



State of New Jersey

State Health Benefits Program

Plan Year 2025 Rate Setting Recommendation
Analysis

State Employee Group

As Approved on September 5, 2024

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Executive Summary

The purpose of this analysis is to recommend premium rates for the State Employee and Retiree Group of the State Health Benefits Program (SHBP) for January 1, 2025 through December 31, 2025.

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

Plan Type	Horizon	Aetna
Unity PPO	CWA Unity / NJDIRECT	CWA Unity Freedom / Freedom
Unity 2019 PPO (Active Only)	CWA Unity 2019 / NJDIRECT 2019	CWA Unity Freedom 2019 / Freedom 2019
PPO10 (Retiree Only)	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 (Retiree Only)	Horizon HMO10	Aetna HMO10
HMO15 (Active Only)	Horizon HMO15	Aetna HMO15
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 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 State Actives, Early Retirees, and Medicare Retirees is 9.9%. This reflects the following:
 - The recommended rate change for the State Actives is an 8.1% increase for medical and a 23.6% increase for the prescription drug premium rates, for a total increase of 10.6%.
 - The recommended rate change for the State Active Unity PPO and Unity PPO 2019 plan options is a 7.6% increase for medical and a 23.8%

increase for the prescription drug premium rates, for a total increase of 10.1%.

- The recommended rate change for State Early Retirees is an 8.8% increase for medical and a 20.6% increase for the prescription drug premium rates, for a total increase of 10.9%.
- The Medicare Retirees recommended medical increase is 7.6%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change is a 1.9% increase.

Recommended Premium Rate Changes

The recommended Plan Year 2025 premium rate changes are as follows: a 10.6% increase for Active Employees, a 10.9% increase for Early Retirees, and a 3.6% increase for Medicare Retirees. For all groups combined, the recommendation is an increase of 9.9%.

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

	Medical	Rx	Total
Actives			
PPO/HDHP	12.3%	25.1%	14.5%
HMO	12.3%	25.1%	14.5%
Tiered Network	1.0%	17.5%	3.6%
Unity PPO	7.6%	23.8%	10.1%
Total	8.1%	23.6%	10.6%
Early Retirees			
PPO	8.8%	20.6%	10.8%
HMO	8.8%	20.6%	11.0%
Unity PPO	8.8%	20.6%	10.8%
Total	8.8%	20.6%	10.9%
Medicare Retirees			
Total	7.6%	1.9%	3.6%
Grand Total	8.2%	16.7%	9.9%

The Medicare Retirees medical increases for Plan Year 2025 include both self-insured medical plans administered by Horizon and fully insured Medicare Advantage plans administered by Aetna.

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: State Active employees who were not previously impacted by Step Therapy are now subject to this program. Step Therapy requires members to try a more cost-effective, clinically-equivalent drug before certain drugs will be covered.
- 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.
- Tiered Network Incentive: Grants a financial incentive payment of \$1,000 to State Active employees who are first time enrollees in the Tiered Network plan and enrolled in the Tiered Network Plan for one full Plan Year.

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:

- Urgent Care Copay: On September 14, 2022, the SHBP Plan Design Committee approved resolution 2022-7 which increases the urgent care copay for State Active members enrolled in the Unity PPO, Unity 2019 PPO, HMO, and Tiered Network plan options to \$30 higher

compared to the current PCP copay. The impact of this change is assumed to be reflected in the underlying claims data.

- Specialist Copay: On September 14, 2022, the SHBP Plan Design Committee approved resolution 2022-6 which increases the specialist copay for State Active members enrolled in the Unity PPO, Unity 2019 PPO, HMO, and Tiered Network plan options to \$15 higher compared to the current PCP copay. This change applies to all services currently subject to the specialist copay with the exception of obstetrics and gynecology specialist visits. The impact of this change is assumed to be in the underlying claims data.
- 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, State 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:

Plan Year	Out-of-Pocket Maximum (Single/Family)
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.

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

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. 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

Chapter 375 Coverage of Adult Children: The number of State adult children covered under Chapter 375 as of April 2024 is 106. 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 2025 rate setting premiums have been calculated based on this requirement. The Adult Child rate will be approximately 88% of the Single Employee rate.

Part-Time Coverage: Part-time Employees may enroll in any of the SHBP plans and as of April 2024, 144 State Part-time Employees participate. A rate load of 10% for Plan Year 2025 is recommended, which is the same as the rate load used in Plan Year 2024. The recommendation is based on recent historical loss ratios for Part-time Employees.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2022 through 2024 and includes a projection of enrollment from 2024 to 2025. The enrollment for Plan Years 2022 and 2023 are based on actual Active and Retiree average monthly enrollment during each year as reported by the State. 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. For Plan Year 2025, this projection assumes that total State Active enrollment will not change compared to Plan Year 2024; Early Retiree enrollment is projected to decrease 1.0% in Plan Year 2025; and Medicare Retiree enrollment is projected to increase 2.0% in Plan Year 2025.

Exhibit 1B reflects the distribution of projected Plan Year 2025 enrollment among benefit options. Approximately 15% of State Actives are assumed to be enrolled in the PPO15 plan and 65% of State Actives are assumed to be enrolled in the Unity PPO plans. Enrollment in the Tiered Network plan is projected to be approximately 12% of the total Active enrollment. Approximately, 73% of State 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 State 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.

Unity PPO Enrollment

For Plan Year 2025, it is assumed that 2.5% of the total State Active population across all plans (except the Tiered Network plan) terminate coverage and are replaced by New Hires who enroll in the Unity 2019 PPO Plans. It is also assumed that 1.0% of the State Active subscribers retire each year and enroll in the Unity PPO Early Retiree plans.

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

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, 2.0% of State Active PPO 15 and Legacy HMO participants are assumed to migrate to the Tiered Network plan.

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 2.1% of State 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 decreased very slightly in Plan Year 2024 compared to Plan Year 2023. The average Legacy PPO Employee age increased by 1.0 from Plan Year 2023 to Plan Year 2024. The average HMO Employee age is 3.4 years younger than the average PPO Employee age. Employees enrolled in the Unity PPO plan options are 3.0 years younger than employees enrolled in the Legacy PPO plans. The average age of Employees enrolling in the Other Plans decreased slightly from Plan Year 2023 to 2024 and is 11.0 years younger than Employees in the Legacy PPO Plans.

Average Employee Age

	April 2023	April 2024	Change
Legacy PPO	50.0	51.0	1.0
Legacy HMO	47.4	47.6	0.2
Unity PPO	48.0	48.0	0.0
Other Plans	40.2	40.0	(0.2)
Total	47.3	47.2	(0.1)

* 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	7.00%	13.50%	7.50%	12.50%
PPO Early Retirees	7.00%	13.00%	7.50%	12.50%
Self-Insured Medicare Retirees	5.50%	13.50%	5.50%	13.00%
HMO/Tiered Network Actives	7.00%	13.50%	7.50%	12.50%
HMO/Tiered Network Early Retirees	7.00%	13.00%	7.50%	12.50%

The Medicare Retiree medical 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%	11.47%	8.00%	15.50%
PPO Early Retirees	4.45%	7.90%	9.96%	8.00%	14.70%
HMO Actives	5.19%	7.90%	11.47%	8.00%	15.50%
Tiered Network Actives	7.73%	7.90%	11.47%	8.00%	15.50%
Self-Insured Medicare Retirees	4.40%	N/A	11.80%	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 trend includes the impact of plan design leveraging.

Medical Trends:

- PPO Actives: The PPO Active medical trend is 7.00% in Plan Year 2024, a 0.5% increase from the 6.50% trend shown in the Plan Year 2024 Rate Setting Analysis. The recommended Active PPO medical trend is 7.50% for Plan Year 2025.
- PPO Early Retirees: The Plan Year 2024 Early Retiree PPO medical trend is 7.00%, a 0.50% increase from the 6.50% trend from the Plan Year 2024 Rate Setting Analysis. The Plan Year 2025 medical trend is 7.50%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 5.50% in Plan Years 2024 and 2025, no change from the Plan Year 2024 Medicare Retiree medical trend in the Plan Year 2024 Rate Setting Analysis.
- HMO Actives: The HMO Active medical trend is 7.00% in Plan Year 2024, a 0.5% increase from the 6.50% trend shown in the Plan Year 2024 Rate Setting Analysis. The recommended Active HMO medical trend is 7.50% for Plan Year 2025.
- HMO Early Retirees: The HMO Early Retiree medical trend is 7.00% in Plan Year 2024, a 0.5% increase from the 6.50% trend shown in the Plan Year 2024 Rate Setting Analysis. The recommended Active HMO medical trend is 7.50% for Plan Year 2025.

Prescription Drug Trends: Prescription drug trends have increased based on both Vendor and Aon trend guidance as a result of expected increases in specialty drug costs and utilization and significantly increased utilization of high cost weight loss drugs (GLP-1s).

The recommended prescription drug trend has increased to 13.50% for State Actives, 13.00% for State Early Retirees, and 13.50% for Self-Insured Medicare Retirees in Plan Year 2024 from the 9.00% State Active, 9.00% Early Retiree, and 7.75% Self-Insured Medicare Retiree trends that were used in the Plan Year 2024 Rate Setting Analysis. The recommended prescription drug trend for Plan Year 2025 is 12.50% for State Actives, 12.50% for State Early Retirees, and 13.00% for Self-Insured Medicare Retirees.

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 2024 and 2025.

Aetna Monthly Per Member Medicare Advantage Premium Rates

State	Aetna Medicare Advantage Rates		
	2024	2025	\$ Change
PPO 10	\$ 109.25	\$ 119.25	\$ 10.00
PPO 15	\$ 91.11	\$ 101.11	\$ 10.00
HMO 10	\$ 172.00	\$ 182.00	\$ 10.00
HMO 1525	\$ 136.57	\$ 146.57	\$ 10.00

Financial Projections

Aggregate Financial Projections

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

Projected Financial Results

(in \$ millions)

	Unity PPO	PPO 10	PPO 15	Legacy HMOs	Other Plans	Total
Plan Year 2023						
Premium Rates x Enrollment	\$1,396.2	\$57.1	\$721.8	\$189.1	\$218.2	\$2,582.4
Incurred Claims	\$1,342.8	\$56.9	\$736.1	\$170.1	\$175.5	\$2,481.4
Administrative Charges	\$53.6	\$2.4	\$26.1	\$8.3	\$14.2	\$104.6
Net Gain (Loss)	(\$0.2)	(\$2.2)	(\$40.4)	\$10.7	\$28.5	(\$3.6)
Plan Year 2024						
Premium Rates x Enrollment	\$1,467.4	\$56.3	\$716.9	\$178.5	\$254.9	\$2,674.0
Incurred Claims	\$1,457.3	\$50.9	\$729.9	\$160.7	\$218.6	\$2,617.4
Administrative Charges	\$52.0	\$1.9	\$23.5	\$7.1	\$16.0	\$100.5
Net Gain (Loss)	(\$41.9)	\$3.5	(\$36.5)	\$10.7	\$20.3	(\$43.9)
Plan Year 2025						
Premium Rates x Enrollment	\$1,650.4	\$59.9	\$768.3	\$190.9	\$276.8	\$2,946.3
Incurred Claims	\$1,603.7	\$57.9	\$771.3	\$169.0	\$243.5	\$2,845.4
Administrative Charges	\$52.9	\$1.9	\$22.9	\$6.7	\$16.0	\$100.4
Net Gain (Loss)	(\$6.2)	\$0.1	(\$25.9)	\$15.2	\$17.3	\$0.5

Notes:

- Other Plans include the 15/25 PPO, 15/25 HMO, 20/30 PPO, 20/30 HMO, 20/35 PPO, 20/35 HMO, HD1500/HDLow, HD4000/HDHigh, and Tiered Network plan options.
- 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 \$3.6M compared to a \$54.4M gain provided in the 2024 Rate Setting Analysis for Plan Year 2023.

The current Plan Year 2024 financial results project a loss of \$43.9 million as compared to no gain or loss in the Plan Year 2024 Rate Setting Analysis for Plan Year 2024.

The Plan Year 2025 rate setting premiums are projected to produce approximately no gain or loss for State Actives and Retirees. The Plan Year 2025 aggregate projected cost for the State Group is approximately \$3.0 billion: \$2.2 billion for Actives and \$0.8 billion for Retirees.

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

Claim 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 State Active per member per month (PMPM) medical claims experience was 0.2% 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 9%, including an 11% increase in the cost per visit, which was partially offset by a 2% reduction in utilization.
- While there was a decrease in overall outpatient utilization, utilization increased for outpatient services that are higher cost, including Emergency Room (+2% utilization), outpatient medical pharmacy (+2% utilization), and Outpatient Surgery (+7% utilization).
- Overall, inpatient visits decreased 6%. Additionally, professional visits decreased 6%, including a 1% reduction in specialist visits, but the cost per services increased 10%.

The 2024 medical projection also reflects a higher trend assumption (7.0%) compared to the Plan Year 2024 Rate Setting Analysis (6.5%). Claims are also projected to be 0.5% higher in 2024 because of NJ State Mandates that go into effect in 2024. These increases are partially offset by plan mix (i.e., more enrollment in lower cost plans). Overall, the 2024 Medical claims are projected to be 0.7% higher than what was projected in the Plan Year 2024 Rate Setting Analysis.

Active Rx

For Plan Year 2023, actual State Active PMPM prescription drug claims experience was 11.9% 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 26.6% 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 164.8%. 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 20.4%, 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 assumption (13.5%) compared to the Plan Year 2024 Rate Setting Analysis (9.0%). These increases are partially offset by plan mix. Overall, the 2024 Rx claims are projected to be 16.7% 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 24.3% higher compared to the Plan Year 2024 Rate Setting Analysis, and as a result Rx claims net of rebates are 12.2% higher in 2024 than expected.

Early Retiree Medical

For Plan Year 2023, actual State Early Retiree PMPM medical claims experience was 1.6% 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 10%, including an 8% increase in the cost per visit and 2% increase in utilization. Outpatient Surgery and Emergency Room utilization increased 11% and 3%, respectively.
- Overall, inpatient visits decreased 14% while the cost per visit increased 15%. Additionally, professional visits decreased 1% while the cost per visit increased 5%.

In addition to higher than expected claims in 2023, the 2024 medical projection reflects a higher trend assumption (7.0%) compared to the Plan Year 2024 Rate Setting Analysis (6.5%). These increases are partially offset by plan mix. Overall, the 2024 Medical claims are projected to be 0.7% higher than what was projected in the Plan Year 2024 Rate Setting Analysis.

