,899	\$1,358	\$2,015	\$1,848	\$2,075	\$2,075
	<b>2035</b>	<b>HDHigh</b>	<b>HDLow</b>	<b>Tiered Network</b>	<b>Unity PPO</b>	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<b><u>Rx with Medical Coverage</u></b>						
Single	\$13,607	\$9,099	\$13,494	\$12,279	\$16,015	\$15,943
Employee+Spouse	\$27,215	\$18,197	\$26,988	\$24,557	\$32,030	\$31,887
Family	\$37,964	\$25,385	\$37,649	\$34,257	\$44,682	\$44,482
Employee+Child(ren)	\$24,357	\$16,286	\$24,154	\$21,978	\$28,667	\$28,539
Adult Child Rate	\$10,965	\$7,332	\$10,874	\$9,894	\$12,905	\$12,847

## Exhibit 4C – Plan Year 2025 Monthly Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO (Horizon Medicare Subscriber)		
	PPO10			PPO15			Legacy HMO			Legacy HMO		
	Aetna/Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
<b>Total Premium</b>												
Single - 0 Medicare	\$1,803.29	N/A	\$1,803.29	\$1,713.99	N/A	\$1,713.99	\$1,664.23	N/A	\$1,664.23	\$1,664.23	N/A	\$1,664.23
Single - 1 Medicare	N/A	\$471.00	\$471.00	N/A	\$453.13	\$453.13	N/A	\$542.49	\$542.49	N/A	\$735.82	\$735.82
EE+Spouse - 0 Medicare	\$3,931.31	N/A	\$3,931.31	\$3,736.61	N/A	\$3,736.61	\$3,628.63	N/A	\$3,628.63	\$3,628.63	N/A	\$3,628.63
EE+Spouse - 1 Medicare	\$2,128.02	\$471.00	\$2,599.02	\$2,022.62	\$453.13	\$2,475.75	\$1,964.40	\$542.49	\$2,506.89	\$1,964.40	\$735.82	\$2,700.22
EE+Spouse - 2 Medicare	N/A	\$942.00	\$942.00	N/A	\$906.26	\$906.26	N/A	\$1,084.98	\$1,084.98	N/A	\$1,471.64	\$1,471.64
Family - 0 Medicare	\$4,472.28	N/A	\$4,472.28	\$4,250.78	N/A	\$4,250.78	\$4,128.44	N/A	\$4,128.44	\$4,128.44	N/A	\$4,128.44
Family - 1 Medicare	\$2,668.99	\$471.00	\$3,139.99	\$2,536.79	\$453.13	\$2,989.92	\$2,464.21	\$542.49	\$3,006.70	\$2,464.21	\$735.82	\$3,200.03
Family - 2 Medicare	\$865.69	\$942.00	\$1,807.69	\$822.79	\$906.26	\$1,729.05	\$799.98	\$1,084.98	\$1,884.96	\$799.98	\$1,471.64	\$2,271.62
EE+Ch - 0 Medicare	\$2,524.65	N/A	\$2,524.65	\$2,399.62	N/A	\$2,399.62	\$2,330.58	N/A	\$2,330.58	\$2,330.58	N/A	\$2,330.58
EE+Ch - 1 Medicare	\$721.36	\$471.00	\$1,192.36	\$685.63	\$453.13	\$1,138.76	\$666.35	\$542.49	\$1,208.84	\$666.35	\$735.82	\$1,402.17
<b>Medical Premium</b>												
Single - 0 Medicare	\$1,496.38	N/A	\$1,496.38	\$1,407.08	N/A	\$1,407.08	\$1,365.91	N/A	\$1,365.91	\$1,365.91	N/A	\$1,365.91
