



State of New Jersey

State Health Benefits Program

Plan Year 2017 Rate Renewal Recommendation Report

Local Government Employer Group

September 2016

Table of Contents

Subject	Page
Executive Summary	3
Trend Analysis	13
Financial Projections	15
Minimum Value	17
Renewal Rate Development	18
Exhibits	21
1 – Enrollment Projections	21
2 – Trend Analysis	26
3 – Aggregate Costs	28
4 – Plan Year 2017 Premiums	34
5 – Plan Year 2017 Plan Option Summary	42
About Aon	45

Executive Summary

The purpose of this report is to recommend premium levels for the Local Government Employer Group of the State Health Benefits Program (SHBP) for January 1, 2016 through December 31, 2016.

Benefit Plans Maintained by the SHBP

The State of New Jersey operates the SHBP as a multiple-option program for participating Local Government Employer Employees and Retirees, with the following medical plan options for Plan Year 2017, which are summarized in Exhibit 5:

- Two self-insured Preferred Provider Organization (PPO) plans – NJ DIRECT, administered by Horizon, and the Freedom PPO, administered by Aetna. In Plan Year 2017, both Horizon and Aetna will offer five options under their respective PPO plans. These plans are available to all Employees and Retirees.
- HMO plans are administered by Aetna and Horizon. There is one HMO benefit option available to Actives, and three HMO benefit options available to Retirees.
- Two High Deductible plans are administered by Aetna and Horizon. Employees may select either High Deductible option. Early Retirees are only offered the \$4,000 High Deductible option and neither option is available to Medicare-eligible Retirees.
- A Tiered Network plan option for Active Employees only, which offers no out-of-network coverage and provides the same prescription drug benefit as those provided in the HMO 1525 product.
- Active Employees may also be enrolled in a Prescription Drug Card Plan available under the SHBP, which is administered by Express Scripts. Local Government employers may select this plan, sign up for the MMRx prescription drug coverage under the medical plan, or purchase prescription drug coverage from an outside vendor. If an employer selects SHBP prescription drug coverage, the prescription drug benefit option is linked to the medical plan selection.
- All Medicare-eligible members currently enrolled in the PPO10 or PPO15 plans through Horizon will now be enrolled in a Medicare Advantage plan in Plan Year 2017. The Medicare Advantage plans are insured, rather than the current self-insured Medicare supplement plans offered by Horizon in Plan Year 2016. All Aetna Medicare-eligible members were already previously enrolled in Medicare Advantage plans. Medicare-eligible members currently enrolled in Horizon's PPO1525, PPO2030, or HMO plans will continue to be covered under Horizon's self-insured Medicare Supplement plans.
- SHBP Retirees also have Prescription Drug Plan options which are linked to the medical plan selection and are summarized in Exhibit 5.

Recommended Renewal Increases

Aon is recommending an overall decrease of 0.1% for Active Employees, an overall increase of 8.6% for Early Retirees, and an overall increase of 4.6% for Medicare Retirees. For all groups combined, the recommended increase is 2.4%. Note that the Active increase reflects the impact of a 0.1% decrease in the premium rates for each coverage tier.

The recommended renewal increases for Plan Year 2017 by benefit plan are listed below. Renewal increases were calculated separately for the PPO (which includes the High Deductible plans), the HMO, and the Prescription Drug Plans.

	Total	Single	EE + Spouse	Family	EE + Child(ren)
Actives					
PPO Medical	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%
HMO Medical	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%
PPO Rx	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%
HMO Rx	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%
Total	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%
Early Retirees					
PPO Medical	8.9%	8.9%	8.9%	8.9%	8.9%
HMO Medical	8.9%	8.9%	8.9%	8.9%	8.9%
PPO Rx	7.6%	7.6%	7.6%	7.6%	7.6%
HMO Rx	7.6%	7.6%	7.6%	7.6%	7.6%
Total	8.6%	8.6%	8.6%	8.6%	8.6%
Medicare Retirees					
PPO Medical	-8.1%	-8.1%	-8.1%	-8.1%	-8.1%
HMO Medical	-8.2%	-8.2%	-8.2%	-8.2%	-8.2%
PPO Rx	14.7%	14.7%	14.7%	14.7%	14.7%
HMO Rx	14.7%	14.7%	14.7%	14.7%	14.7%
Total	4.6%	4.6%	4.6%	4.6%	4.6%
Grand Total	2.4%	2.4%	2.4%	2.4%	2.4%