Early Retiree Rx

For Plan Year 2023, actual State Early Retiree PMPM medical claims experience was 9.5% 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 25.5% 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 140.2%. Ozempic and Wegovy ranked second and third in terms of individual drug spend
- Overall specialty drug claims PMPM increased 20.3%, 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 assumption (13.0%) compared to the Plan Year 2024 Rate Setting Analysis (9.0%). These increases are partially offset by plan mix. Overall, the 2024 Rx claims are projected to be 12.6% 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 20.4% higher compared to the Plan Year 2024 Rate Setting Analysis, and as a result Rx claims net of rebates are 7.8% higher in 2024 than expected.

Medicare Retiree Medical

90% 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 State Medicare Retiree PMPM prescription drug claims experience was 4.6% 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 17.8% in 2023.
- Specialty drug claims PMPM increased 17.8%, 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 assumption (13.5%) compared to the Plan Year 2024 Rate Setting Analysis (7.75%). These increases are partially offset by plan mix. Overall, the 2024 Rx claims are projected to be 10.1% 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 25.6% higher and 23.6% higher compared to the Plan Year 2024 Rate Setting Analysis, and as a result Rx claims net of rebates and EGWP credits are 4.7% 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
Horizon					
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
Aetna					
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, outcome 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 Rate 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 were projected separately for each benefit plan, with the Unity PPO plans considered as one plan for legacy employees and separately for post-2019 hires. Cost 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	Premium increase reflects projected experience for the PPO15, HMO15, PPO1525, PPO2030, PPO2035, HDHigh, HDLow, Tiered Network*
Active Unity PPO and Unity 2019 PPO	Premium increase reflects projected experience for the Unity PPO and Unity 2019 PPO
Early Retiree	Premium increase reflects projected experience for all self-insured plans
Self-Insured Medicare Retiree	Premium increase reflects projected experience for all self-insured plans

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

Projection Assumptions

- 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.
- Capitation and other similar fixed claim charges were added to the incurred claims.
- 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 amounts 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 \$120.04 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 \$116.81 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 \$86.93 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 \$0.19 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. Plan Year 2023 State Active Unity PPO and Unity 2019 PPO projected plan experience will be combined in the same experience pool for determining the premium rate increase. Tiered Network Active projected costs in Plan Year 2024 reflects 80% 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.
12. 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. Early Retirees: HDHigh, HDLow, Tiered Network, and Unity PPO plan options
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 \$13.3 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.

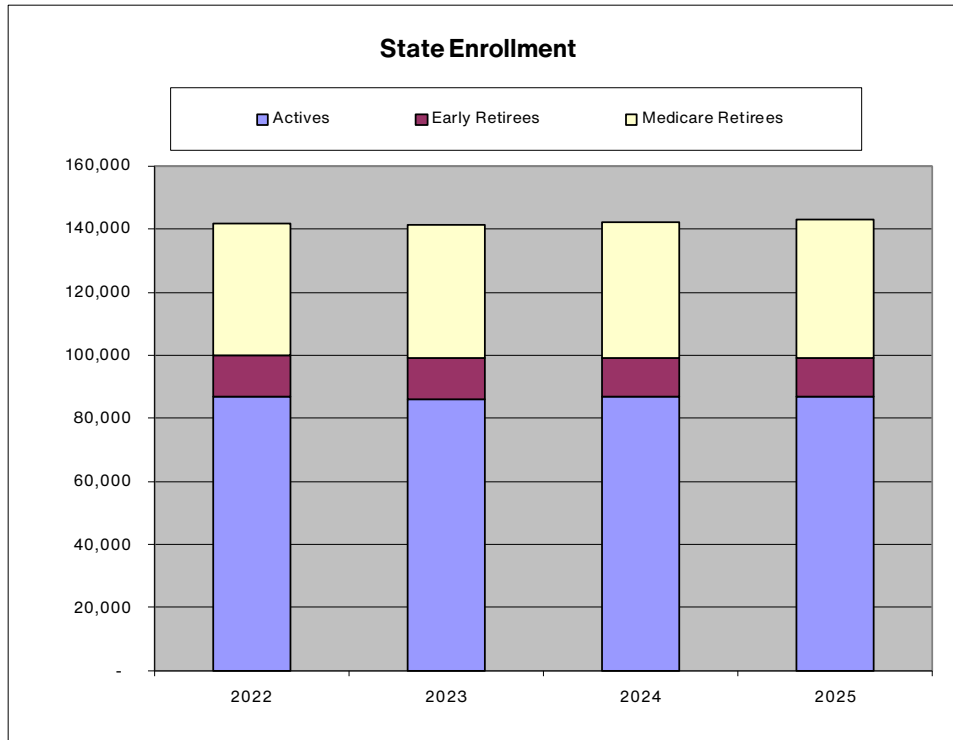
Projected Premiums

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 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 and 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

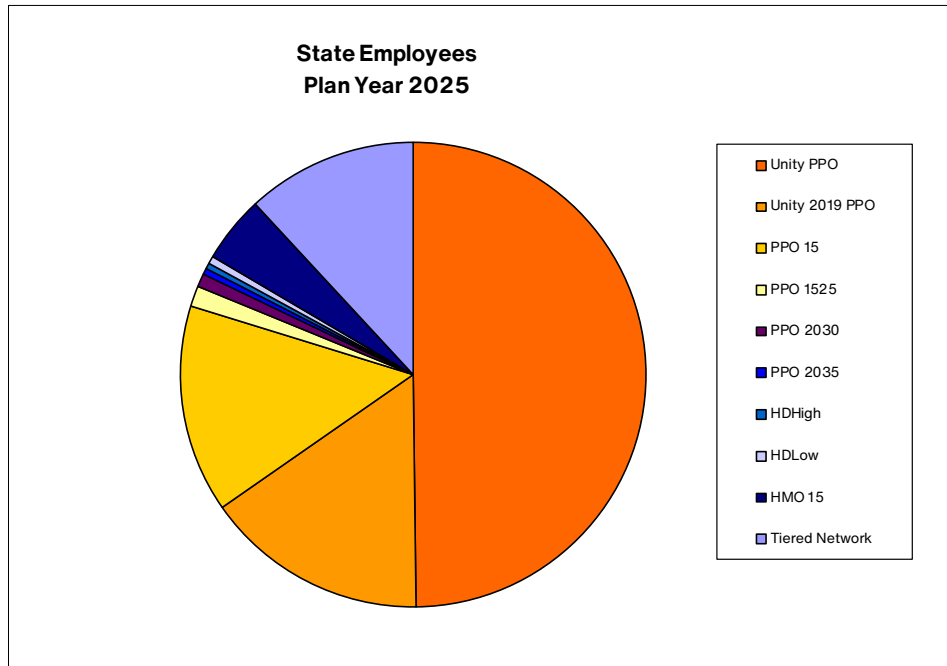


Annual Change in Enrollment

	Actual <u>2022 to 2023</u>	Actual <u>2023 to 2024</u>	Actual <u>2024 to 2025</u>
Actives	(1.1%)	0.9%	0.0%
Early Retirees	(1.9%)	(4.4%)	(1.0%)
Medicare Retirees	2.2%	1.4%	2.0%

Actual 2024 enrollment for Active Employees and Retirees is based on 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



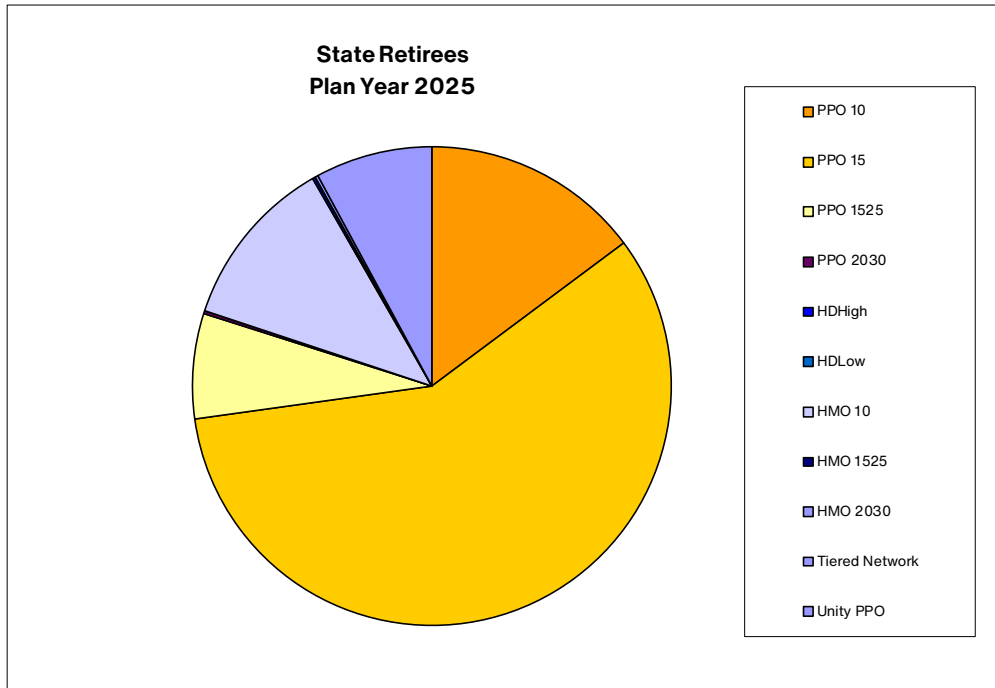
Assumes approximately 83% of Employees will enroll in the PPO plans, 5% in the HMO plan, 12% in the Tiered Network plan, and less than 1% in the High Deductible plans.

Assumes approximately 65% of Employees will enroll in the Unity plans, 19% in the PPO 15 and HMO 15, and approximately 16% in other benefit options.

Actives	Horizon	Aetna	Total
Unity PPO	47.3%	2.5%	49.8%
Unity 2019 PPO	14.7%	0.8%	15.5%
PPO 15	13.7%	0.7%	14.5%
PPO 1525	1.4%	0.1%	1.4%
PPO 2030	0.9%	0.1%	0.9%
PPO 2035	0.4%	0.0%	0.4%
HDHigh	0.4%	0.0%	0.4%
HDLow	0.5%	0.0%	0.5%
HMO 15	4.4%	0.2%	4.7%
Tiered Network	<u>11.3%</u>	<u>0.6%</u>	<u>11.9%</u>
Total	95.0%	5.0%	100.0%

*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 88% of Retirees will enroll in the PPO plans, 12% in the HMO plans, and less than 1% in the High Deductible and Tiered Network plan.

Retirees	Horizon	Aetna	Total
PPO 10	0.2%	14.6%	14.8%
PPO 15	10.5%	47.5%	58.0%
PPO 1525	7.1%	0.0%	7.1%
PPO 2030	0.2%	0.0%	0.2%
HDHigh	0.0%	0.0%	0.0%
HDLow	0.0%	0.0%	0.0%
HMO 10	2.9%	8.7%	11.6%
HMO 1525	0.1%	0.1%	0.2%
HMO 2030	0.0%	0.0%	0.0%
Tiered Network	0.2%	0.0%	0.2%
Unity PPO	<u>7.5%</u>	<u>0.4%</u>	<u>7.9%</u>
Total	28.7%	71.3%	100.0%

*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
	STATE - ACTIVE & COBRA				
Medical Plans					
PPO15	4,711	2,544	4,254	1,630	13,139
PPO1525	589	175	358	156	1,278
PPO2030	400	91	240	80	811
PPO2035	251	33	80	24	387
HDHigh	233	28	68	25	353
HDLow	270	55	103	41	469
HMO15	1,897	561	1,001	764	4,223
Tiered Network	5,880	935	1,993	1,150	9,957
Unity PPO	13,465	7,033	16,639	7,201	44,338
Unity 2019 PPO	6,383	1,349	2,741	1,367	11,839
Total	34,078	12,802	27,477	12,438	86,794

* 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
Medical Plans	STATE RETIREES				
PPO10	5,157	2,801	92	70	8,119
PPO15	16,251	12,549	2,699	1,083	32,581
PPO1525	2,078	1,620	159	88	3,945
PPO2030	74	29	8	2	113
HDHigh	15	3	0	0	18
HDLow	2	3	2	2	9
HMO10	3,512	2,245	533	280	6,571
HMO1525	43	22	11	7	83
HMO2030	6	3	2	0	11
Tiered Network	34	25	30	10	99
Unity PPO	1,114	1,042	1,232	423	3,811
Total	28,285	20,342	4,769	1,964	55,360

* 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
<u>PPO Active</u>			
12 Months through 12/2022 vs 12/2021	1.7%	0.0%	1.7%
12 Months through 12/2023 vs 12/2022	5.7%	(0.9%)	6.6%
Recommended 2025 Trend Assumption			7.5%

<u>PPO Early Retiree</u>			
12 Months through 12/2022 vs 12/2021	0.3%	0.0%	0.3%
12 Months through 12/2023 vs 12/2022	7.4%	0.0%	7.4%
Recommended 2025 Trend Assumption			7.5%

<u>HMO Active</u>			
12 Months through 12/2022 vs 12/2021	(3.3%)	0.0%	(3.3%)
12 Months through 12/2023 vs 12/2022	(2.5%)	(1.3%)	(1.2%)
Recommended 2025 Trend Assumption			7.5%

<u>HMO Early Retiree</u>			
12 Months through 12/2022 vs 12/2021	3.7%	0.0%	3.7%
12 Months through 12/2023 vs 12/2022	3.4%	0.0%	3.4%
Recommended 2025 Trend Assumption			7.5%

<u>Tiered Network Active</u>			
12 Months through 12/2022 vs 12/2021	3.8%	0.0%	3.8%
12 Months through 12/2023 vs 12/2022	(5.8%)	(0.3%)	(5.5%)
Recommended 2025 Trend Assumption			7.5%

Normalizing Adjustments

1/1/2023: State Active Urgent Care and Specialist Copay Change

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
Active Rx			
12 Months through 12/2022 vs 12/2021	13.9%	0.0%	13.9%
12 Months through 12/2023 vs 12/2022	20.9%	0.0%	20.9%
Recommended 2025 Trend Assumption			12.5%

Early Retiree Rx			
12 Months through 12/2022 vs 12/2021	14.2%	0.0%	14.2%
12 Months through 12/2023 vs 12/2022	18.9%	0.0%	18.9%
Recommended 2025 Trend Assumption			12.5%

EGWP Retiree Rx			
12 Months through 12/2022 vs 12/2021	8.3%	0.0%	8.3%
12 Months through 12/2023 vs 12/2022	12.5%	0.0%	12.5%
Recommended 2025 Trend Assumption			13.0%