Single - 1 Medicare	N/A	\$162.94	\$162.94	N/A	\$145.07	\$145.07	N/A	\$187.79	\$187.79	N/A	\$381.12	\$381.12
EE+Spouse - 0 Medicare	\$3,262.12	N/A	\$3,262.12	\$3,067.42	N/A	\$3,067.42	\$2,977.68	N/A	\$2,977.68	\$2,977.68	N/A	\$2,977.68
EE+Spouse - 1 Medicare	\$1,765.74	\$162.94	\$1,928.68	\$1,660.34	\$145.07	\$1,805.41	\$1,611.77	\$187.79	\$1,799.56	\$1,611.77	\$381.12	\$1,992.89
EE+Spouse - 2 Medicare	N/A	\$325.88	\$325.88	N/A	\$290.14	\$290.14	N/A	\$375.58	\$375.58	N/A	\$762.24	\$762.24
Family - 0 Medicare	\$3,711.04	N/A	\$3,711.04	\$3,489.54	N/A	\$3,489.54	\$3,387.49	N/A	\$3,387.49	\$3,387.49	N/A	\$3,387.49
Family - 1 Medicare	\$2,214.66	\$162.94	\$2,377.60	\$2,082.46	\$145.07	\$2,227.53	\$2,021.58	\$187.79	\$2,209.37	\$2,021.58	\$381.12	\$2,402.70
Family - 2 Medicare	\$718.27	\$325.88	\$1,044.15	\$675.37	\$290.14	\$965.51	\$655.67	\$375.58	\$1,031.25	\$655.67	\$762.24	\$1,417.91
EE+Ch - 0 Medicare	\$2,094.94	N/A	\$2,094.94	\$1,969.91	N/A	\$1,969.91	\$1,912.28	N/A	\$1,912.28	\$1,912.28	N/A	\$1,912.28
EE+Ch - 1 Medicare	\$598.56	\$162.94	\$761.50	\$562.83	\$145.07	\$707.90	\$546.37	\$187.79	\$734.16	\$546.37	\$381.12	\$927.49
<b>Rx Premium</b>												
Single - 0 Medicare	\$306.91	N/A	\$306.91	\$306.91	N/A	\$306.91	\$298.32	N/A	\$298.32	\$298.32	N/A	\$298.32
Single - 1 Medicare	N/A	\$308.06	\$308.06	N/A	\$308.06	\$308.06	N/A	\$354.70	\$354.70	N/A	\$354.70	\$354.70
EE+Spouse - 0 Medicare	\$669.19	N/A	\$669.19	\$669.19	N/A	\$669.19	\$650.95	N/A	\$650.95	\$650.95	N/A	\$650.95
EE+Spouse - 1 Medicare	\$362.28	\$308.06	\$670.34	\$362.28	\$308.06	\$670.34	\$352.63	\$354.70	\$707.33	\$352.63	\$354.70	\$707.33
EE+Spouse - 2 Medicare	N/A	\$616.12	\$616.12	N/A	\$616.12	\$616.12	N/A	\$709.40	\$709.40	N/A	\$709.40	\$709.40
Family - 0 Medicare	\$761.24	N/A	\$761.24	\$761.24	N/A	\$761.24	\$740.95	N/A	\$740.95	\$740.95	N/A	\$740.95
Family - 1 Medicare	\$454.33	\$308.06	\$762.39	\$454.33	\$308.06	\$762.39	\$442.63	\$354.70	\$797.33	\$442.63	\$354.70	\$797.33
Family - 2 Medicare	\$147.42	\$616.12	\$763.54	\$147.42	\$616.12	\$763.54	\$144.31	\$709.40	\$853.71	\$144.31	\$709.40	\$853.71
EE+Ch - 0 Medicare	\$429.71	N/A	\$429.71	\$429.71	N/A	\$429.71	\$418.30	N/A	\$418.30	\$418.30	N/A	\$418.30
EE+Ch - 1 Medicare	\$122.80	\$308.06	\$430.86	\$122.80	\$308.06	\$430.86	\$119.98	\$354.70	\$474.68	\$119.98	\$354.70	\$474.68