These premium increases for Plan Year 2017 are projected to produce a \$20 million loss for the Local Government Actives such that the Active premium rate change is a 0.1% decrease. The claim stabilization reserve will be reduced by \$20 million to reflect the reduced increase for Actives. The Plan Year 2017 premium increases project no gain or loss for the Local Government Retirees. The table below shows the projected Claim Stabilization Reserves at the end of Plan Years 2015-2017. The target Claim Stabilization Reserve is equivalent to 2.5 months of plan costs. The Plan Year 2017 renewal premium increases include no margin, because the projected reserve is expected to meet the target level of 2.0 months of plan costs as of 12/31/2017.

SHBP Projected Claim Stabilization Reserve
(in \$ millions)

12/31/2015	\$305
12/31/2016	\$302
12/31/2017	\$301
Months of Plan Costs at 12/31/2017	2.5

Employee+Child(ren) Premium Increases

SHBP premiums are developed using fixed relative values for the difference in premiums among coverage tiers (Single, Employee+Child(ren), Employee+Spouse, and Employee+Family).

The Plan Year 2016 premiums rated Child(ren) coverage at 79% of employee costs. The Plan Year 2017 premiums do not include the cost of Child(ren) coverage increasing to 86% of Single coverage, which is the most recent three year average claim cost per coverage unit for children. This continuation of the gradual increase in Child(ren) premiums to bring their premiums closer to their actual experience is not reflected in the renewal because the premium increases are set at a 0.1% reduction. An increase in the tiers is anticipated in Plan Year 2018. There is no change in the Child(ren) load for Retirees. The table below compares the Active coverage tier factors for Plan Year 2017 with Plan Year 2016:

Active Coverage Tier Factors

Coverage Tier	PY2016	PY2017	Increase
Single	1.000	1.000	0%
Ee+Child(ren)	1.790	1.790	0%
Ee+Spouse	2.000	2.000	0%
Ee+Family	2.790	2.790	0%

Employee/Retiree Contribution Changes

Actives: The first phase of Chapter 78 contributions was effective 7/1/2011. As of 7/1/2015, the contribution rates were fully phased-in for State Actives. Plan Year 2017 enrollment projections assume that 0.5% of the enrollment in NJ DIRECT10 will migrate to lower-cost plans from Plan Year 2016 to Plan Year 2017.

Retirees: Chapter 78 does not apply to existing retirees as of 7/1/2011 or to employees who had 20 or more years of service on 7/1/2011. For this reason, no changes to Retiree contributions are assumed for Plan Year 2017, which means that the majority of retirees will continue to have no contributions towards the cost of their retiree health benefits.

Health Status

Actives: Since 1/1/14, Active employees and spouses are covered by NJWELL, a Wellness program that provides incentives for “knowing your numbers” and taking steps to lead healthier lifestyles. The Plan Year 2017 renewal will use the following projections, which reflect the following expected costs per employee.

Annual Cost Per Employee	
PY2016	PY2017
\$29	\$35

It is assumed that savings resulting from health status improvements due to NJWELL are reflected in the Plan Year 2015 claims experience. The cost projections after Plan Year 2015 have not been adjusted for any additional savings as a result of NJWELL.

Changes

Retiree Prescription Drugs: The renewal projections will assume that in Plan Year 2017, the Retiree prescription drug copays and out-of-pocket maximums will remain unchanged from Plan Year 2016 for the SHBP.