Normalizing Adjustments

None

Exhibit 3A – Plan Year 2023 Aggregate Costs

Page 1 of 2

	Total	Unity PPO		Legacy Plans					
		Horizon Unity PPO	Horizon Unity 2019 PPO	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO
Employees and Retirees									
Average Medical Members	292,558	124,027	18,467	11,268	35,029	619	53,107	6,539	15,151
Incurred Medical Claims	\$1,863,978,000	\$964,420,000	\$113,295,000	\$15,351,000	\$40,097,000	\$7,173,000	\$474,945,000	\$13,833,000	\$104,036,000
Capitation	\$65,627,000	\$38,907,000	\$1,215,000	\$0	\$0	\$149,000	\$14,394,000	\$0	\$4,341,000
Incurred Prescription Drug Claims	\$1,083,488,000	\$342,175,000	\$35,836,000	\$86,033,000	\$269,788,000	\$1,671,000	\$172,030,000	\$55,645,000	\$42,124,000
Prescription Drug Rebates	(\$377,983,000)	(\$138,601,000)	(\$14,485,000)	(\$23,079,000)	(\$72,373,000)	(\$694,000)	(\$70,357,000)	(\$14,927,000)	(\$16,903,000)
EGWP Credits	(\$153,737,000)	N/A	N/A	(\$29,718,000)	(\$92,382,000)	\$0	\$0	(\$17,247,000)	(\$833,000)
Administrative Fees	\$104,620,000	\$45,050,000	\$8,554,000	\$2,255,000	\$6,849,000	\$100,000	\$19,207,000	\$1,306,000	\$7,035,000
Total Cost	\$2,585,993,000	\$1,251,951,000	\$144,415,000	\$50,842,000	\$151,979,000	\$8,399,000	\$610,219,000	\$38,610,000	\$139,800,000
Total Premium	\$2,582,427,000	\$1,210,073,000	\$186,084,000	\$48,811,000	\$144,111,000	\$8,247,000	\$577,727,000	\$36,204,000	\$152,934,000
Gain (Loss)	(\$3,566,000)	(\$41,878,000)	\$41,669,000	(\$2,031,000)	(\$7,868,000)	(\$152,000)	(\$32,492,000)	(\$2,406,000)	\$13,134,000
Employees									
Average Medical Members	201,100	117,380	18,467	N/A	N/A	N/A	32,885	N/A	10,359
Incurred Medical Claims	\$1,458,801,000	\$900,180,000	\$113,295,000	N/A	N/A	N/A	\$272,536,000	N/A	\$65,510,000
Capitation	\$56,760,000	\$37,195,000	\$1,215,000	N/A	N/A	N/A	\$9,201,000	N/A	\$3,049,000
Incurred Prescription Drug Claims	\$511,886,000	\$315,730,000	\$35,836,000	N/A	N/A	N/A	\$98,717,000	N/A	\$25,404,000
Prescription Drug Rebates	(\$206,899,000)	(\$127,615,000)	(\$14,485,000)	N/A	N/A	N/A	(\$39,900,000)	N/A	(\$10,268,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$80,909,000	\$42,631,000	\$8,554,000	N/A	N/A	N/A	\$12,825,000	N/A	\$5,093,000
Total Cost	\$1,901,457,000	\$1,168,121,000	\$144,415,000	N/A	N/A	N/A	\$353,379,000	N/A	\$88,788,000
Total Premium	\$1,903,277,000	\$1,132,404,000	\$186,084,000	N/A	N/A	N/A	\$315,121,000	N/A	\$95,914,000
Gain (Loss)	\$1,820,000	(\$35,717,000)	\$41,669,000	N/A	N/A	N/A	(\$38,258,000)	N/A	\$7,126,000
Early Retirees									
Average Medical Members	33,166	6,647	N/A	N/A	N/A	619	20,222	N/A	4,476
Incurred Medical Claims	\$322,213,000	\$64,240,000	N/A	N/A	N/A	\$7,173,000	\$202,409,000	N/A	\$37,668,000
Capitation	\$8,768,000	\$1,712,000	N/A	N/A	N/A	\$149,000	\$5,193,000	N/A	\$1,277,000
Incurred Prescription Drug Claims	\$120,596,000	\$26,445,000	N/A	N/A	N/A	\$1,671,000	\$73,313,000	N/A	\$14,606,000
Prescription Drug Rebates	(\$50,099,000)	(\$10,986,000)	N/A	N/A	N/A	(\$694,000)	(\$30,457,000)	N/A	(\$6,068,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$11,016,000	\$2,419,000	N/A	N/A	N/A	\$100,000	\$6,382,000	N/A	\$1,809,000
Total Cost	\$412,494,000	\$83,830,000	N/A	N/A	N/A	\$8,399,000	\$256,840,000	N/A	\$49,292,000
Total Premium	\$416,842,000	\$77,669,000	N/A	N/A	N/A	\$8,247,000	\$262,606,000	N/A	\$54,533,000
Gain (Loss)	\$4,348,000	(\$6,161,000)	N/A	N/A	N/A	(\$152,000)	\$5,766,000	N/A	\$5,241,000
Medicare Retirees									
Average Medical Members	58,292	N/A	N/A	11,268	35,029	N/A	N/A	6,539	316
Incurred Medical Claims	\$82,964,000	N/A	N/A	\$15,351,000	\$40,097,000	N/A	N/A	\$13,833,000	\$858,000
Capitation	\$99,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$15,000
Incurred Prescription Drug Claims	\$451,006,000	N/A	N/A	\$86,033,000	\$269,788,000	N/A	N/A	\$55,645,000	\$2,114,000
Prescription Drug Rebates	(\$120,985,000)	N/A	N/A	(\$23,079,000)	(\$72,373,000)	N/A	N/A	(\$14,927,000)	(\$567,000)
EGWP Credits	(\$153,737,000)	N/A	N/A	(\$29,718,000)	(\$92,382,000)	N/A	N/A	(\$17,247,000)	(\$833,000)
Administrative Fees	\$12,695,000	N/A	N/A	\$2,255,000	\$6,849,000	N/A	N/A	\$1,306,000	\$133,000
Total Cost	\$272,042,000	N/A	N/A	\$50,842,000	\$151,979,000	N/A	N/A	\$38,610,000	\$1,720,000
Total Premium	\$262,308,000	N/A	N/A	\$48,811,000	\$144,111,000	N/A	N/A	\$36,204,000	\$2,487,000
Gain (Loss)	(\$9,734,000)	N/A	N/A	(\$2,031,000)	(\$7,868,000)	N/A	N/A	(\$2,406,000)	\$767,000

*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.

Exhibit 3A – Plan Year 2023 Aggregate Costs

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	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	Horizon PPO	Aetna HMO	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon	Horizon	Horizon
Employees and Retirees									
Average Medical Members	8,775	29	92	2,005	20	783	629	1,070	14,948
Incurred Medical Claims	\$38,751,000	\$48,000	\$316,000	\$11,288,000	\$398,000	\$3,265,000	\$1,203,000	\$6,351,000	\$69,208,000
Capitation	\$1,231,000	\$0	\$14,000	\$527,000	\$4,000	\$214,000	\$158,000	\$266,000	\$4,207,000
Incurred Prescription Drug Claims	\$46,454,000	\$225,000	\$291,000	\$3,684,000	\$10,000	\$937,000	\$368,000	\$1,666,000	\$24,551,000
Prescription Drug Rebates	(\$13,869,000)	(\$60,000)	(\$91,000)	(\$1,407,000)	(\$4,000)	(\$379,000)	(\$149,000)	(\$674,000)	(\$9,931,000)
EGWP Credits	(\$13,111,000)	(\$76,000)	(\$113,000)	(\$251,000)	(\$6,000)	\$0	N/A	N/A	N/A
Administrative Fees	\$3,501,000	\$6,000	\$36,000	\$853,000	\$9,000	\$422,000	\$342,000	\$518,000	\$8,577,000
Total Cost	\$62,957,000	\$143,000	\$453,000	\$14,694,000	\$411,000	\$4,459,000	\$1,922,000	\$8,127,000	\$96,612,000
Total Premium	\$67,446,000	\$136,000	\$791,000	\$17,634,000	\$212,000	\$6,347,000	\$3,415,000	\$8,261,000	\$113,994,000
Gain (Loss)	\$4,489,000	(\$7,000)	\$338,000	\$2,940,000	(\$199,000)	\$1,888,000	\$1,493,000	\$134,000	\$17,382,000
Employees									
Average Medical Members	2,957	N/A	N/A	1,840	N/A	783	603	1,053	14,773
Incurred Medical Claims	\$18,639,000	N/A	N/A	\$10,661,000	N/A	\$3,265,000	\$1,046,000	\$5,738,000	\$67,931,000
Capitation	\$807,000	N/A	N/A	\$505,000	N/A	\$214,000	\$152,000	\$262,000	\$4,160,000
Incurred Prescription Drug Claims	\$6,470,000	N/A	N/A	\$2,990,000	N/A	\$937,000	\$363,000	\$1,633,000	\$23,806,000
Prescription Drug Rebates	(\$2,615,000)	N/A	N/A	(\$1,208,000)	N/A	(\$379,000)	(\$147,000)	(\$660,000)	(\$9,622,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,268,000	N/A	N/A	\$786,000	N/A	\$422,000	\$324,000	\$512,000	\$8,494,000
Total Cost	\$24,569,000	N/A	N/A	\$13,734,000	N/A	\$4,459,000	\$1,738,000	\$7,485,000	\$94,769,000
Total Premium	\$27,609,000	N/A	N/A	\$16,249,000	N/A	\$6,347,000	\$3,196,000	\$8,104,000	\$112,249,000
Gain (Loss)	\$3,040,000	N/A	N/A	\$2,515,000	N/A	\$1,888,000	\$1,458,000	\$619,000	\$17,480,000
Early Retirees									
Average Medical Members	847	N/A	49	70	18	N/A	26	17	175
Incurred Medical Claims	\$7,678,000	N/A	\$181,000	\$420,000	\$397,000	N/A	\$157,000	\$613,000	\$1,277,000
Capitation	\$343,000	N/A	\$13,000	\$20,000	\$4,000	N/A	\$6,000	\$4,000	\$47,000
Incurred Prescription Drug Claims	\$3,592,000	N/A	\$90,000	\$88,000	\$8,000	N/A	\$5,000	\$33,000	\$745,000
Prescription Drug Rebates	(\$1,492,000)	N/A	(\$37,000)	(\$37,000)	(\$3,000)	N/A	(\$2,000)	(\$14,000)	(\$309,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$157,000	N/A	\$12,000	\$22,000	\$8,000	N/A	\$18,000	\$6,000	\$83,000
Total Cost	\$10,278,000	N/A	\$259,000	\$513,000	\$414,000	N/A	\$184,000	\$642,000	\$1,843,000
Total Premium	\$10,160,000	N/A	\$476,000	\$834,000	\$196,000	N/A	\$219,000	\$157,000	\$1,745,000
Gain (Loss)	(\$118,000)	N/A	\$217,000	\$321,000	(\$218,000)	N/A	\$35,000	(\$485,000)	(\$98,000)
Medicare Retirees									
Average Medical Members	4,971	29	43	95	2	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$12,434,000	\$48,000	\$135,000	\$207,000	\$1,000	N/A	N/A	N/A	N/A
Capitation	\$81,000	\$0	\$1,000	\$2,000	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$36,392,000	\$225,000	\$201,000	\$606,000	\$2,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$9,762,000)	(\$60,000)	(\$54,000)	(\$162,000)	(\$1,000)	N/A	N/A	N/A	N/A
EGWP Credits	(\$13,111,000)	(\$76,000)	(\$113,000)	(\$251,000)	(\$6,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$2,076,000	\$6,000	\$24,000	\$45,000	\$1,000	N/A	N/A	N/A	N/A
Total Cost	\$28,110,000	\$143,000	\$194,000	\$447,000	(\$3,000)	N/A	N/A	N/A	N/A
Total Premium	\$29,677,000	\$136,000	\$315,000	\$551,000	\$16,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$1,567,000	(\$7,000)	\$121,000	\$104,000	\$19,000	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.