## Exhibit 4C – Plan Year 2025 Monthly Retiree Premiums

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	1525 PPO (Horizon Medicare Subscriber)			1525 HMO (Aetna Medicare Subscriber)			1525 HMO (Horizon Medicare Subscriber)			2030 PPO (Horizon Medicare Subscriber)		
	1525 PPO			1525 HMO			1525 HMO			2030 PPO		
	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
<b>Total Premium</b>												
Single - 0 Medicare	\$1,641.36	N/A	\$1,641.36	\$1,517.08	N/A	\$1,517.08	\$1,517.08	N/A	\$1,517.08	\$1,564.96	N/A	\$1,564.96
Single - 1 Medicare	N/A	\$592.98	\$592.98	N/A	\$450.92	\$450.92	N/A	\$498.90	\$498.90	N/A	\$577.47	\$577.47
EE+Spouse - 0 Medicare	\$3,578.29	N/A	\$3,578.29	\$3,307.29	N/A	\$3,307.29	\$3,307.29	N/A	\$3,307.29	\$3,411.74	N/A	\$3,411.74
EE+Spouse - 1 Medicare	\$1,936.93	\$592.98	\$2,529.91	\$1,790.21	\$450.92	\$2,241.13	\$1,790.21	\$498.90	\$2,289.11	\$1,846.78	\$577.47	\$2,424.25
EE+Spouse - 2 Medicare	N/A	\$1,185.96	\$1,185.96	N/A	\$901.84	\$901.84	N/A	\$997.80	\$997.80	N/A	\$1,154.94	\$1,154.94
Family - 0 Medicare	\$4,070.67	N/A	\$4,070.67	\$3,762.41	N/A	\$3,762.41	\$3,762.41	N/A	\$3,762.41	\$3,881.20	N/A	\$3,881.20
Family - 1 Medicare	\$2,429.31	\$592.98	\$3,022.29	\$2,245.33	\$450.92	\$2,696.25	\$2,245.33	\$498.90	\$2,744.23	\$2,316.24	\$577.47	\$2,893.71
Family - 2 Medicare	\$787.95	\$1,185.96	\$1,973.91	\$728.25	\$901.84	\$1,630.09	\$728.25	\$997.80	\$1,726.05	\$751.28	\$1,154.94	\$1,906.22
EE+Ch - 0 Medicare	\$2,297.99	N/A	\$2,297.99	\$2,123.96	N/A	\$2,123.96	\$2,123.96	N/A	\$2,123.96	\$2,190.99	N/A	\$2,190.99
EE+Ch - 1 Medicare	\$656.63	\$592.98	\$1,249.61	\$606.88	\$450.92	\$1,057.80	\$606.88	\$498.90	\$1,105.78	\$626.03	\$577.47	\$1,203.50
<b>Medical Premium</b>												
Single - 0 Medicare	\$1,343.94	N/A	\$1,343.94	\$1,206.24	N/A	\$1,206.24	\$1,206.24	N/A	\$1,206.24	\$1,264.72	N/A	\$1,264.72
Single - 1 Medicare	N/A	\$294.42	\$294.42	N/A	\$152.36	\$152.36	N/A	\$200.34	\$200.34	N/A	\$276.09	\$276.09
EE+Spouse - 0 Medicare	\$2,929.81	N/A	\$2,929.81	\$2,629.62	N/A	\$2,629.62	\$2,629.62	N/A	\$2,629.62	\$2,757.09	N/A	\$2,757.09
EE+Spouse - 1 Medicare	\$1,585.87	\$294.42	\$1,880.29	\$1,423.38	\$152.36	\$1,575.74	\$1,423.38	\$200.34	\$1,623.72	\$1,492.37	\$276.09	\$1,768.46
EE+Spouse - 2 Medicare	N/A	\$588.84	\$588.84	N/A	\$304.72	\$304.72	N/A	\$400.68	\$400.68	N/A	\$552.18	\$552.18
Family - 0 Medicare	\$3,332.99	N/A	\$3,332.99	\$2,991.50	N/A	\$2,991.50	\$2,991.50	N/A	\$2,991.50	\$3,136.51	N/A	\$3,136.51
Family - 1 Medicare	\$1,989.05	\$294.42	\$2,283.47	\$1,785.26	\$152.36	\$1,937.62	\$1,785.26	\$200.34	\$1,985.60	\$1,871.79	\$276.09	\$2,147.88
Family - 2 Medicare	\$645.11	\$588.84	\$1,233.95	\$579.02	\$304.72	\$883.74	\$579.02	\$400.68	\$979.70	\$607.07	\$552.18	\$1,159.25
EE+Ch - 0 Medicare	\$1,881.54	N/A	\$1,881.54	\$1,688.76	N/A	\$1,688.76	\$1,688.76	N/A	\$1,688.76	\$1,770.61	N/A	\$1,770.61
EE+Ch - 1 Medicare	\$537.60	\$294.42	\$832.02	\$482.52	\$152.36	\$634.88	\$482.52	\$200.34	\$682.86	\$505.89	\$276.09	\$781.98
<b>Rx Premium</b>												
Single - 0 Medicare	\$297.42	N/A	\$297.42	\$310.84	N/A	\$310.84	\$310.84	N/A	\$310.84	\$300.24	N/A	\$300.24
Single - 1 Medicare	N/A	\$298.56	\$298.56	N/A	\$298.56	\$298.56	N/A	\$298.56	\$298.56	N/A	\$301.38	\$301.38
EE+Spouse - 0 Medicare	\$648.48	N/A	\$648.48	\$677.67	N/A	\$677.67	\$677.67	N/A	\$677.67	\$654.65	N/A	\$654.65
EE+Spouse - 1 Medicare	\$351.06	\$298.56	\$649.62	\$366.83	\$298.56	\$665.39	\$366.83	\$298.56	\$665.39	\$354.41	\$301.38	\$655.79
EE+Spouse - 2 Medicare	N/A	\$597.12	\$597.12	N/A	\$597.12	\$597.12	N/A	\$597.12	\$597.12	N/A	\$602.76	\$602.76
Family - 0 Medicare	\$737.68	N/A	\$737.68	\$770.91	N/A	\$770.91	\$770.91	N/A	\$770.91	\$744.69	N/A	\$744.69
Family - 1 Medicare	\$440.26	\$298.56	\$738.82	\$460.07	\$298.56	\$758.63	\$460.07	\$298.56	\$758.63	\$444.45	\$301.38	\$745.83
Family - 2 Medicare	\$142.84	\$597.12	\$739.96	\$149.23	\$597.12	\$746.35	\$149.23	\$597.12	\$746.35	\$144.21	\$602.76	\$746.97
EE+Ch - 0 Medicare	\$416.45	N/A	\$416.45	\$435.20	N/A	\$435.20	\$435.20	N/A	\$435.20	\$420.38	N/A	\$420.38
EE+Ch - 1 Medicare	\$119.03	\$298.56	\$417.59	\$124.36	\$298.56	\$422.92	\$124.36	\$298.56	\$422.92	\$120.14	\$301.38	\$421.52