SHBP Retirees

	PPO 10+15		HMO 10		1525		2030	
	2016	2017	2016	2017	2016	2017	2016	2017
Retail Generic Copay	\$10	\$10	\$6	\$6	\$7	\$7	\$3	\$3
Retail Preferred Brand Copay	\$22	\$22	\$12	\$12	\$16	\$16	\$18	\$18
Retail Non-Preferred Brand Copay	\$44	\$44	\$24	\$24	\$35	\$35	\$46	\$46
Mail Generic Copay	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail Preferred Brand Copay	\$33	\$33	\$18	\$18	\$40	\$40	\$36	\$36
Mail Non-Preferred Brand Copay	\$55	\$55	\$30	\$30	\$88	\$88	\$92	\$92
Out-of-Pocket Maximum	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351

Changes for Plan Year 2017:

- Medicare Advantage: All Medicare-eligible members currently enrolled in the PPO10 or PPO15 plans through Horizon will now be enrolled in a Medicare Advantage plan in Plan Year 2017. The Medicare Advantage plans are insured, rather than the current self-insured Medicare supplement plans offered by Horizon in Plan Year 2016. All Aetna Medicare-eligible members were already previously enrolled in Medicare Advantage plans. Medicare-eligible members currently enrolled in Horizon's PPO1525, PPO2030, or HMO plans will continue to be covered under Horizon's self-insured Medicare Supplement plans. This Medicare Advantage replacement change will result in a 12% reduction in Medicare Retiree medical cost.
- Tiered Network Incentive: Local Government employers have the option of providing a Tiered Network incentive to plan enrollees for Plan Year 2017. The incentive would be in the form of a gift card and would vary by tier as follows: \$1,000 for Single coverage, \$1,250 for EE+Spouse and EE+Child(ren) coverage, and \$2,000 for Family coverage. This renewal does not reflect any cost or savings associated with this change as it is optional for the Local Government employers.

- Physical Therapy Out-of-Network (OON) Reimbursement Change: All PPO plans will now limit plan payments for out-of-network physical therapy services to the average of the in-network rate for physical therapy services. This change applies to both Actives and Early Retirees. This change is estimated to result in a 1.7% decrease in Plan Year 2017 projected medical costs, based on input from Horizon.
- Mandatory Generic: Going forward, for all multi-source drugs (brand drugs with generic equivalents available), the SHBP plan will pay for the cost of the generic equivalent. Members who choose to fill the prescription for the brand name drug will be responsible for the difference in cost. This applies to Active and Early Retiree prescription drug plans only. This change is estimated to reduce the Plan Year 2017 projected prescription drug costs by about 3.6%, based on input from Express Scripts.
- Implement ESI's National Preferred Formulary: All Actives and Early Retiree prescription drug plans will move to ESI's National Preferred Formulary, which directs prescriptions to more cost-effective, clinically-equivalent medications. ESI evaluates clinically identical drugs and places the most cost-effective medications on the formulary. This change is estimated to result in a reduction in projected Plan Year 2017 prescription drug costs by about 4.3%, based on input from Express Scripts.
- Increase Emergency Room Copays by \$25: Emergency room copays will increase by \$25 for all current plans where the emergency room copay is currently lower than \$100, where permitted by federal regulations. This applies to both Active and Retiree plans. This change does not apply to physician referrals to the emergency room or to pediatric (under age 19) visits to the emergency room. The copays will be waived if the member is admitted to the hospital. This change is estimated to result in a 0.1% reduction in projected Plan Year 2017 medical claims.

Changes Prior to 1/1/2017:

- Compound Drugs: In July 2015, the SHBP PDC voted to implement an exclusion for only the non-medically necessary Top 25 to 30 Compound Drugs from ESI's Exclusion List, effective in December 2015. The new solution was effective in late February 2016 and applies to all SHBP plans for both the Active and Retiree populations. Based on guidance from ESI in July 2015, this change is estimated to result in a 4.9% reduction in Projected Plan Year 2016 prescription drug claims (\$47 million).
- DPCMH Pilot: The SHBP is sponsoring a Direct Primary Care Medical Home (DPCMH) Pilot Program for participating non-Medicare members and their dependents that are enrolled in a non-HMO SHBP plan. This voluntary pilot program will be established in multiple regions across the State and has an initial participation rate goal of 10,000 members within the first 12 months. Members who choose to go to a DPCMH provider will have no out-of-pocket cost-sharing when receiving care from that provider. DPCMH providers will provide comprehensive primary care services, will limit the number of patients for participating providers, and will be reimbursed on a Per Member Per Month (PMPM) basis. Horizon and Aetna will contract with DPCMH providers to implement this pilot program. At this time, it is uncertain when this program will be implemented.
- Hepatitis C: Effective October 1, 2015, the SHBP covered only Viekira Pak as the first line of treatment for members prescribed a Hepatitis C medication. Other Hepatitis C medications available (Sovaldi, Harvoni, and Olysio) will only be covered by the SHBP if the Viekira Pak treatment proves to be unsuccessful for the patient. This change applies only to prescriptions filled for Hepatitis C medications on or after October 1, 2015, and does not apply to any members undergoing treatment with a Hepatitis C medication other than Viekira Pak at that time. There is an appeals process available through the SHBP and ESI for situations where medications other than Viekira Pak may be medically necessary as a first line of treatment. This change applies to all SHBP plans. This change applies only to the non-Medicare population and is estimated to

result in a 1.2% reduction to projected Plan Year 2016 Commercial group prescription drug claims (\$3 million).

- Restrict Certain Therapies from Out-of-Network Coverage: The SHBP will reduce plan payments for out-of-network chiropractic and acupuncture services for Plan Year 2016. For these out-of-network services, the SHBP will pay the lesser of \$35 a visit for chiropractic and \$60 a visit for acupuncture or 75% of the in-network cost per visit. This change applies to all SHBP PPO plans. A 0.2% reduction in projected Plan Year 2016 medical claims is estimated as a result of this change (\$2 million).
- Increase Emergency Room Copays: For all current SHBP plans with emergency room copays currently less than \$100, the emergency room copay increased by \$25 per visit. This change does not apply to physician referrals to the emergency room or to pediatric (under age 19) visits to the hospital. The copays will be waived if the member is admitted to the emergency room. The PPO2030, HMO2030, PPO2035, and HMO2035 plans are not affected by this change, as these plans have emergency room copays currently in excess of \$100. This change also does not apply to the HD1500 or HD4000 plans, where emergency room coverage is paid by member coinsurance. A 0.2% reduction in projected Plan Year 2016 medical claims is estimated as a result of this change (\$2 million). This change applies to both Active and Retiree populations.

Tiered Network Assumptions: The SHBP Plan Design Committee approved a Tiered Network plan option for SHBP Active Employees for Plan Year 2016. The Tiered Network Plan is offered by both Horizon and Aetna. The Tiered Network Plan product replaced the HMO1525, HMO2030 & HMO2035 products and is only offered to Active Employees. Plan Year 2016 enrollment projection assumptions for the Tiered Network Plan are consistent with 2016 open enrollment results. Tiered Network medical premium rates are set at 75% of NJ DIRECT15 Plan medical rates. The Plan provides the same prescription drug benefits as were provided in the HMO1525 product in Plan Year 2015.

For Plan Year 2016, per-member medical and prescription drug incurred claims experience for the Tiered Network plans were estimated in a manner consistent with how the premium rates were developed for the Tiered Network plans.

Federal Healthcare Reform

In-Network Out-of-Pocket Maximum: Effective 1/1/2014, in-network medical coverage was required to include an overall out-of-pocket (OOP) maximum limit that applied to both medical and prescription drug benefits. This change was implemented for all the SHBP plans with the exception of NJ DIRECT10 and the High Deductible plans which already had in-network out-of-pocket maximum limits less than the required maximum. These limits are indexed every year. For Plan Year 2017, this 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)
2014	\$6,350 / \$12,700
2015	\$6,600 / \$13,200
2016	\$6,850 / \$13,700
2017	\$7,150 / \$14,300

Note that if the integrated OOP maximum is applied to the Local Plans that have a “private” prescription drug plan, the administrative costs could be significant. Aon has not included any specific administrative load for the Local Plans with private prescription drug cards. Please note that the out-of-pocket maximum is applied with 80% of the maximum applying to medical coverage and 20% of the maximum applying to prescription drug coverage for all Active plans, with the exception of the High Deductible plans.