Exhibit 3B – Plan Year 2024 Aggregate Costs

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	Unity PPO					Legacy Plans					
	Total	Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	291,247	1,395	118,539	380	23,053	10,705	36,473	531	48,663	6,747	12,814
Incurred Medical Claims	\$1,956,909,000	\$11,283,000	\$990,496,000	\$2,449,000	\$152,092,000	\$14,044,000	\$41,174,000	\$6,575,000	\$466,000,000	\$16,273,000	\$94,261,000
Capitation	\$68,245,000	\$470,000	\$39,680,000	\$27,000	\$1,623,000	\$0	\$46,000	\$136,000	\$14,126,000	\$133,000	\$3,915,000
Incurred Prescription Drug Claims	\$1,224,304,000	\$4,306,000	\$372,012,000	\$838,000	\$50,774,000	\$92,762,000	\$318,026,000	\$1,618,000	\$178,189,000	\$62,388,000	\$40,609,000
Prescription Drug Rebates	(\$432,605,000)	(\$1,696,000)	(\$146,723,000)	(\$330,000)	(\$19,983,000)	(\$27,493,000)	(\$94,314,000)	(\$651,000)	(\$70,785,000)	(\$18,628,000)	(\$15,874,000)
EGWP Credits	(\$199,465,000)	N/A	N/A	N/A	N/A	(\$36,129,000)	(\$122,570,000)	N/A	N/A	(\$21,330,000)	(\$1,062,000)
Administrative Fees	\$100,496,000	\$410,000	\$41,266,000	\$121,000	\$10,251,000	\$1,800,000	\$6,031,000	\$123,000	\$17,455,000	\$1,264,000	\$5,846,000
Total Cost	\$2,717,884,000	\$14,773,000	\$1,296,731,000	\$3,105,000	\$194,757,000	\$44,984,000	\$148,393,000	\$7,801,000	\$604,985,000	\$40,100,000	\$127,695,000
Total Premium	\$2,673,990,000	\$13,541,000	\$1,207,978,000	\$3,690,000	\$242,214,000	\$49,105,000	\$160,389,000	\$7,211,000	\$556,507,000	\$41,746,000	\$136,754,000
Gain (Loss)	(\$43,894,000)	(\$1,232,000)	(\$88,753,000)	\$585,000	\$47,457,000	\$4,121,000	\$11,996,000	(\$590,000)	(\$48,478,000)	\$1,646,000	\$9,059,000
Employees											
Average Medical Members	200,285	1,357	110,455	380	23,053	N/A	101	N/A	30,695	244	8,709
Incurred Medical Claims	\$1,548,565,000	\$10,917,000	\$910,946,000	\$2,449,000	\$152,092,000	N/A	\$878,000	N/A	\$273,563,000	\$1,620,000	\$59,228,000
Capitation	\$59,125,000	\$460,000	\$37,451,000	\$27,000	\$1,623,000	N/A	\$30,000	N/A	\$9,189,000	\$77,000	\$2,742,000
Incurred Prescription Drug Claims	\$575,451,000	\$4,142,000	\$337,211,000	\$838,000	\$50,774,000	N/A	\$344,000	N/A	\$104,580,000	\$680,000	\$24,241,000
Prescription Drug Rebates	(\$226,477,000)	(\$1,630,000)	(\$132,716,000)	(\$330,000)	(\$19,983,000)	N/A	(\$135,000)	N/A	(\$41,159,000)	(\$267,000)	(\$9,540,000)
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	\$78,283,000	\$397,000	\$38,390,000	\$121,000	\$10,251,000	N/A	\$33,000	N/A	\$11,462,000	\$105,000	\$4,151,000
Total Cost	\$2,034,947,000	\$14,286,000	\$1,191,282,000	\$3,105,000	\$194,757,000	N/A	\$1,150,000	N/A	\$357,635,000	\$2,215,000	\$80,822,000
Total Premium	\$1,978,591,000	\$13,100,000	\$1,110,345,000	\$3,690,000	\$242,214,000	N/A	\$992,000	N/A	\$313,106,000	\$2,357,000	\$86,202,000
Gain (Loss)	(\$56,356,000)	(\$1,186,000)	(\$80,937,000)	\$585,000	\$47,457,000	N/A	(\$158,000)	N/A	(\$44,529,000)	\$142,000	\$5,380,000
Early Retirees											
Average Medical Members	31,864	38	8,084	N/A	N/A	1	57	531	17,968	183	3,790
Incurred Medical Claims	\$326,329,000	\$366,000	\$79,550,000	N/A	N/A	\$11,000	\$593,000	\$6,575,000	\$192,437,000	\$1,609,000	\$34,131,000
Capitation	\$9,009,000	\$10,000	\$2,229,000	N/A	N/A	\$0	\$16,000	\$136,000	\$4,937,000	\$56,000	\$1,157,000
Incurred Prescription Drug Claims	\$130,252,000	\$164,000	\$34,801,000	N/A	N/A	\$3,000	\$233,000	\$1,618,000	\$73,609,000	\$675,000	\$13,977,000
Prescription Drug Rebates	(\$52,425,000)	(\$66,000)	(\$14,007,000)	N/A	N/A	(\$1,000)	(\$94,000)	(\$651,000)	(\$29,626,000)	(\$272,000)	(\$5,625,000)
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	\$11,025,000	\$13,000	\$2,876,000	N/A	N/A	\$0	\$22,000	\$123,000	\$5,993,000	\$98,000	\$1,586,000
Total Cost	\$424,190,000	\$487,000	\$105,449,000	N/A	N/A	\$13,000	\$770,000	\$7,801,000	\$247,350,000	\$2,166,000	\$45,226,000
Total Premium	\$414,324,000	\$441,000	\$97,633,000	N/A	N/A	\$17,000	\$768,000	\$7,211,000	\$243,401,000	\$2,502,000	\$47,985,000
Gain (Loss)	(\$9,866,000)	(\$46,000)	(\$7,816,000)	N/A	N/A	\$4,000	(\$2,000)	(\$590,000)	(\$3,949,000)	\$336,000	\$2,759,000
Medicare Retirees											
Average Medical Members	59,098	N/A	N/A	N/A	N/A	10,704	36,315	N/A	N/A	6,320	315
Incurred Medical Claims	\$82,015,000	N/A	N/A	N/A	N/A	\$14,033,000	\$39,703,000	N/A	N/A	\$13,044,000	\$902,000
Capitation	\$111,000	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$16,000
Incurred Prescription Drug Claims	\$518,601,000	N/A	N/A	N/A	N/A	\$92,759,000	\$317,449,000	N/A	N/A	\$61,033,000	\$2,391,000
Prescription Drug Rebates	(\$153,703,000)	N/A	N/A	N/A	N/A	(\$27,492,000)	(\$94,085,000)	N/A	N/A	(\$18,089,000)	(\$709,000)
EGWP Credits	(\$199,465,000)	N/A	N/A	N/A	N/A	(\$36,129,000)	(\$122,570,000)	N/A	N/A	(\$21,330,000)	(\$1,062,000)
Administrative Fees	\$11,188,000	N/A	N/A	N/A	N/A	\$1,800,000	\$5,976,000	N/A	N/A	\$1,061,000	\$109,000
Total Cost	\$258,747,000	N/A	N/A	N/A	N/A	\$44,971,000	\$146,473,000	N/A	N/A	\$35,719,000	\$1,647,000
Total Premium	\$281,075,000	N/A	N/A	N/A	N/A	\$49,088,000	\$158,629,000	N/A	N/A	\$36,887,000	\$2,567,000
Gain (Loss)	\$22,328,000	N/A	N/A	N/A	N/A	\$4,117,000	\$12,156,000	N/A	N/A	\$1,168,000	\$920,000

*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

Exhibit 3B – Plan Year 2024 Aggregate Costs

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	1525				2030			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees								
Average Medical Members	14	8,811	40	103	8	1,894	2	18
Incurred Medical Claims	\$90,000	\$40,348,000	\$86,000	\$375,000	\$50,000	\$11,419,000	\$54,000	\$366,000
Capitation	\$4,000	\$1,244,000	\$3,000	\$16,000	\$2,000	\$529,000	\$1,000	\$4,000
Incurred Prescription Drug Claims	\$34,000	\$54,377,000	\$294,000	\$387,000	\$14,000	\$4,020,000	\$1,000	\$10,000
Prescription Drug Rebates	(\$13,000)	(\$17,191,000)	(\$90,000)	(\$126,000)	(\$6,000)	(\$1,510,000)	\$0	(\$4,000)
EGWP Credits	\$0	(\$17,739,000)	(\$104,000)	(\$179,000)	\$0	(\$345,000)	N/A	(\$7,000)
Administrative Fees	\$4,000	\$3,426,000	\$10,000	\$35,000	\$3,000	\$777,000	\$1,000	\$9,000
Total Cost	\$119,000	\$64,465,000	\$199,000	\$508,000	\$63,000	\$14,890,000	\$57,000	\$378,000
Total Premium	\$128,000	\$69,878,000	\$262,000	\$899,000	\$84,000	\$17,706,000	\$24,000	\$210,000
Gain (Loss)	\$9,000	\$5,413,000	\$63,000	\$391,000	\$21,000	\$2,816,000	(\$33,000)	(\$168,000)
Employees								
Average Medical Members	13	2,741	N/A	N/A	7	1,729	N/A	N/A
Incurred Medical Claims	\$84,000	\$18,583,000	N/A	N/A	\$44,000	\$10,778,000	N/A	N/A
Capitation	\$4,000	\$801,000	N/A	N/A	\$2,000	\$508,000	N/A	N/A
Incurred Prescription Drug Claims	\$31,000	\$6,808,000	N/A	N/A	\$13,000	\$3,190,000	N/A	N/A
Prescription Drug Rebates	(\$12,000)	(\$2,679,000)	N/A	N/A	(\$5,000)	(\$1,255,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$4,000	\$1,115,000	N/A	N/A	\$3,000	\$708,000	N/A	N/A
Total Cost	\$111,000	\$24,628,000	N/A	N/A	\$57,000	\$13,929,000	N/A	N/A
Total Premium	\$116,000	\$27,087,000	N/A	N/A	\$67,000	\$16,248,000	N/A	N/A
Gain (Loss)	\$5,000	\$2,459,000	N/A	N/A	\$10,000	\$2,319,000	N/A	N/A
Early Retirees								
Average Medical Members	1	814	9	50	1	63	2	16
Incurred Medical Claims	\$6,000	\$7,896,000	\$35,000	\$198,000	\$6,000	\$406,000	\$54,000	\$365,000
Capitation	\$0	\$352,000	\$3,000	\$14,000	\$0	\$19,000	\$1,000	\$4,000
Incurred Prescription Drug Claims	\$3,000	\$3,901,000	\$19,000	\$103,000	\$1,000	\$90,000	\$1,000	\$8,000
Prescription Drug Rebates	(\$1,000)	(\$1,570,000)	(\$8,000)	(\$42,000)	(\$1,000)	(\$36,000)	\$0	(\$3,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$148,000	\$4,000	\$12,000	\$0	\$20,000	\$1,000	\$8,000
Total Cost	\$8,000	\$10,727,000	\$53,000	\$285,000	\$6,000	\$499,000	\$57,000	\$382,000
Total Premium	\$12,000	\$10,083,000	\$107,000	\$494,000	\$17,000	\$838,000	\$24,000	\$194,000
Gain (Loss)	\$4,000	(\$644,000)	\$54,000	\$209,000	\$11,000	\$339,000	(\$33,000)	(\$188,000)
Medicare Retirees								
Average Medical Members	N/A	5,256	31	53	N/A	102	N/A	2
Incurred Medical Claims	N/A	\$13,869,000	\$51,000	\$177,000	N/A	\$235,000	N/A	\$1,000
Capitation	N/A	\$91,000	\$0	\$2,000	N/A	\$2,000	N/A	\$0
Incurred Prescription Drug Claims	N/A	\$43,668,000	\$275,000	\$284,000	N/A	\$740,000	N/A	\$2,000
Prescription Drug Rebates	N/A	(\$12,942,000)	(\$82,000)	(\$84,000)	N/A	(\$219,000)	N/A	(\$1,000)
EGWP Credits	N/A	(\$17,739,000)	(\$104,000)	(\$179,000)	N/A	(\$345,000)	N/A	(\$7,000)
Administrative Fees	N/A	\$2,163,000	\$6,000	\$23,000	N/A	\$49,000	N/A	\$1,000
Total Cost	N/A	\$29,110,000	\$146,000	\$223,000	N/A	\$462,000	N/A	(\$4,000)
Total Premium	N/A	\$32,708,000	\$155,000	\$405,000	N/A	\$620,000	N/A	\$16,000
Gain (Loss)	N/A	\$3,598,000	\$9,000	\$182,000	N/A	\$158,000	N/A	\$20,000

*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

Exhibit 3B – Plan Year 2024 Aggregate Costs

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	PPO 2035		HDHigh		HDLow		Tiered Network	
	Aetna	Horizon	Aetna	Horizon	Aetna	Horizon	Aetna	Horizon
Employees and Retirees								
Average Medical Members	2	690	13	630	19	893	413	18,397
Incurred Medical Claims	\$9,000	\$3,094,000	\$27,000	\$1,329,000	\$108,000	\$5,289,000	\$2,151,000	\$97,467,000
Capitation	\$1,000	\$201,000	\$3,000	\$170,000	\$5,000	\$238,000	\$125,000	\$5,543,000
Incurred Prescription Drug Claims	\$3,000	\$937,000	\$10,000	\$494,000	\$33,000	\$1,607,000	\$902,000	\$39,659,000
Prescription Drug Rebates	(\$1,000)	(\$369,000)	(\$4,000)	(\$195,000)	(\$13,000)	(\$634,000)	(\$356,000)	(\$15,616,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$339,000	\$4,000	\$331,000	\$6,000	\$426,000	\$182,000	\$10,376,000
Total Cost	\$12,000	\$4,202,000	\$40,000	\$2,129,000	\$139,000	\$6,926,000	\$3,004,000	\$137,429,000
Total Premium	\$14,000	\$5,852,000	\$68,000	\$3,619,000	\$141,000	\$7,412,000	\$3,016,000	\$145,542,000
Gain (Loss)	\$2,000	\$1,650,000	\$28,000	\$1,490,000	\$2,000	\$486,000	\$12,000	\$8,113,000
Employees								
Average Medical Members	2	690	12	609	19	874	404	18,191
Incurred Medical Claims	\$9,000	\$3,094,000	\$22,000	\$1,132,000	\$108,000	\$5,098,000	\$2,079,000	\$95,841,000
Capitation	\$1,000	\$201,000	\$3,000	\$165,000	\$5,000	\$233,000	\$122,000	\$5,481,000
Incurred Prescription Drug Claims	\$3,000	\$937,000	\$8,000	\$415,000	\$33,000	\$1,531,000	\$863,000	\$38,809,000
Prescription Drug Rebates	(\$1,000)	(\$369,000)	(\$3,000)	(\$163,000)	(\$13,000)	(\$603,000)	(\$340,000)	(\$15,274,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$339,000	\$4,000	\$316,000	\$6,000	\$419,000	\$178,000	\$10,281,000
Total Cost	\$12,000	\$4,202,000	\$34,000	\$1,865,000	\$139,000	\$6,678,000	\$2,902,000	\$135,138,000
Total Premium	\$14,000	\$5,852,000	\$64,000	\$3,432,000	\$141,000	\$7,219,000	\$2,926,000	\$143,419,000
Gain (Loss)	\$2,000	\$1,650,000	\$30,000	\$1,567,000	\$2,000	\$541,000	\$24,000	\$8,281,000
Early Retirees								
Average Medical Members	N/A	N/A	1	21	-	19	9	206
Incurred Medical Claims	N/A	N/A	\$5,000	\$197,000	\$0	\$191,000	\$72,000	\$1,626,000
Capitation	N/A	N/A	\$0	\$5,000	\$0	\$5,000	\$3,000	\$62,000
Incurred Prescription Drug Claims	N/A	N/A	\$2,000	\$79,000	\$0	\$76,000	\$39,000	\$850,000
Prescription Drug Rebates	N/A	N/A	(\$1,000)	(\$32,000)	\$0	(\$31,000)	(\$16,000)	(\$342,000)
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	\$15,000	\$0	\$7,000	\$4,000	\$95,000
Total Cost	N/A	N/A	\$6,000	\$264,000	\$0	\$248,000	\$102,000	\$2,291,000
Total Premium	N/A	N/A	\$4,000	\$187,000	\$0	\$193,000	\$90,000	\$2,123,000
Gain (Loss)	N/A	N/A	(\$2,000)	(\$77,000)	\$0	(\$55,000)	(\$12,000)	(\$168,000)
Medicare Retirees								
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