Exhibit 4C – Plan Year 2025 Monthly Retiree Premiums

	2030 HMO (Horizon Medicare Subscriber)			HDHigh	Unity PPO	HDLow	Tiered Network
	Aetna/Horizon Early Retiree Subscriber	2030 PPO Horizon Medicare Subscriber	Total Plan Premium	PPO	PPO	PPO	HMO
<b>Total Premium</b>							
Single - 0 Medicare	\$1,446.32	N/A	\$1,446.32	\$908.64	\$1,567.99	\$1,323.18	\$1,323.89
Single - 1 Medicare	N/A	\$663.70	\$663.70	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,153.09	N/A	\$3,153.09	\$1,980.83	\$3,418.34	\$2,884.54	\$2,886.15
EE+Spouse - 1 Medicare	\$1,706.77	\$663.70	\$2,370.47	\$1,072.19	\$1,850.35	\$1,561.36	\$1,562.26
EE+Spouse - 2 Medicare	N/A	\$1,327.40	\$1,327.40	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,586.96	N/A	\$3,586.96	\$2,253.41	\$3,888.78	\$3,281.50	\$3,283.33
Family - 1 Medicare	\$2,140.64	\$663.70	\$2,804.34	\$1,344.77	\$2,320.79	\$1,958.32	\$1,959.44
Family - 2 Medicare	\$694.32	\$1,327.40	\$2,021.72	\$436.13	\$752.80	\$635.14	\$635.55
EE+Ch - 0 Medicare	\$2,024.91	N/A	\$2,024.91	\$1,272.10	\$2,195.24	\$1,852.47	\$1,853.49
EE+Ch - 1 Medicare	\$578.59	\$663.70	\$1,242.29	\$363.46	\$627.25	\$529.29	\$529.60
<b>Medical Premium</b>							
Single - 0 Medicare	\$1,132.55	N/A	\$1,132.55	\$712.22	\$1,268.80	\$1,055.01	\$1,047.92
Single - 1 Medicare	N/A	\$362.32	\$362.32	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$2,468.95	N/A	\$2,468.95	\$1,552.64	\$2,766.01	\$2,299.89	\$2,284.51
EE+Spouse - 1 Medicare	\$1,336.40	\$362.32	\$1,698.72	\$840.42	\$1,497.21	\$1,244.88	\$1,236.59
EE+Spouse - 2 Medicare	N/A	\$724.64	\$724.64	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$2,808.73	N/A	\$2,808.73	\$1,766.31	\$3,146.68	\$2,616.39	\$2,598.90
Family - 1 Medicare	\$1,676.18	\$362.32	\$2,038.50	\$1,054.09	\$1,877.88	\$1,561.38	\$1,550.98
Family - 2 Medicare	\$543.63	\$724.64	\$1,268.27	\$341.87	\$609.08	\$506.37	\$503.06
EE+Ch - 0 Medicare	\$1,585.56	N/A	\$1,585.56	\$997.12	\$1,776.34	\$1,477.00	\$1,467.12
EE+Ch - 1 Medicare	\$453.01	\$362.32	\$815.33	\$284.90	\$507.54	\$421.99	\$419.20
<b>Rx Premium</b>							
Single - 0 Medicare	\$313.77	N/A	\$313.77	\$196.42	\$299.19	\$268.17	\$275.97
Single - 1 Medicare	N/A	\$301.38	\$301.38	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$684.14	N/A	\$684.14	\$428.19	\$652.33	\$584.65	\$601.64
EE+Spouse - 1 Medicare	\$370.37	\$301.38	\$671.75	\$231.77	\$353.14	\$316.48	\$325.67
EE+Spouse - 2 Medicare	N/A	\$602.76	\$602.76	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$778.23	N/A	\$778.23	\$487.10	\$742.10	\$665.11	\$684.43
Family - 1 Medicare	\$464.46	\$301.38	\$765.84	\$290.68	\$442.91	\$396.94	\$408.46
Family - 2 Medicare	\$150.69	\$602.76	\$753.45	\$94.26	\$143.72	\$128.77	\$132.49
EE+Ch - 0 Medicare	\$439.35	N/A	\$439.35	\$274.98	\$418.90	\$375.47	\$386.37
EE+Ch - 1 Medicare	\$125.58	\$301.38	\$426.96	\$78.56	\$119.71	\$107.30	\$110.40

\*The EE+Spouse - 1 Medicare, Family - 1 Medicare, Family – 2 Medicare & EE+Ch - 1 Medicare rates for the HDHigh, Unity PPO, HDLow and Tiered Network 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 2025 Annual Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO (Horizon Medicare Subscriber)		
	PPO10			PPO15			Legacy HMO			Legacy 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	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
<b>Total Premium</b>												
Single - 0 Medicare	\$21,639	N/A	\$21,639	\$20,568	N/A	\$20,568	\$19,971	N/A	\$19,971	\$19,971	N/A	\$19,971
Single - 1 Medicare	N/A	\$5,652	\$5,652	N/A	\$5,438	\$5,438	N/A	\$6,510	\$6,510	N/A	\$8,830	\$8,830
EE+Spouse - 0 Medicare	\$47,176	N/A	\$47,176	\$44,839	N/A	\$44,839	\$43,544	N/A	\$43,544	\$43,544	N/A	\$43,544
EE+Spouse - 1 Medicare	\$25,536	\$5,652	\$31,188	\$24,271	\$5,438	\$29,709	\$23,573	\$6,510	\$30,083	\$23,573	\$8,830	\$32,403
EE+Spouse - 2 Medicare	N/A	\$11,304	\$11,304	N/A	\$10,875	\$10,875	N/A	\$13,020	\$13,020	N/A	\$17,660	\$17,660
Family - 0 Medicare	\$53,667	N/A	\$53,667	\$51,009	N/A	\$51,009	\$49,541	N/A	\$49,541	\$49,541	N/A	\$49,541
Family - 1 Medicare	\$32,028	\$5,652	\$37,680	\$30,441	\$5,438	\$35,879	\$29,571	\$6,510	\$36,080	\$29,571	\$8,830	\$38,400
Family - 2 Medicare	\$10,388	\$11,304	\$21,692	\$9,873	\$10,875	\$20,749	\$9,600	\$13,020	\$22,620	\$9,600	\$17,660	\$27,259
EE+Ch - 0 Medicare	\$30,296	N/A	\$30,296	\$28,795	N/A	\$28,795	\$27,967	N/A	\$27,967	\$27,967	N/A	\$27,967
EE+Ch - 1 Medicare	\$8,656	\$5,652	\$14,308	\$8,228	\$5,438	\$13,665	\$7,996	\$6,510	\$14,506	\$7,996	\$8,830	\$16,826
<b>Medical Premium</b>												
Single - 0 Medicare	\$17,957	N/A	\$17,957	\$16,885	N/A	\$16,885	\$16,391	N/A	\$16,391	\$16,391	N/A	\$16,391
Single - 1 Medicare	N/A	\$1,955	\$1,955	N/A	\$1,741	\$1,741	N/A	\$2,253	\$2,253	N/A	\$4,573	\$4,573
EE+Spouse - 0 Medicare	\$39,145	N/A	\$39,145	\$36,809	N/A	\$36,809	\$35,732	N/A	\$35,732	\$35,732	N/A	\$35,732
EE+Spouse - 1 Medicare	\$21,189	\$1,955	\$23,144	\$19,924	\$1,741	\$21,665	\$19,341	\$2,253	\$21,595	\$19,341	\$4,573	\$23,915
EE+Spouse - 2 Medicare	N/A	\$3,911	\$3,911	N/A	\$3,482	\$3,482	N/A	\$4,507	\$4,507	N/A	\$9,147	\$9,147
Family - 0 Medicare	\$44,532	N/A	\$44,532	\$41,874	N/A	\$41,874	\$40,650	N/A	\$40,650	\$40,650	N/A	\$40,650
Family - 1 Medicare	\$26,576	\$1,955	\$28,531	\$24,990	\$1,741	\$26,730	\$24,259	\$2,253	\$26,512	\$24,259	\$4,573	\$28,832
Family - 2 Medicare	\$8,619	\$3,911	\$12,530	\$8,104	\$3,482	\$11,586	\$7,868	\$4,507	\$12,375	\$7,868	\$9,147	\$17,015
EE+Ch - 0 Medicare	\$25,139	N/A	\$25,139	\$23,639	N/A	\$23,639	\$22,947	N/A	\$22,947	\$22,947	N/A	\$22,947
EE+Ch - 1 Medicare	\$7,183	\$1,955	\$9,138	\$6,754	\$1,741	\$8,495	\$6,556	\$2,253	\$8,810	\$6,556	\$4,573	\$11,130
<b>Rx Premium</b>												
Single - 0 Medicare	\$3,683	N/A	\$3,683	\$3,683	N/A	\$3,683	\$3,580	N/A	\$3,580	\$3,580	N/A	\$3,580
Single - 1 Medicare	N/A	\$3,697	\$3,697	N/A	\$3,697	\$3,697	N/A	\$4,256	\$4,256	N/A	\$4,256	\$4,256
EE+Spouse - 0 Medicare	\$8,030	N/A	\$8,030	\$8,030	N/A	\$8,030	\$7,811	N/A	\$7,811	\$7,811	N/A	\$7,811
EE+Spouse - 1 Medicare	\$4,347	\$3,697	\$8,044	\$4,347	\$3,697	\$8,044	\$4,232	\$4,256	\$8,488	\$4,232	\$4,256	\$8,488
EE+Spouse - 2 Medicare	N/A	\$7,393	\$7,393	N/A	\$7,393	\$7,393	N/A	\$8,513	\$8,513	N/A	\$8,513	\$8,513
Family - 0 Medicare	\$9,135	N/A	\$9,135	\$9,135	N/A	\$9,135	\$8,891	N/A	\$8,891	\$8,891	N/A	\$8,891
Family - 1 Medicare	\$5,452	\$3,697	\$9,149	\$5,452	\$3,697	\$9,149	\$5,312	\$4,256	\$9,568	\$5,312	\$4,256	\$9,568
Family - 2 Medicare	\$1,769	\$7,393	\$9,162	\$1,769	\$7,393	\$9,162	\$1,732	\$8,513	\$10,245	\$1,732	\$8,513	\$10,245
EE+Ch - 0 Medicare	\$5,157	N/A	\$5,157	\$5,157	N/A	\$5,157	\$5,020	N/A	\$5,020	\$5,020	N/A	\$5,020
EE+Ch - 1 Medicare	\$1,474	\$3,697	\$5,170	\$1,474	\$3,697	\$5,170	\$1,440	\$4,256	\$5,696	\$1,440	\$4,256	\$5,696