Exhibit 3C – Projected Plan Year 2025 Aggregate Costs

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	Total	Unity PPO				Legacy Plans					
		Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	293,350	6,941	112,355	1,835	25,187	10,926	39,379	512	44,280	7,635	11,427
Incurred Medical Claims	\$2,107,338,000	\$61,093,000	\$1,014,098,000	\$12,733,000	\$179,144,000	\$15,730,000	\$68,405,000	\$6,813,000	\$456,573,000	\$24,196,000	\$89,538,000
Capitation	\$72,689,000	\$2,494,000	\$40,341,000	\$139,000	\$1,907,000	\$2,000	\$744,000	\$141,000	\$13,819,000	\$397,000	\$3,748,000
Incurred Prescription Drug Claims	\$1,397,178,000	\$24,588,000	\$398,533,000	\$4,546,000	\$62,409,000	\$108,158,000	\$379,389,000	\$1,754,000	\$182,400,000	\$75,527,000	\$40,583,000
Prescription Drug Rebates	(\$497,734,000)	(\$9,952,000)	(\$161,327,000)	(\$1,836,000)	(\$25,205,000)	(\$31,545,000)	(\$111,746,000)	(\$724,000)	(\$74,311,000)	(\$22,548,000)	(\$16,194,000)
EGWP Credits	(\$234,144,000)	N/A	N/A	N/A	N/A	(\$42,444,000)	(\$143,884,000)	N/A	N/A	(\$25,036,000)	(\$1,209,000)
Administrative Fees	\$100,413,000	\$2,240,000	\$38,856,000	\$638,000	\$11,118,000	\$1,900,000	\$7,187,000	\$35,000	\$15,686,000	\$1,448,000	\$5,273,000
Total Cost	\$2,945,740,000	\$80,463,000	\$1,330,501,000	\$16,220,000	\$229,373,000	\$51,801,000	\$200,095,000	\$8,019,000	\$594,167,000	\$53,984,000	\$121,739,000
Total Premium	\$2,946,276,000	\$74,976,000	\$1,264,413,000	\$19,596,000	\$291,399,000	\$52,215,000	\$197,589,000	\$7,664,000	\$570,727,000	\$53,070,000	\$137,864,000
Gain (Loss)	\$536,000	(\$5,487,000)	(\$66,088,000)	\$3,376,000	\$62,026,000	\$414,000	(\$2,506,000)	(\$355,000)	(\$23,440,000)	(\$914,000)	\$16,125,000
Employees											
Average Medical Members	201,171	6,409	103,376	1,835	25,187	N/A	1,668	N/A	27,943	505	8,092
Incurred Medical Claims	\$1,665,816,000	\$55,603,000	\$919,114,000	\$12,733,000	\$179,144,000	N/A	\$15,635,000	N/A	\$268,481,000	\$3,615,000	\$59,330,000
Capitation	\$62,871,000	\$2,336,000	\$37,680,000	\$139,000	\$1,907,000	N/A	\$537,000	N/A	\$8,993,000	\$171,000	\$2,739,000
Incurred Prescription Drug Claims	\$645,724,000	\$22,012,000	\$355,048,000	\$4,546,000	\$62,409,000	N/A	\$6,392,000	N/A	\$107,106,000	\$1,582,000	\$25,340,000
Prescription Drug Rebates	(\$260,786,000)	(\$8,890,000)	(\$143,392,000)	(\$1,836,000)	(\$25,205,000)	N/A	(\$2,582,000)	N/A	(\$43,257,000)	(\$639,000)	(\$10,234,000)
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	\$77,880,000	\$2,048,000	\$35,661,000	\$638,000	\$11,118,000	N/A	\$595,000	N/A	\$10,356,000	\$240,000	\$3,793,000
Total Cost	\$2,191,505,000	\$73,109,000	\$1,204,111,000	\$16,220,000	\$229,373,000	N/A	\$20,577,000	N/A	\$351,679,000	\$4,969,000	\$80,968,000
Total Premium	\$2,192,102,000	\$68,141,000	\$1,144,147,000	\$19,596,000	\$291,399,000	N/A	\$18,748,000	N/A	\$326,220,000	\$5,585,000	\$91,730,000
Gain (Loss)	\$597,000	(\$4,968,000)	(\$59,964,000)	\$3,376,000	\$62,026,000	N/A	(\$1,829,000)	N/A	(\$25,459,000)	\$616,000	\$10,762,000
Early Retirees											
Average Medical Members	31,951	532	8,979	N/A	N/A	8	700	512	16,337	690	3,024
Incurred Medical Claims	\$350,577,000	\$5,490,000	\$94,984,000	N/A	N/A	\$107,000	\$7,864,000	\$6,813,000	\$188,092,000	\$6,516,000	\$29,268,000
Capitation	\$9,700,000	\$158,000	\$2,661,000	N/A	N/A	\$2,000	\$207,000	\$141,000	\$4,826,000	\$226,000	\$992,000
Incurred Prescription Drug Claims	\$147,391,000	\$2,576,000	\$43,485,000	N/A	N/A	\$28,000	\$3,226,000	\$1,754,000	\$75,294,000	\$2,862,000	\$12,543,000
Prescription Drug Rebates	(\$60,790,000)	(\$1,062,000)	(\$17,935,000)	N/A	N/A	(\$12,000)	(\$1,331,000)	(\$724,000)	(\$31,054,000)	(\$1,180,000)	(\$5,173,000)
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	\$10,797,000	\$192,000	\$3,195,000	N/A	N/A	\$4,000	\$294,000	\$35,000	\$5,330,000	\$91,000	\$1,368,000
Total Cost	\$457,675,000	\$7,354,000	\$126,390,000	N/A	N/A	\$129,000	\$10,260,000	\$8,019,000	\$242,488,000	\$8,515,000	\$38,998,000
Total Premium	\$457,527,000	\$6,835,000	\$120,266,000	N/A	N/A	\$177,000	\$10,490,000	\$7,664,000	\$244,507,000	\$8,674,000	\$43,576,000
Gain (Loss)	(\$148,000)	(\$519,000)	(\$6,124,000)	N/A	N/A	\$48,000	\$230,000	(\$355,000)	\$2,019,000	\$159,000	\$4,578,000
Medicare Retirees											
Average Medical Members	60,228	N/A	N/A	N/A	N/A	10,918	37,011	N/A	N/A	6,440	311
Incurred Medical Claims	\$90,945,000	N/A	N/A	N/A	N/A	\$15,623,000	\$44,906,000	N/A	N/A	\$14,065,000	\$940,000
Capitation	\$118,000	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$17,000
Incurred Prescription Drug Claims	\$604,063,000	N/A	N/A	N/A	N/A	\$108,130,000	\$369,771,000	N/A	N/A	\$71,083,000	\$2,700,000
Prescription Drug Rebates	(\$176,158,000)	N/A	N/A	N/A	N/A	(\$31,533,000)	(\$107,833,000)	N/A	N/A	(\$20,729,000)	(\$787,000)
EGWP Credits	(\$234,144,000)	N/A	N/A	N/A	N/A	(\$42,444,000)	(\$143,884,000)	N/A	N/A	(\$25,036,000)	(\$1,209,000)
Administrative Fees	\$11,736,000	N/A	N/A	N/A	N/A	\$1,896,000	\$6,298,000	N/A	N/A	\$1,117,000	\$112,000
Total Cost	\$296,560,000	N/A	N/A	N/A	N/A	\$51,672,000	\$169,258,000	N/A	N/A	\$40,500,000	\$1,773,000
Total Premium	\$296,647,000	N/A	N/A	N/A	N/A	\$52,038,000	\$168,351,000	N/A	N/A	\$38,811,000	\$2,558,000
Gain (Loss)	\$87,000	N/A	N/A	N/A	N/A	\$366,000	(\$907,000)	N/A	N/A	(\$1,689,000)	\$785,000

*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 option

Exhibit 3C – Projected Plan Year 2025 Aggregate Costs

	1525				2030			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees								
Average Medical Members	192	8,685	41	103	84	1,771	1	17
Incurred Medical Claims	\$1,418,000	\$41,679,000	\$90,000	\$399,000	\$551,000	\$11,459,000	\$21,000	\$382,000
Capitation	\$63,000	\$1,260,000	\$3,000	\$17,000	\$27,000	\$529,000	\$0	\$4,000
Incurred Prescription Drug Claims	\$579,000	\$62,193,000	\$341,000	\$445,000	\$174,000	\$4,292,000	\$0	\$11,000
Prescription Drug Rebates	(\$234,000)	(\$19,444,000)	(\$102,000)	(\$144,000)	(\$71,000)	(\$1,638,000)	\$0	(\$4,000)
EGWP Credits	\$0	(\$20,823,000)	(\$123,000)	(\$211,000)	\$0	(\$405,000)	N/A	(\$9,000)
Administrative Fees	\$67,000	\$3,390,000	\$7,000	\$37,000	\$39,000	\$721,000	\$1,000	\$9,000
Total Cost	\$1,893,000	\$68,255,000	\$216,000	\$543,000	\$720,000	\$14,958,000	\$22,000	\$393,000
Total Premium	\$2,087,000	\$73,120,000	\$274,000	\$946,000	\$904,000	\$18,786,000	\$11,000	\$227,000
Gain (Loss)	\$194,000	\$4,865,000	\$58,000	\$403,000	\$184,000	\$3,828,000	(\$11,000)	(\$166,000)
Employees								
Average Medical Members	175	2,548	N/A	N/A	82	1,609	N/A	N/A
Incurred Medical Claims	\$1,248,000	\$18,622,000	N/A	N/A	\$536,000	\$10,809,000	N/A	N/A
Capitation	\$55,000	\$800,000	N/A	N/A	\$26,000	\$508,000	N/A	N/A
Incurred Prescription Drug Claims	\$489,000	\$7,119,000	N/A	N/A	\$170,000	\$3,338,000	N/A	N/A
Prescription Drug Rebates	(\$197,000)	(\$2,875,000)	N/A	N/A	(\$69,000)	(\$1,348,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$59,000	\$1,029,000	N/A	N/A	\$38,000	\$653,000	N/A	N/A
Total Cost	\$1,654,000	\$24,695,000	N/A	N/A	\$701,000	\$13,960,000	N/A	N/A
Total Premium	\$1,831,000	\$28,785,000	N/A	N/A	\$861,000	\$17,301,000	N/A	N/A
Gain (Loss)	\$177,000	\$4,090,000	N/A	N/A	\$160,000	\$3,341,000	N/A	N/A
Early Retirees								
Average Medical Members	17	781	9	49	2	58	1	15
Incurred Medical Claims	\$170,000	\$8,146,000	\$35,000	\$208,000	\$15,000	\$397,000	\$21,000	\$381,000
Capitation	\$8,000	\$363,000	\$3,000	\$15,000	\$1,000	\$19,000	\$0	\$4,000
Incurred Prescription Drug Claims	\$90,000	\$4,212,000	\$20,000	\$114,000	\$4,000	\$92,000	\$0	\$8,000
Prescription Drug Rebates	(\$37,000)	(\$1,737,000)	(\$8,000)	(\$47,000)	(\$2,000)	(\$38,000)	\$0	(\$3,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,000	\$129,000	\$1,000	\$13,000	\$1,000	\$18,000	\$1,000	\$8,000
Total Cost	\$239,000	\$11,113,000	\$51,000	\$303,000	\$19,000	\$488,000	\$22,000	\$398,000
Total Premium	\$256,000	\$10,683,000	\$110,000	\$529,000	\$43,000	\$846,000	\$11,000	\$210,000
Gain (Loss)	\$17,000	(\$430,000)	\$59,000	\$226,000	\$24,000	\$358,000	(\$11,000)	(\$188,000)
Medicare Retirees								
Average Medical Members	N/A	5,356	32	54	N/A	104	N/A	2
Incurred Medical Claims	N/A	\$14,911,000	\$55,000	\$191,000	N/A	\$253,000	N/A	\$1,000
Capitation	N/A	\$97,000	\$0	\$2,000	N/A	\$2,000	N/A	\$0
Incurred Prescription Drug Claims	N/A	\$50,862,000	\$321,000	\$331,000	N/A	\$862,000	N/A	\$3,000
Prescription Drug Rebates	N/A	(\$14,832,000)	(\$94,000)	(\$97,000)	N/A	(\$252,000)	N/A	(\$1,000)
EGWP Credits	N/A	(\$20,823,000)	(\$123,000)	(\$211,000)	N/A	(\$405,000)	N/A	(\$9,000)
Administrative Fees	N/A	\$2,232,000	\$6,000	\$24,000	N/A	\$50,000	N/A	\$1,000
Total Cost	N/A	\$32,447,000	\$165,000	\$240,000	N/A	\$510,000	N/A	(\$5,000)
Total Premium	N/A	\$33,652,000	\$164,000	\$417,000	N/A	\$639,000	N/A	\$17,000
Gain (Loss)	N/A	\$1,205,000	(\$1,000)	\$177,000	N/A	\$129,000	N/A	\$22,000

*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

Exhibit 3C - Projected Plan Year 2025 Aggregate Costs

	PPO 2035		HDHigh		HDLow		Tiered Network	
	Aetna	Horizon	Aetna	Horizon	Aetna	Horizon	Aetna	Horizon
Employees and Retirees								
Average Medical Members	74	640	44	591	68	838	1,374	18,350
Incurred Medical Claims	\$351,000	\$3,093,000	\$91,000	\$1,335,000	\$419,000	\$5,329,000	\$7,650,000	\$104,748,000
Capitation	\$23,000	\$201,000	\$12,000	\$171,000	\$19,000	\$240,000	\$445,000	\$5,943,000
Incurred Prescription Drug Claims	\$114,000	\$978,000	\$36,000	\$518,000	\$136,000	\$1,689,000	\$3,325,000	\$44,460,000
Prescription Drug Rebates	(\$46,000)	(\$395,000)	(\$14,000)	(\$210,000)	(\$55,000)	(\$683,000)	(\$1,343,000)	(\$17,963,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$18,000	\$312,000	\$18,000	\$309,000	\$22,000	\$397,000	\$671,000	\$10,014,000
Total Cost	\$460,000	\$4,189,000	\$143,000	\$2,123,000	\$541,000	\$6,972,000	\$10,748,000	\$147,202,000
Total Premium	\$617,000	\$6,217,000	\$260,000	\$3,888,000	\$570,000	\$7,970,000	\$10,342,000	\$150,544,000
Gain (Loss)	\$157,000	\$2,028,000	\$117,000	\$1,765,000	\$29,000	\$998,000	(\$406,000)	\$3,342,000
Employees								
Average Medical Members	74	640	43	572	67	821	1,362	18,163
Incurred Medical Claims	\$351,000	\$3,093,000	\$83,000	\$1,145,000	\$410,000	\$5,150,000	\$7,549,000	\$103,165,000
Capitation	\$23,000	\$201,000	\$12,000	\$166,000	\$19,000	\$235,000	\$441,000	\$5,883,000
Incurred Prescription Drug Claims	\$114,000	\$978,000	\$33,000	\$438,000	\$132,000	\$1,615,000	\$3,269,000	\$43,594,000
Prescription Drug Rebates	(\$46,000)	(\$395,000)	(\$13,000)	(\$177,000)	(\$53,000)	(\$652,000)	(\$1,320,000)	(\$17,606,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$18,000	\$312,000	\$17,000	\$296,000	\$22,000	\$391,000	\$665,000	\$9,931,000
Total Cost	\$460,000	\$4,189,000	\$132,000	\$1,868,000	\$530,000	\$6,739,000	\$10,604,000	\$144,967,000
Total Premium	\$617,000	\$6,217,000	\$252,000	\$3,701,000	\$568,000	\$7,783,000	\$10,213,000	\$148,407,000
Gain (Loss)	\$157,000	\$2,028,000	\$120,000	\$1,833,000	\$38,000	\$1,044,000	(\$391,000)	\$3,440,000
Early Retirees								
Average Medical Members	N/A	N/A	1	19	1	17	12	187
Incurred Medical Claims	N/A	N/A	\$8,000	\$190,000	\$9,000	\$179,000	\$101,000	\$1,583,000
Capitation	N/A	N/A	\$0	\$5,000	\$0	\$5,000	\$4,000	\$60,000
Incurred Prescription Drug Claims	N/A	N/A	\$3,000	\$80,000	\$4,000	\$74,000	\$56,000	\$866,000
Prescription Drug Rebates	N/A	N/A	(\$1,000)	(\$33,000)	(\$2,000)	(\$31,000)	(\$23,000)	(\$357,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	\$1,000	\$13,000	\$0	\$6,000	\$6,000	\$83,000
Total Cost	N/A	N/A	\$11,000	\$255,000	\$11,000	\$233,000	\$144,000	\$2,235,000
Total Premium	N/A	N/A	\$8,000	\$187,000	\$2,000	\$187,000	\$129,000	\$2,137,000
Gain (Loss)	N/A	N/A	(\$3,000)	(\$68,000)	(\$9,000)	(\$46,000)	(\$15,000)	(\$98,000)
Medicare Retirees								
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

Exhibit 4A – Plan Year 2025 Monthly Active Premiums

	Unity PPO		Legacy Plan		1525
	PPO \$0	2019 PPO \$100	PPO15	HMO	PPO
<u>Medical Coverage Only</u>					
Single	\$959.58	\$954.53	\$981.24	\$940.13	\$953.77
Employee+Spouse	\$1,919.16	\$1,909.06	\$1,962.48	\$1,880.26	\$1,907.54
Family	\$2,744.40	\$2,729.96	\$2,806.35	\$2,688.77	\$2,727.78
Employee+Child(ren)	\$1,784.82	\$1,775.43	\$1,825.11	\$1,748.64	\$1,774.01
Adult Child Rate	\$841.74	\$837.32	\$860.75	\$824.68	\$836.64
	Unity PPO		Legacy Plan		1525
	PPO \$0	2019 PPO \$100	PPO15	HMO	PPO
<u>Rx Card</u>					
Single	\$204.98	\$204.98	\$217.16	\$217.16	\$196.96
Employee+Spouse	\$409.96	\$409.96	\$434.32	\$434.32	\$393.92
Family	\$586.24	\$586.24	\$621.08	\$621.08	\$563.31
Employee+Child(ren)	\$381.26	\$381.26	\$403.92	\$403.92	\$366.35
Adult Child Rate	\$179.81	\$179.81	\$190.50	\$190.50	\$172.78

	2030	2035	HDHigh	HDLow	Tiered Network
	PPO	PPO	PPO	PPO	HMO
<u>Medical Coverage Only</u>					
Single	\$896.84	\$771.29	\$499.61	\$740.99	\$662.88
Employee+Spouse	\$1,793.68	\$1,542.58	\$999.22	\$1,481.98	\$1,325.76
Family	\$2,564.96	\$2,205.89	\$1,428.88	\$2,119.23	\$1,895.84
Employee+Child(ren)	\$1,668.12	\$1,434.60	\$929.27	\$1,378.24	\$1,232.96
Adult Child Rate	\$786.71	\$676.58	\$438.25	\$650.00	\$581.48
	2030	2035	HDHigh	HDLow	Tiered Network
	PPO	PPO	PPO	PPO	HMO
<u>Rx Card</u>					
Single	\$200.46	\$180.43	\$132.45	\$196.40	\$147.91
Employee+Spouse	\$400.92	\$360.86	\$264.90	\$392.80	\$295.84
Family	\$573.32	\$516.03	\$378.81	\$561.70	\$423.02
Employee+Child(ren)	\$372.86	\$335.60	\$246.36	\$365.30	\$275.11
Adult Child Rate	\$175.85	\$158.27	\$116.19	\$172.28	\$129.74

2025 Active premium rates are the same for both Aetna and Horizon

Exhibit 4B – Plan Year 2025 Annual Active Premiums

	Unity PPO		Legacy Plan		1525
	PPO \$0	2019 PPO \$100	PPO15	HMO	PPO
<u>Medical Coverage Only</u>					
Single	\$11,515	\$11,454	\$11,775	\$11,282	\$11,445
Employee+Spouse	\$23,030	\$22,909	\$23,550	\$22,563	\$22,890
Family	\$32,933	\$32,760	\$33,676	\$32,265	\$32,733
Employee+Child(ren)	\$21,418	\$21,305	\$21,901	\$20,984	\$21,288
Adult Child Rate	\$10,101	\$10,048	\$10,329	\$9,896	\$10,040
	Unity PPO		Legacy Plan		1525
	PPO \$0	2019 PPO \$100	PPO15	HMO	PPO
<u>Rx Card</u>					
Single	\$2,460	\$2,460	\$2,606	\$2,606	\$2,364
Employee+Spouse	\$4,920	\$4,920	\$5,212	\$5,212	\$4,727
Family	\$7,035	\$7,035	\$7,453	\$7,453	\$6,760
Employee+Child(ren)	\$4,575	\$4,575	\$4,847	\$4,847	\$4,396
Adult Child Rate	\$2,158	\$2,158	\$2,286	\$2,286	\$2,073

	2030	2035	HDHigh	HDLow	Tiered Network
	PPO	PPO	PPO	PPO	HMO
<u>Medical Coverage Only</u>					
Single	\$10,762	\$9,255	\$5,995	\$8,892	\$7,955
Employee+Spouse	\$21,524	\$18,511	\$11,991	\$17,784	\$15,909
Family	\$30,780	\$26,471	\$17,147	\$25,431	\$22,750
Employee+Child(ren)	\$20,017	\$17,215	\$11,151	\$16,539	\$14,796
Adult Child Rate	\$9,441	\$8,119	\$5,259	\$7,800	\$6,978
	2030	2035	HDHigh	HDLow	Tiered Network
	PPO	PPO	PPO	PPO	HMO
<u>Rx Card</u>					
Single	\$2,406	\$2,165	\$1,589	\$2,357	\$1,775
Employee+Spouse	\$4,811	\$4,330	\$3,179	\$4,714	\$3,550
Family	\$6,880	\$6,192	\$4,546	\$6,740	\$5,076
Employee+Child(ren)	\$4,474	\$4,027	\$2,956	\$4,384	\$3,301
Adult Child Rate	\$2,110	\$1,899	\$1,394	\$2,067	\$1,557

2025 Active premium rates are the same for both Aetna and Horizon

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		
	Horizon/Aetna Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium												
Single - 0 Medicare	\$1,625.09	N/A	\$1,625.09	\$1,544.80	N/A	\$1,544.80	\$1,456.08	N/A	\$1,456.08	\$1,456.08	N/A	\$1,456.08
Single - 1 Medicare	N/A	\$400.93	\$400.93	N/A	\$382.79	\$382.79	N/A	\$506.52	\$506.52	N/A	\$689.89	\$689.89
EE+Spouse - 0 Medicare	\$3,542.72	N/A	\$3,542.72	\$3,367.64	N/A	\$3,367.64	\$3,172.34	N/A	\$3,172.34	\$3,172.34	N/A	\$3,172.34
EE+Spouse - 1 Medicare	\$1,917.63	\$400.93	\$2,318.56	\$1,822.84	\$382.79	\$2,205.63	\$1,716.26	\$506.52	\$2,222.78	\$1,716.26	\$689.89	\$2,406.15
EE+Spouse - 2 Medicare	N/A	\$801.86	\$801.86	N/A	\$765.58	\$765.58	N/A	\$1,013.04	\$1,013.04	N/A	\$1,379.78	\$1,379.78
Family - 0 Medicare	\$4,030.27	N/A	\$4,030.27	\$3,831.09	N/A	\$3,831.09	\$3,608.99	N/A	\$3,608.99	\$3,608.99	N/A	\$3,608.99
Family - 1 Medicare	\$2,405.18	\$400.93	\$2,806.11	\$2,286.29	\$382.79	\$2,669.08	\$2,152.91	\$506.52	\$2,659.43	\$2,152.91	\$689.89	\$2,842.80
Family - 2 Medicare	\$780.09	\$801.86	\$1,581.95	\$741.49	\$765.58	\$1,507.07	\$696.83	\$1,013.04	\$1,709.87	\$696.83	\$1,379.78	\$2,076.61
EE+Ch - 0 Medicare	\$2,275.12	N/A	\$2,275.12	\$2,162.67	N/A	\$2,162.67	\$2,037.07	N/A	\$2,037.07	\$2,037.07	N/A	\$2,037.07
EE+Ch - 1 Medicare	\$650.03	\$400.93	\$1,050.96	\$617.87	\$382.79	\$1,000.66	\$580.99	\$506.52	\$1,087.51	\$580.99	\$689.89	\$1,270.88
Medical Premium												
Single - 0 Medicare	\$1,337.78	N/A	\$1,337.78	\$1,257.49	N/A	\$1,257.49	\$1,151.95	N/A	\$1,151.95	\$1,151.95	N/A	\$1,151.95
Single - 1 Medicare	N/A	\$119.25	\$119.25	N/A	\$101.11	\$101.11	N/A	\$182.00	\$182.00	N/A	\$365.37	\$365.37
EE+Spouse - 0 Medicare	\$2,916.38	N/A	\$2,916.38	\$2,741.30	N/A	\$2,741.30	\$2,511.25	N/A	\$2,511.25	\$2,511.25	N/A	\$2,511.25
EE+Spouse - 1 Medicare	\$1,578.60	\$119.25	\$1,697.85	\$1,483.81	\$101.11	\$1,584.92	\$1,359.30	\$182.00	\$1,541.30	\$1,359.30	\$365.37	\$1,724.67
EE+Spouse - 2 Medicare	N/A	\$238.50	\$238.50	N/A	\$202.22	\$202.22	N/A	\$364.00	\$364.00	N/A	\$730.74	\$730.74
Family - 0 Medicare	\$3,317.73	N/A	\$3,317.73	\$3,118.55	N/A	\$3,118.55	\$2,856.84	N/A	\$2,856.84	\$2,856.84	N/A	\$2,856.84
Family - 1 Medicare	\$1,979.95	\$119.25	\$2,099.20	\$1,861.06	\$101.11	\$1,962.17	\$1,704.89	\$182.00	\$1,886.89	\$1,704.89	\$365.37	\$2,070.26
Family - 2 Medicare	\$642.17	\$238.50	\$880.67	\$603.57	\$202.22	\$805.79	\$552.94	\$364.00	\$916.94	\$552.94	\$730.74	\$1,283.68
EE+Ch - 0 Medicare	\$1,872.91	N/A	\$1,872.91	\$1,760.46	N/A	\$1,760.46	\$1,612.74	N/A	\$1,612.74	\$1,612.74	N/A	\$1,612.74
EE+Ch - 1 Medicare	\$535.13	\$119.25	\$654.38	\$502.97	\$101.11	\$604.08	\$460.79	\$182.00	\$642.79	\$460.79	\$365.37	\$826.16
Rx Premium												
Single - 0 Medicare	\$287.31	N/A	\$287.31	\$287.31	N/A	\$287.31	\$304.13	N/A	\$304.13	\$304.13	N/A	\$304.13
Single - 1 Medicare	N/A	\$281.68	\$281.68	N/A	\$281.68	\$281.68	N/A	\$324.52	\$324.52	N/A	\$324.52	\$324.52
EE+Spouse - 0 Medicare	\$626.34	N/A	\$626.34	\$626.34	N/A	\$626.34	\$661.09	N/A	\$661.09	\$661.09	N/A	\$661.09
EE+Spouse - 1 Medicare	\$339.03	\$281.68	\$620.71	\$339.03	\$281.68	\$620.71	\$356.96	\$324.52	\$681.48	\$356.96	\$324.52	\$681.48
EE+Spouse - 2 Medicare	N/A	\$563.36	\$563.36	N/A	\$563.36	\$563.36	N/A	\$649.04	\$649.04	N/A	\$649.04	\$649.04
Family - 0 Medicare	\$712.54	N/A	\$712.54	\$712.54	N/A	\$712.54	\$752.15	N/A	\$752.15	\$752.15	N/A	\$752.15
Family - 1 Medicare	\$425.23	\$281.68	\$706.91	\$425.23	\$281.68	\$706.91	\$448.02	\$324.52	\$772.54	\$448.02	\$324.52	\$772.54
Family - 2 Medicare	\$137.92	\$563.36	\$701.28	\$137.92	\$563.36	\$701.28	\$143.89	\$649.04	\$792.93	\$143.89	\$649.04	\$792.93
EE+Ch - 0 Medicare	\$402.21	N/A	\$402.21	\$402.21	N/A	\$402.21	\$424.33	N/A	\$424.33	\$424.33	N/A	\$424.33
EE+Ch - 1 Medicare	\$114.90	\$281.68	\$396.58	\$114.90	\$281.68	\$396.58	\$120.20	\$324.52	\$444.72	\$120.20	\$324.52	\$444.72