## Exhibit 4D – Plan Year 2025 Annual Retiree Premiums

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	1525 PPO (Horizon Medicare Subscriber)			1525 HMO (Aetna Medicare Subscriber)			1525 HMO (Horizon Medicare Subscriber)			2030 PPO (Horizon Medicare Subscriber)		
	1525 PPO			1525 HMO			1525 HMO			2030 PPO		
	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
<b>Total Premium</b>												
Single - 0 Medicare	\$19,696	N/A	\$19,696	\$18,205	N/A	\$18,205	\$18,205	N/A	\$18,205	\$18,780	N/A	\$18,780
Single - 1 Medicare	N/A	\$7,116	\$7,116	N/A	\$5,411	\$5,411	N/A	\$5,987	\$5,987	N/A	\$6,930	\$6,930
EE+Spouse - 0 Medicare	\$42,939	N/A	\$42,939	\$39,687	N/A	\$39,687	\$39,687	N/A	\$39,687	\$40,941	N/A	\$40,941
EE+Spouse - 1 Medicare	\$23,243	\$7,116	\$30,359	\$21,483	\$5,411	\$26,894	\$21,483	\$5,987	\$27,469	\$22,161	\$6,930	\$29,091
EE+Spouse - 2 Medicare	N/A	\$14,232	\$14,232	N/A	\$10,822	\$10,822	N/A	\$11,974	\$11,974	N/A	\$13,859	\$13,859
Family - 0 Medicare	\$48,848	N/A	\$48,848	\$45,149	N/A	\$45,149	\$45,149	N/A	\$45,149	\$46,574	N/A	\$46,574
Family - 1 Medicare	\$29,152	\$7,116	\$36,267	\$26,944	\$5,411	\$32,355	\$26,944	\$5,987	\$32,931	\$27,795	\$6,930	\$34,725
Family - 2 Medicare	\$9,455	\$14,232	\$23,687	\$8,739	\$10,822	\$19,561	\$8,739	\$11,974	\$20,713	\$9,015	\$13,859	\$22,875
EE+Ch - 0 Medicare	\$27,576	N/A	\$27,576	\$25,488	N/A	\$25,488	\$25,488	N/A	\$25,488	\$26,292	N/A	\$26,292
EE+Ch - 1 Medicare	\$7,880	\$7,116	\$14,995	\$7,283	\$5,411	\$12,694	\$7,283	\$5,987	\$13,269	\$7,512	\$6,930	\$14,442
<b>Medical Premium</b>												
Single - 0 Medicare	\$16,127	N/A	\$16,127	\$14,475	N/A	\$14,475	\$14,475	N/A	\$14,475	\$15,177	N/A	\$15,177
Single - 1 Medicare	N/A	\$3,533	\$3,533	N/A	\$1,828	\$1,828	N/A	\$2,404	\$2,404	N/A	\$3,313	\$3,313
EE+Spouse - 0 Medicare	\$35,158	N/A	\$35,158	\$31,555	N/A	\$31,555	\$31,555	N/A	\$31,555	\$33,085	N/A	\$33,085
EE+Spouse - 1 Medicare	\$19,030	\$3,533	\$22,563	\$17,081	\$1,828	\$18,909	\$17,081	\$2,404	\$19,485	\$17,908	\$3,313	\$21,222
EE+Spouse - 2 Medicare	N/A	\$7,066	\$7,066	N/A	\$3,657	\$3,657	N/A	\$4,808	\$4,808	N/A	\$6,626	\$6,626
Family - 0 Medicare	\$39,996	N/A	\$39,996	\$35,898	N/A	\$35,898	\$35,898	N/A	\$35,898	\$37,638	N/A	\$37,638
Family - 1 Medicare	\$23,869	\$3,533	\$27,402	\$21,423	\$1,828	\$23,251	\$21,423	\$2,404	\$23,827	\$22,461	\$3,313	\$25,775
Family - 2 Medicare	\$7,741	\$7,066	\$14,807	\$6,948	\$3,657	\$10,605	\$6,948	\$4,808	\$11,756	\$7,285	\$6,626	\$13,911
EE+Ch - 0 Medicare	\$22,578	N/A	\$22,578	\$20,265	N/A	\$20,265	\$20,265	N/A	\$20,265	\$21,247	N/A	\$21,247
EE+Ch - 1 Medicare	\$6,451	\$3,533	\$9,984	\$5,790	\$1,828	\$7,619	\$5,790	\$2,404	\$8,194	\$6,071	\$3,313	\$9,384
<b>Rx Premium</b>												
Single - 0 Medicare	\$3,569	N/A	\$3,569	\$3,730	N/A	\$3,730	\$3,730	N/A	\$3,730	\$3,603	N/A	\$3,603
Single - 1 Medicare	N/A	\$3,583	\$3,583	N/A	\$3,583	\$3,583	N/A	\$3,583	\$3,583	N/A	\$3,617	\$3,617
EE+Spouse - 0 Medicare	\$7,782	N/A	\$7,782	\$8,132	N/A	\$8,132	\$8,132	N/A	\$8,132	\$7,856	N/A	\$7,856
EE+Spouse - 1 Medicare	\$4,213	\$3,583	\$7,795	\$4,402	\$3,583	\$7,985	\$4,402	\$3,583	\$7,985	\$4,253	\$3,617	\$7,869
EE+Spouse - 2 Medicare	N/A	\$7,165	\$7,165	N/A	\$7,165	\$7,165	N/A	\$7,165	\$7,165	N/A	\$7,233	\$7,233
Family - 0 Medicare	\$8,852	N/A	\$8,852	\$9,251	N/A	\$9,251	\$9,251	N/A	\$9,251	\$8,936	N/A	\$8,936
Family - 1 Medicare	\$5,283	\$3,583	\$8,866	\$5,521	\$3,583	\$9,104	\$5,521	\$3,583	\$9,104	\$5,333	\$3,617	\$8,950
Family - 2 Medicare	\$1,714	\$7,165	\$8,880	\$1,791	\$7,165	\$8,956	\$1,791	\$7,165	\$8,956	\$1,731	\$7,233	\$8,964
EE+Ch - 0 Medicare	\$4,997	N/A	\$4,997	\$5,222	N/A	\$5,222	\$5,222	N/A	\$5,222	\$5,045	N/A	\$5,045
EE+Ch - 1 Medicare	\$1,428	\$3,583	\$5,011	\$1,492	\$3,583	\$5,075	\$1,492	\$3,583	\$5,075	\$1,442	\$3,617	\$5,058

Exhibit 4D – Plan Year 2025 Annual Retiree Premiums

	2030 HMO (Horizon Medicare Subscriber)			HDHigh	Unity PPO	HDLow	Tiered Network
	Aetna/Horizon Early Retiree Subscriber	2030 PPO Horizon Medicare Subscriber	Total Plan Premium	PPO	PPO	PPO	HMO
<b>Total Premium</b>							
Single - 0 Medicare	\$17,356	N/A	\$17,356	\$10,904	\$18,816	\$15,878	\$15,887
Single - 1 Medicare	N/A	\$7,964	\$7,964	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$37,837	N/A	\$37,837	\$23,770	\$41,020	\$34,614	\$34,634
EE+Spouse - 1 Medicare	\$20,481	\$7,964	\$28,446	\$12,866	\$22,204	\$18,736	\$18,747
EE+Spouse - 2 Medicare	N/A	\$15,929	\$15,929	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$43,044	N/A	\$43,044	\$27,041	\$46,665	\$39,378	\$39,400
Family - 1 Medicare	\$25,688	\$7,964	\$33,652	\$16,137	\$27,849	\$23,500	\$23,513
Family - 2 Medicare	\$8,332	\$15,929	\$24,261	\$5,234	\$9,034	\$7,622	\$7,627
EE+Ch - 0 Medicare	\$24,299	N/A	\$24,299	\$15,265	\$26,343	\$22,230	\$22,242
EE+Ch - 1 Medicare	\$6,943	\$7,964	\$14,907	\$4,362	\$7,527	\$6,351	\$6,355
<b>Medical Premium</b>							
Single - 0 Medicare	\$13,591	N/A	\$13,591	\$8,547	\$15,226	\$12,660	\$12,575
Single - 1 Medicare	N/A	\$4,348	\$4,348	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$29,627	N/A	\$29,627	\$18,632	\$33,192	\$27,599	\$27,414
EE+Spouse - 1 Medicare	\$16,037	\$4,348	\$20,385	\$10,085	\$17,967	\$14,939	\$14,839
EE+Spouse - 2 Medicare	N/A	\$8,696	\$8,696	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$33,705	N/A	\$33,705	\$21,196	\$37,760	\$31,397	\$31,187
Family - 1 Medicare	\$20,114	\$4,348	\$24,462	\$12,649	\$22,535	\$18,737	\$18,612
Family - 2 Medicare	\$6,524	\$8,696	\$15,219	\$4,102	\$7,309	\$6,076	\$6,037
EE+Ch - 0 Medicare	\$19,027	N/A	\$19,027	\$11,965	\$21,316	\$17,724	\$17,605
EE+Ch - 1 Medicare	\$5,436	\$4,348	\$9,784	\$3,419	\$6,090	\$5,064	\$5,030
<b>Rx Premium</b>							
Single - 0 Medicare	\$3,765	N/A	\$3,765	\$2,357	\$3,590	\$3,218	\$3,312
Single - 1 Medicare	N/A	\$3,617	\$3,617	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$8,210	N/A	\$8,210	\$5,138	\$7,828	\$7,016	\$7,220
EE+Spouse - 1 Medicare	\$4,444	\$3,617	\$8,061	\$2,781	\$4,238	\$3,798	\$3,908
EE+Spouse - 2 Medicare	N/A	\$7,233	\$7,233	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$9,339	N/A	\$9,339	\$5,845	\$8,905	\$7,981	\$8,213
Family - 1 Medicare	\$5,574	\$3,617	\$9,190	\$3,488	\$5,315	\$4,763	\$4,902
Family - 2 Medicare	\$1,808	\$7,233	\$9,041	\$1,131	\$1,725	\$1,545	\$1,590
EE+Ch - 0 Medicare	\$5,272	N/A	\$5,272	\$3,300	\$5,027	\$4,506	\$4,636
EE+Ch - 1 Medicare	\$1,507	\$3,617	\$5,124	\$943	\$1,437	\$1,288	\$1,325