Exhibit 4C – Plan Year 2025 Monthly Retiree Premiums

	PPO1525 (Horizon Medicare Subscriber)			HMO1525 (Aetna Medicare Subscriber)			HMO1525 (Horizon Medicare Subscriber)		
	PPO1525			HMO1525			HMO1525		
	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Aetna Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium									
Single - 0 Medicare	\$1,490.13	N/A	\$1,490.13	\$1,344.16	N/A	\$1,344.16	\$1,344.16	N/A	\$1,344.16
Single - 1 Medicare	N/A	\$527.25	\$527.25	N/A	\$436.15	\$436.15	N/A	\$644.37	\$644.37
EE+Spouse - 0 Medicare	\$3,248.48	N/A	\$3,248.48	\$2,930.24	N/A	\$2,930.24	\$2,930.24	N/A	\$2,930.24
EE+Spouse - 1 Medicare	\$1,758.35	\$527.25	\$2,285.60	\$1,586.08	\$436.15	\$2,022.23	\$1,586.08	\$644.37	\$2,230.45
EE+Spouse - 2 Medicare	N/A	\$1,054.50	\$1,054.50	N/A	\$872.30	\$872.30	N/A	\$1,288.74	\$1,288.74
Family - 0 Medicare	\$3,695.50	N/A	\$3,695.50	\$3,333.50	N/A	\$3,333.50	\$3,333.50	N/A	\$3,333.50
Family - 1 Medicare	\$2,205.37	\$527.25	\$2,732.62	\$1,989.34	\$436.15	\$2,425.49	\$1,989.34	\$644.37	\$2,633.71
Family - 2 Medicare	\$715.24	\$1,054.50	\$1,769.74	\$645.18	\$872.30	\$1,517.48	\$645.18	\$1,288.74	\$1,933.92
EE+Ch - 0 Medicare	\$2,086.16	N/A	\$2,086.16	\$1,881.77	N/A	\$1,881.77	\$1,881.77	N/A	\$1,881.77
EE+Ch - 1 Medicare	\$596.03	\$527.25	\$1,123.28	\$537.61	\$436.15	\$973.76	\$537.61	\$644.37	\$1,181.98
Medical Premium									
Single - 0 Medicare	\$1,207.60	N/A	\$1,207.60	\$1,050.47	N/A	\$1,050.47	\$1,050.47	N/A	\$1,050.47
Single - 1 Medicare	N/A	\$250.23	\$250.23	N/A	\$146.57	\$146.57	N/A	\$354.79	\$354.79
EE+Spouse - 0 Medicare	\$2,632.58	N/A	\$2,632.58	\$2,290.04	N/A	\$2,290.04	\$2,290.04	N/A	\$2,290.04
EE+Spouse - 1 Medicare	\$1,424.98	\$250.23	\$1,675.21	\$1,239.57	\$146.57	\$1,386.14	\$1,239.57	\$354.79	\$1,594.36
EE+Spouse - 2 Medicare	N/A	\$500.46	\$500.46	N/A	\$293.14	\$293.14	N/A	\$709.58	\$709.58
Family - 0 Medicare	\$2,994.86	N/A	\$2,994.86	\$2,605.19	N/A	\$2,605.19	\$2,605.19	N/A	\$2,605.19
Family - 1 Medicare	\$1,787.26	\$250.23	\$2,037.49	\$1,554.72	\$146.57	\$1,701.29	\$1,554.72	\$354.79	\$1,909.51
Family - 2 Medicare	\$579.66	\$500.46	\$1,080.12	\$504.25	\$293.14	\$797.39	\$504.25	\$709.58	\$1,213.83
EE+Ch - 0 Medicare	\$1,690.65	N/A	\$1,690.65	\$1,470.66	N/A	\$1,470.66	\$1,470.66	N/A	\$1,470.66
EE+Ch - 1 Medicare	\$483.05	\$250.23	\$733.28	\$420.19	\$146.57	\$566.76	\$420.19	\$354.79	\$774.98
Rx Premium									
Single - 0 Medicare	\$282.53	N/A	\$282.53	\$293.69	N/A	\$293.69	\$293.69	N/A	\$293.69
Single - 1 Medicare	N/A	\$277.02	\$277.02	N/A	\$289.58	\$289.58	N/A	\$289.58	\$289.58
EE+Spouse - 0 Medicare	\$615.90	N/A	\$615.90	\$640.20	N/A	\$640.20	\$640.20	N/A	\$640.20
EE+Spouse - 1 Medicare	\$333.37	\$277.02	\$610.39	\$346.51	\$289.58	\$636.09	\$346.51	\$289.58	\$636.09
EE+Spouse - 2 Medicare	N/A	\$554.04	\$554.04	N/A	\$579.16	\$579.16	N/A	\$579.16	\$579.16
Family - 0 Medicare	\$700.64	N/A	\$700.64	\$728.31	N/A	\$728.31	\$728.31	N/A	\$728.31
Family - 1 Medicare	\$418.11	\$277.02	\$695.13	\$434.62	\$289.58	\$724.20	\$434.62	\$289.58	\$724.20
Family - 2 Medicare	\$135.58	\$554.04	\$689.62	\$140.93	\$579.16	\$720.09	\$140.93	\$579.16	\$720.09
EE+Ch - 0 Medicare	\$395.51	N/A	\$395.51	\$411.11	N/A	\$411.11	\$411.11	N/A	\$411.11
EE+Ch - 1 Medicare	\$112.98	\$277.02	\$390.00	\$117.42	\$289.58	\$407.00	\$117.42	\$289.58	\$407.00

Exhibit 4C – Plan Year 2025 Monthly Retiree Premiums

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	PPO2030 (Horizon Medicare Subscriber)			HMO2030 (Horizon Medicare Subscriber)			HDHigh Aetna/Horizon	HDLow Aetna/Horizon	Tiered Network Aetna/Horizon	Unity PPO Aetna/Horizon
	PPO2030			HMO2030						
	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium				
Total Premium										
Single - 0 Medicare	\$1,426.14	N/A	\$1,426.14	\$1,287.25	N/A	\$1,287.25	\$820.96	\$1,201.47	\$1,195.21	\$1,422.70
Single - 1 Medicare	N/A	\$514.01	\$514.01	N/A	\$629.16	\$629.16	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,108.98	N/A	\$3,108.98	\$2,806.26	N/A	\$2,806.26	\$1,789.59	\$2,619.20	\$2,605.56	\$3,101.47
EE+Spouse - 1 Medicare	\$1,682.84	\$514.01	\$2,196.85	\$1,519.01	\$629.16	\$2,148.17	\$968.63	\$1,417.73	\$1,410.35	\$1,678.77
EE+Spouse - 2 Medicare	N/A	\$1,028.02	\$1,028.02	N/A	\$1,258.32	\$1,258.32	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,536.79	N/A	\$3,536.79	\$3,192.39	N/A	\$3,192.39	\$2,035.87	\$2,979.67	\$2,964.15	\$3,528.27
Family - 1 Medicare	\$2,110.65	\$514.01	\$2,624.66	\$1,905.14	\$629.16	\$2,534.30	\$1,214.91	\$1,778.20	\$1,768.94	\$2,105.57
Family - 2 Medicare	\$684.51	\$1,028.02	\$1,712.53	\$617.89	\$1,258.32	\$1,876.21	\$393.95	\$576.73	\$573.73	\$682.87
EE+Ch - 0 Medicare	\$1,996.57	N/A	\$1,996.57	\$1,802.16	N/A	\$1,802.16	\$1,149.27	\$1,682.03	\$1,673.29	\$1,991.78
EE+Ch - 1 Medicare	\$570.43	\$514.01	\$1,084.44	\$514.91	\$629.16	\$1,144.07	\$328.31	\$480.56	\$478.08	\$569.08
Medical Premium										
Single - 0 Medicare	\$1,140.97	N/A	\$1,140.97	\$990.84	N/A	\$990.84	\$633.95	\$943.80	\$936.81	\$1,146.69
Single - 1 Medicare	N/A	\$234.42	\$234.42	N/A	\$336.85	\$336.85	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$2,487.29	N/A	\$2,487.29	\$2,160.03	N/A	\$2,160.03	\$1,381.96	\$2,057.49	\$2,042.24	\$2,499.77
EE+Spouse - 1 Medicare	\$1,346.32	\$234.42	\$1,580.74	\$1,169.19	\$336.85	\$1,506.04	\$748.01	\$1,113.69	\$1,105.43	\$1,353.08
EE+Spouse - 2 Medicare	N/A	\$468.84	\$468.84	N/A	\$673.70	\$673.70	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$2,829.60	N/A	\$2,829.60	\$2,457.27	N/A	\$2,457.27	\$1,572.14	\$2,340.65	\$2,323.30	\$2,843.77
Family - 1 Medicare	\$1,688.63	\$234.42	\$1,923.05	\$1,466.43	\$336.85	\$1,803.28	\$938.19	\$1,396.85	\$1,386.49	\$1,697.08
Family - 2 Medicare	\$547.66	\$468.84	\$1,016.50	\$475.59	\$673.70	\$1,149.29	\$304.24	\$453.05	\$449.68	\$550.39
EE+Ch - 0 Medicare	\$1,597.35	N/A	\$1,597.35	\$1,387.18	N/A	\$1,387.18	\$887.48	\$1,321.33	\$1,311.55	\$1,605.37
EE+Ch - 1 Medicare	\$456.38	\$234.42	\$690.80	\$396.34	\$336.85	\$733.19	\$253.53	\$377.53	\$374.74	\$458.68
Rx Premium										
Single - 0 Medicare	\$285.17	N/A	\$285.17	\$296.41	N/A	\$296.41	\$187.01	\$257.67	\$258.40	\$276.01
Single - 1 Medicare	N/A	\$279.59	\$279.59	N/A	\$292.31	\$292.31	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$621.69	N/A	\$621.69	\$646.23	N/A	\$646.23	\$407.63	\$561.71	\$563.32	\$601.70
EE+Spouse - 1 Medicare	\$336.52	\$279.59	\$616.11	\$349.82	\$292.31	\$642.13	\$220.62	\$304.04	\$304.92	\$325.69
EE+Spouse - 2 Medicare	N/A	\$559.18	\$559.18	N/A	\$584.62	\$584.62	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$707.19	N/A	\$707.19	\$735.12	N/A	\$735.12	\$463.73	\$639.02	\$640.85	\$684.50
Family - 1 Medicare	\$422.02	\$279.59	\$701.61	\$438.71	\$292.31	\$731.02	\$276.72	\$381.35	\$382.45	\$408.49
Family - 2 Medicare	\$136.85	\$559.18	\$696.03	\$142.30	\$584.62	\$726.92	\$89.71	\$123.68	\$124.05	\$132.48
EE+Ch - 0 Medicare	\$399.22	N/A	\$399.22	\$414.98	N/A	\$414.98	\$261.79	\$360.70	\$361.74	\$386.41
EE+Ch - 1 Medicare	\$114.05	\$279.59	\$393.64	\$118.57	\$292.31	\$410.88	\$74.78	\$103.03	\$103.34	\$110.40

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

Exhibit 4D – Plan Year 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	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium												
Single - 0 Medicare	\$19,501	N/A	\$19,501	\$18,538	N/A	\$18,538	\$17,473	N/A	\$17,473	\$17,473	N/A	\$17,473
Single - 1 Medicare	N/A	\$4,811	\$4,811	N/A	\$4,593	\$4,593	N/A	\$6,078	\$6,078	N/A	\$8,279	\$8,279
EE+Spouse - 0 Medicare	\$42,513	N/A	\$42,513	\$40,412	N/A	\$40,412	\$38,068	N/A	\$38,068	\$38,068	N/A	\$38,068
EE+Spouse - 1 Medicare	\$23,012	\$4,811	\$27,823	\$21,874	\$4,593	\$26,468	\$20,595	\$6,078	\$26,673	\$20,595	\$8,279	\$28,874
EE+Spouse - 2 Medicare	N/A	\$9,622	\$9,622	N/A	\$9,187	\$9,187	N/A	\$12,156	\$12,156	N/A	\$16,557	\$16,557
Family - 0 Medicare	\$48,363	N/A	\$48,363	\$45,973	N/A	\$45,973	\$43,308	N/A	\$43,308	\$43,308	N/A	\$43,308
Family - 1 Medicare	\$28,862	\$4,811	\$33,673	\$27,435	\$4,593	\$32,029	\$25,835	\$6,078	\$31,913	\$25,835	\$8,279	\$34,114
Family - 2 Medicare	\$9,361	\$9,622	\$18,983	\$8,898	\$9,187	\$18,085	\$8,362	\$12,156	\$20,518	\$8,362	\$16,557	\$24,919
EE+Ch - 0 Medicare	\$27,301	N/A	\$27,301	\$25,952	N/A	\$25,952	\$24,445	N/A	\$24,445	\$24,445	N/A	\$24,445
EE+Ch - 1 Medicare	\$7,800	\$4,811	\$12,612	\$7,414	\$4,593	\$12,008	\$6,972	\$6,078	\$13,050	\$6,972	\$8,279	\$15,251
Medical Premium												
Single - 0 Medicare	\$16,053	N/A	\$16,053	\$15,090	N/A	\$15,090	\$13,823	N/A	\$13,823	\$13,823	N/A	\$13,823
Single - 1 Medicare	N/A	\$1,431	\$1,431	N/A	\$1,213	\$1,213	N/A	\$2,184	\$2,184	N/A	\$4,384	\$4,384
EE+Spouse - 0 Medicare	\$34,997	N/A	\$34,997	\$32,896	N/A	\$32,896	\$30,135	N/A	\$30,135	\$30,135	N/A	\$30,135
EE+Spouse - 1 Medicare	\$18,943	\$1,431	\$20,374	\$17,806	\$1,213	\$19,019	\$16,312	\$2,184	\$18,496	\$16,312	\$4,384	\$20,696
EE+Spouse - 2 Medicare	N/A	\$2,862	\$2,862	N/A	\$2,427	\$2,427	N/A	\$4,368	\$4,368	N/A	\$8,769	\$8,769
Family - 0 Medicare	\$39,813	N/A	\$39,813	\$37,423	N/A	\$37,423	\$34,282	N/A	\$34,282	\$34,282	N/A	\$34,282
Family - 1 Medicare	\$23,759	\$1,431	\$25,190	\$22,333	\$1,213	\$23,546	\$20,459	\$2,184	\$22,643	\$20,459	\$4,384	\$24,843
Family - 2 Medicare	\$7,706	\$2,862	\$10,568	\$7,243	\$2,427	\$9,669	\$6,635	\$4,368	\$11,003	\$6,635	\$8,769	\$15,404
EE+Ch - 0 Medicare	\$22,475	N/A	\$22,475	\$21,126	N/A	\$21,126	\$19,353	N/A	\$19,353	\$19,353	N/A	\$19,353
EE+Ch - 1 Medicare	\$6,422	\$1,431	\$7,853	\$6,036	\$1,213	\$7,249	\$5,529	\$2,184	\$7,713	\$5,529	\$4,384	\$9,914
Rx Premium												
Single - 0 Medicare	\$3,448	N/A	\$3,448	\$3,448	N/A	\$3,448	\$3,650	N/A	\$3,650	\$3,650	N/A	\$3,650
Single - 1 Medicare	N/A	\$3,380	\$3,380	N/A	\$3,380	\$3,380	N/A	\$3,894	\$3,894	N/A	\$3,894	\$3,894
EE+Spouse - 0 Medicare	\$7,516	N/A	\$7,516	\$7,516	N/A	\$7,516	\$7,933	N/A	\$7,933	\$7,933	N/A	\$7,933
EE+Spouse - 1 Medicare	\$4,068	\$3,380	\$7,449	\$4,068	\$3,380	\$7,449	\$4,284	\$3,894	\$8,178	\$4,284	\$3,894	\$8,178
EE+Spouse - 2 Medicare	N/A	\$6,760	\$6,760	N/A	\$6,760	\$6,760	N/A	\$7,788	\$7,788	N/A	\$7,788	\$7,788
Family - 0 Medicare	\$8,550	N/A	\$8,550	\$8,550	N/A	\$8,550	\$9,026	N/A	\$9,026	\$9,026	N/A	\$9,026
Family - 1 Medicare	\$5,103	\$3,380	\$8,483	\$5,103	\$3,380	\$8,483	\$5,376	\$3,894	\$9,270	\$5,376	\$3,894	\$9,270
Family - 2 Medicare	\$1,655	\$6,760	\$8,415	\$1,655	\$6,760	\$8,415	\$1,727	\$7,788	\$9,515	\$1,727	\$7,788	\$9,515
EE+Ch - 0 Medicare	\$4,827	N/A	\$4,827	\$4,827	N/A	\$4,827	\$5,092	N/A	\$5,092	\$5,092	N/A	\$5,092
EE+Ch - 1 Medicare	\$1,379	\$3,380	\$4,759	\$1,379	\$3,380	\$4,759	\$1,442	\$3,894	\$5,337	\$1,442	\$3,894	\$5,337