\*The EE+Spouse - 1 Medicare, Family - 1 Medicare, Family - 2 Medicare & EE+Ch - 1 Medicare rates for the HDHigh, Unity PPO, HDLow and Tiered Network 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 2025 Employee Plan Option Summary

Government Actives											
	N/DIRECT / Freedom PPO	N/DIRECT 2019 / Freedom 2019 PPO	PPO10	PPO15	HMO10	PPO1525	PPO2030	PPO2035	HDHigh	HDLow	Tiered Network
<b>In-Network</b>											
Deductible (Single/Family) <sup>1</sup>	None	\$100	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,150/\$8,300	\$1,650/\$3,300	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$7,360/\$14,720	\$7,360/\$14,720	\$400/\$1,000	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$5,150/\$10,300	\$2,650/\$5,300	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2:\$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2:\$30 copay
Urgent Care	\$15 copay	\$15 Copay	\$10 Copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2:\$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>											
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,150/\$12,300	\$3,650/\$7,300	Not covered
Overall Coinsurance	30%	30%	20%	30%	Not covered	30%	30%	40%	40%	40%	Not covered
<b>Prescription Drug</b>											
OOP Maximum (Single/Family)	\$1,840/\$3,680	\$1,840/\$3,680	\$1,840/\$3,680	\$1,840/\$3,680	\$1,840/\$3,680	\$1,840/\$3,680	\$1,840/\$3,680	\$1,840/\$3,680	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$1,840/\$3,680
Retail - Generic	\$7	\$7	\$3	\$3	\$3	\$7	\$3	\$7			\$7
Retail - Preferred Brand	\$16	\$16	\$10	\$10	\$10	\$16	\$18	\$21			\$16
Retail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$10	\$10	\$10	\$35	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Mail - Preferred Brand	\$40	\$40	\$15	\$15	\$15	\$40	\$36	\$52			\$40
Mail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$15	\$15	\$15	\$88	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference

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

Note: Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for PPO10 and PPO15; Coinsurance is 15% for PPO1525 and PPO2030; Coinsurance is 20% for PPO2035. Copayments for PPO10, PPO15, Aetna HMO, and Horizon HMO are \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for PPO1525, PPO2030, PPO2035, and Tiered Network are shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plans deductible and coinsurance amounts.

<sup>2</sup>On Select Services

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

## Exhibit 5B – Plan Year 2025 Early Retiree Plan Option Summary

Government Early Retirees											
	NJDIRECT / Freedom PPO	PPO10	PPO15	HMO10	PPO1525	HMO1525	PPO2030	HMO2030	HDHigh	HDLow	Tiered Network
<b>In-Network</b>											
Deductible (Single/Family) <sup>1</sup>	\$0	None	None	None	None	None	None	None	\$4,150/\$8,300	\$1,650/\$3,300	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$7,849/\$15,698	\$400/\$1,000	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$5,150/\$10,300	\$2,650/\$5,300	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	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	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>											
Deductible (Single/Family)	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,150/\$12,300	\$3,650/\$7,300	Not covered
Overall Coinsurance	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	Not covered
<b>Prescription Drug</b>											
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$7
Retail - Preferred Brand	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18			\$16
Retail - Non-Preferred Brand	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference			Member Pays the Difference
Mail - Generic	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36			\$40
Mail - Non-Preferred Brand	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference			Member Pays the Difference

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

<sup>2</sup> On Select Services

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

## Exhibit 5C – Plan Year 2025 Medicare Retiree Plan Option Summary

	Government Medicare Advantage <sup>2</sup>				Government Medicare Supplement				
	PPO10	PPO15	HMO10	HMO1525	HMO10	PPO1525	HMO1525	PPO2030	HMO2030
<b>In-Network</b>									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698	\$7,849/\$15,698
Overall Coinsurance	None	None	None	None	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Out-of-Network</b>									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
<b>Prescription Drug<sup>4</sup></b>									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic <sup>3</sup>	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand <sup>3</sup>	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand <sup>3</sup>	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

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

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

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

<sup>5</sup> On Select Services

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

# About Aon

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