Exhibit 4D – Plan Year 2025 Annual Retiree Premiums

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	PPO1525 (Horizon Medicare Subscriber)			HMO1525 (Aetna Medicare Subscriber)			HMO1525 (Horizon Medicare Subscriber)		
	PPO1525			HMO1525			HMO1525		
	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Aetna Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium									
Single - 0 Medicare	\$17,882	N/A	\$17,882	\$16,130	N/A	\$16,130	\$16,130	N/A	\$16,130
Single - 1 Medicare	N/A	\$6,327	\$6,327	N/A	\$5,234	\$5,234	N/A	\$7,732	\$7,732
EE+Spouse - 0 Medicare	\$38,982	N/A	\$38,982	\$35,163	N/A	\$35,163	\$35,163	N/A	\$35,163
EE+Spouse - 1 Medicare	\$21,100	\$6,327	\$27,427	\$19,033	\$5,234	\$24,267	\$19,033	\$7,732	\$26,765
EE+Spouse - 2 Medicare	N/A	\$12,654	\$12,654	N/A	\$10,468	\$10,468	N/A	\$15,465	\$15,465
Family - 0 Medicare	\$44,346	N/A	\$44,346	\$40,002	N/A	\$40,002	\$40,002	N/A	\$40,002
Family - 1 Medicare	\$26,464	\$6,327	\$32,791	\$23,872	\$5,234	\$29,106	\$23,872	\$7,732	\$31,605
Family - 2 Medicare	\$8,583	\$12,654	\$21,237	\$7,742	\$10,468	\$18,210	\$7,742	\$15,465	\$23,207
EE+Ch - 0 Medicare	\$25,034	N/A	\$25,034	\$22,581	N/A	\$22,581	\$22,581	N/A	\$22,581
EE+Ch - 1 Medicare	\$7,152	\$6,327	\$13,479	\$6,451	\$5,234	\$11,685	\$6,451	\$7,732	\$14,184
Medical Premium									
Single - 0 Medicare	\$14,491	N/A	\$14,491	\$12,606	N/A	\$12,606	\$12,606	N/A	\$12,606
Single - 1 Medicare	N/A	\$3,003	\$3,003	N/A	\$1,759	\$1,759	N/A	\$4,257	\$4,257
EE+Spouse - 0 Medicare	\$31,591	N/A	\$31,591	\$27,480	N/A	\$27,480	\$27,480	N/A	\$27,480
EE+Spouse - 1 Medicare	\$17,100	\$3,003	\$20,103	\$14,875	\$1,759	\$16,634	\$14,875	\$4,257	\$19,132
EE+Spouse - 2 Medicare	N/A	\$6,006	\$6,006	N/A	\$3,518	\$3,518	N/A	\$8,515	\$8,515
Family - 0 Medicare	\$35,938	N/A	\$35,938	\$31,262	N/A	\$31,262	\$31,262	N/A	\$31,262
Family - 1 Medicare	\$21,447	\$3,003	\$24,450	\$18,657	\$1,759	\$20,415	\$18,657	\$4,257	\$22,914
Family - 2 Medicare	\$6,956	\$6,006	\$12,961	\$6,051	\$3,518	\$9,569	\$6,051	\$8,515	\$14,566
EE+Ch - 0 Medicare	\$20,288	N/A	\$20,288	\$17,648	N/A	\$17,648	\$17,648	N/A	\$17,648
EE+Ch - 1 Medicare	\$5,797	\$3,003	\$8,799	\$5,042	\$1,759	\$6,801	\$5,042	\$4,257	\$9,300
Rx Premium									
Single - 0 Medicare	\$3,390	N/A	\$3,390	\$3,524	N/A	\$3,524	\$3,524	N/A	\$3,524
Single - 1 Medicare	N/A	\$3,324	\$3,324	N/A	\$3,475	\$3,475	N/A	\$3,475	\$3,475
EE+Spouse - 0 Medicare	\$7,391	N/A	\$7,391	\$7,682	N/A	\$7,682	\$7,682	N/A	\$7,682
EE+Spouse - 1 Medicare	\$4,000	\$3,324	\$7,325	\$4,158	\$3,475	\$7,633	\$4,158	\$3,475	\$7,633
EE+Spouse - 2 Medicare	N/A	\$6,648	\$6,648	N/A	\$6,950	\$6,950	N/A	\$6,950	\$6,950
Family - 0 Medicare	\$8,408	N/A	\$8,408	\$8,740	N/A	\$8,740	\$8,740	N/A	\$8,740
Family - 1 Medicare	\$5,017	\$3,324	\$8,342	\$5,215	\$3,475	\$8,690	\$5,215	\$3,475	\$8,690
Family - 2 Medicare	\$1,627	\$6,648	\$8,275	\$1,691	\$6,950	\$8,641	\$1,691	\$6,950	\$8,641
EE+Ch - 0 Medicare	\$4,746	N/A	\$4,746	\$4,933	N/A	\$4,933	\$4,933	N/A	\$4,933
EE+Ch - 1 Medicare	\$1,356	\$3,324	\$4,680	\$1,409	\$3,475	\$4,884	\$1,409	\$3,475	\$4,884

Exhibit 4D – Plan Year 2024 Annual Retiree Premiums

	PPO2030 (Horizon Medicare Subscriber)			HMO2030 (Horizon Medicare Subscriber)			HDHigh Aetna/Horizon	HDLow Aetna/Horizon	Tiered Network Aetna/Horizon	Unity PPO Aetna/Horizon
	PPO2030			HMO2030						
	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Horizon/Aetna Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium				
Total Premium										
Single - 0 Medicare	\$17,114	N/A	\$17,114	\$15,447	N/A	\$15,447	\$9,852	\$14,418	\$14,343	\$17,072
Single - 1 Medicare	N/A	\$6,168	\$6,168	N/A	\$7,550	\$7,550	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$37,308	N/A	\$37,308	\$33,675	N/A	\$33,675	\$21,475	\$31,430	\$31,267	\$37,218
EE+Spouse - 1 Medicare	\$20,194	\$6,168	\$26,362	\$18,228	\$7,550	\$25,778	\$11,624	\$17,013	\$16,924	\$20,145
EE+Spouse - 2 Medicare	N/A	\$12,336	\$12,336	N/A	\$15,100	\$15,100	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$42,441	N/A	\$42,441	\$38,309	N/A	\$38,309	\$24,430	\$35,756	\$35,570	\$42,339
Family - 1 Medicare	\$25,328	\$6,168	\$31,496	\$22,862	\$7,550	\$30,412	\$14,579	\$21,338	\$21,227	\$25,267
Family - 2 Medicare	\$8,214	\$12,336	\$20,550	\$7,415	\$15,100	\$22,515	\$4,727	\$6,921	\$6,885	\$8,194
EE+Ch - 0 Medicare	\$23,959	N/A	\$23,959	\$21,626	N/A	\$21,626	\$13,791	\$20,184	\$20,079	\$23,901
EE+Ch - 1 Medicare	\$6,845	\$6,168	\$13,013	\$6,179	\$7,550	\$13,729	\$3,940	\$5,767	\$5,737	\$6,829
Medical Premium										
Single - 0 Medicare	\$13,692	N/A	\$13,692	\$11,890	N/A	\$11,890	\$7,607	\$11,326	\$11,242	\$13,760
Single - 1 Medicare	N/A	\$2,813	\$2,813	N/A	\$4,042	\$4,042	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$29,847	N/A	\$29,847	\$25,920	N/A	\$25,920	\$16,584	\$24,690	\$24,507	\$29,997
EE+Spouse - 1 Medicare	\$16,156	\$2,813	\$18,969	\$14,030	\$4,042	\$18,072	\$8,976	\$13,364	\$13,265	\$16,237
EE+Spouse - 2 Medicare	N/A	\$5,626	\$5,626	N/A	\$8,084	\$8,084	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$33,955	N/A	\$33,955	\$29,487	N/A	\$29,487	\$18,866	\$28,088	\$27,880	\$34,125
Family - 1 Medicare	\$20,264	\$2,813	\$23,077	\$17,597	\$4,042	\$21,639	\$11,258	\$16,762	\$16,638	\$20,365
Family - 2 Medicare	\$6,572	\$5,626	\$12,198	\$5,707	\$8,084	\$13,791	\$3,651	\$5,437	\$5,396	\$6,605
EE+Ch - 0 Medicare	\$19,168	N/A	\$19,168	\$16,646	N/A	\$16,646	\$10,650	\$15,856	\$15,739	\$19,264
EE+Ch - 1 Medicare	\$5,477	\$2,813	\$8,290	\$4,756	\$4,042	\$8,798	\$3,042	\$4,530	\$4,497	\$5,504
Rx Premium										
Single - 0 Medicare	\$3,422	N/A	\$3,422	\$3,557	N/A	\$3,557	\$2,244	\$3,092	\$3,101	\$3,312
Single - 1 Medicare	N/A	\$3,355	\$3,355	N/A	\$3,508	\$3,508	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$7,460	N/A	\$7,460	\$7,755	N/A	\$7,755	\$4,892	\$6,741	\$6,760	\$7,220
EE+Spouse - 1 Medicare	\$4,038	\$3,355	\$7,393	\$4,198	\$3,508	\$7,706	\$2,647	\$3,648	\$3,659	\$3,908
EE+Spouse - 2 Medicare	N/A	\$6,710	\$6,710	N/A	\$7,015	\$7,015	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$8,486	N/A	\$8,486	\$8,821	N/A	\$8,821	\$5,565	\$7,668	\$7,690	\$8,214
Family - 1 Medicare	\$5,064	\$3,355	\$8,419	\$5,265	\$3,508	\$8,772	\$3,321	\$4,576	\$4,589	\$4,902
Family - 2 Medicare	\$1,642	\$6,710	\$8,352	\$1,708	\$7,015	\$8,723	\$1,077	\$1,484	\$1,489	\$1,590
EE+Ch - 0 Medicare	\$4,791	N/A	\$4,791	\$4,980	N/A	\$4,980	\$3,141	\$4,328	\$4,341	\$4,637
EE+Ch - 1 Medicare	\$1,369	\$3,355	\$4,724	\$1,423	\$3,508	\$4,931	\$897	\$1,236	\$1,240	\$1,325

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

Exhibit 5A – Plan Year 2025 Employee Plan Option Summary

State Actives												
	CWA Unity / CWA Unity Freedom PPO	CWA 2019 Unity / CWA 2019 Unity Freedom PPO	NJDIRECT / Freedom PPO Plan	NJDIRECT 2019 / Freedom 2019 PPO Plan ²	PPO15	HMO15	PPO1525	PPO2030	PPO2035	HDHigh	HDLow	Tiered Network
In-Network												
Deductible (Single/Family) ¹	None	\$100	None	\$100	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	\$800/\$2,000	\$800/\$2,000	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$7,360/\$14,720	\$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% ³	10% ³	10% ³	10% ³	10% ³	10% ³	10% ³	10% ³	20%	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$15 copay	\$30 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$20 copay Tier 2: \$35 copay
Urgent Care	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$15 copay	\$45 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$35 copay Tier 2: \$50 copay
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$100 copay	\$100 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network												
Deductible (Single/Family)	\$400/\$1,000	\$400/\$1,000	\$400/\$1,000	\$400/\$1,000	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,150/\$12,300	\$3,650/\$7,300	Not covered
Overall Coinsurance	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$500/Stay	\$500/Stay	None	Not covered	None	None	None	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Not Covered	Not Covered	Not covered
Prescription Drug												
OOP Maximum (Single/Family)	\$1,840/\$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	\$1,840/\$3,680	\$1,840/\$3,680		\$1,840/\$3,680
Retail - Generic	\$7	\$7	\$7	\$7	\$3	\$3	\$7	\$3	\$7	\$7		\$7
Retail - Brand	\$16	\$16	\$16	\$16	\$10	\$10	\$16	\$18	\$21			\$16
Retail - Brand w/ Generic Available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Mail - Brand	\$40	\$40	\$40	\$40	\$15	\$15	\$40	\$36	\$52			\$40
Mail - Brand w/ Generic Available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference

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

² Actives that are hired on or after 7/1/2019 are automatically enrolled in the Unity PPO or Unity 2019 PPO Plan based on the Group they belong to.

³On 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

State Early Retirees												
	CWA Unity / CWA Unity Freedom PPO	NJDIRECT / Freedom PPO	PPO10	PPO15	HMO10	PPO1525	HMO1525	PPO2030	HMO2030	HDHigh	HDLow	Tiered Network
In-Network												
Deductible (Single/Family) ¹	\$0	\$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	\$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) ¹	\$7,849/\$15,698	\$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% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network												
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,150/\$12,300	\$3,650/\$7,300	Not covered
Overall Coinsurance	30% (175% CMS)	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	Not covered
MHSA Coinsurance	30% (195% CMS)	30% (195% CMS)	20%	30%	Not Covered	30%	Not Covered	30%	Not Covered	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$200/Stay	\$200/Stay	Not Covered	\$200/Stay	Not Covered	\$500/Stay	Not Covered	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not Covered	Not Covered	Not covered
Prescription Drug												
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702		\$1,351/\$2,702
Retail - Generic	\$7	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$7
Retail - Preferred Brand	\$16	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18			\$16
Retail - Non-Preferred Brand	\$35	\$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			Member Pays the Difference
Mail - Generic	\$18	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36			\$40
Mail - Non-Preferred Brand	\$88	\$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			Member Pays the Difference

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

² 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

	State Medicare Advantage ²				State Medicare Supplement				
	PPO10	PPO15	HMO10	HMO1525	HMO10	PPO1525	HMO1525	PPO2030	HMO2030
In-Network									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) ¹	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$7,849/\$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% ⁵	10% ⁵	10% ⁵	10% ⁵	10% ⁵
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Out-of-Network									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) ¹	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
Prescription Drug⁴									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic ³	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand ³	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand ³	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

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

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

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

⁵ On Select Services

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

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