Transitional Reinsurance Fee: Federal Health Care Reform instituted a three-year fee program, which started in 2014, to stabilize the cost of individual and small group insurance offered through public health insurance exchanges. Employer group health plans are assessed these fees to help mitigate large losses due to adverse selection in the state exchanges. The fee for Plan Year 2016 is \$27 per member (i.e., employees/retirees/dependents) per year for Actives and Early Retirees. There will be no Transitional Reinsurance Fee in Plan Year 2017.

Patient-Centered Outcomes Research Institute Fee: Beginning in 2012, Federal Health Care Reform imposed a fee to fund medical outcomes research. The fee was \$1 per member per year in 2012, increased to \$2.00 per member per year in 2013, \$2.08 per member per year in 2014 and \$2.17 per year in 2015. The Plan Year 2015 cost of \$2.17 per member per year is assumed to be increased at a 6% medical inflation rate in Plan Years 2016 and 2017. The aggregate costs will be paid by the plan sponsor and not the members. This fee is applicable to all members (i.e., employees/retirees/dependents).

Public Health Insurance Exchanges: The public health insurance exchanges that are mandated by Federal Healthcare Reform, which began in 2014, are assumed to have minimal impact on enrollment or cost levels within the SHBP due to the SHBP's 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 1/1/2015. This requirement is not projected to have a cost impact on the SHBP because in general, the State offers coverage to all full-time employees.

Minimum Value: Effective 1/1/2015, the Affordable Care Act requires employers to offer plans that have a minimum value of at least 60% (i.e., the plan's share of total allowed costs of benefits provided under the plan is at least 60% of such costs). All of the SHBP plan options were tested and have a minimum value in excess of 60%. More details are included in the Minimum Value section of this report.

New Jersey State Mandates

There are no new New Jersey State mandates effective for Plan Year 2017 that will impact the SHBP.

Vendor Changes

Medical Vendors: Aon assumes that Horizon and Aetna will be the only medical vendors in Plan Year 2017 and that both vendors will offer all benefit options. Note that the Horizon HMO options will only offer a New Jersey provider platform.

Prescription Drug Vendor: Aon assumes Express Scripts will continue to administer all of the prescription drug plans in Plan Year 2017. It is assumed that the prescription drug discounts for Plan Year 2017 will be based on Prescription Brand Rebates as outlined in Express Scripts' August 19, 2016 proposal for the two-year contract extension for Plan Years 2017 and 2018. This contract extension proposal from Express Scripts is projected to reduce overall Plan Year 2017 prescription drug costs by approximately \$9 million, with \$6 million savings for the Commercial group and \$3 million savings for the EGWP group.

Financial Results

The Plan Year 2015 loss ratio increased approximately 0.2% since the Plan Year 2016 renewal analysis. This increased the Plan Year 2015 projected loss of \$8 million to a projected loss of \$10 million.

The Plan Year 2016 projected loss ratio increased 0.4% from last year's renewal analysis, resulting in a current projected loss of \$6 million, compared to no projected loss or gain from the Plan Year 2016 Renewal Report. The increase in cost is primarily due to increases in prescription drug claim experience.

Plan Year 2017 results were projected to produce a loss of \$20 million for Actives and no loss or gain for Retirees. The Plan Year 2017 projected costs are \$1.4 billion, broken down as \$0.9 billion for Actives and \$0.5 billion for Retirees.

Eligibility Changes

Coverage of Adult Children to Age 31

New Jersey currently mandates the coverage of adult children under age 31 at a premium level that is equivalent to the child rate included in the standard premium tables, loaded 2% for additional expenses. Under the recommended revision to premium relativities for Plan Year 2017, the Adult child rate will be equivalent to 88% of the Single employee rate. Adult dependent enrollment is 116 as of March 2016.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from January 2014 through May 2016 and Aon's projection of enrollment from June 2016 through December 2017. This projection assumes that Local Government Actives will decrease 6.5% in Plan Year 2016 and 5.0% in Plan Year 2017; Early Retiree enrollment will decrease 1.5% per year in Plan Years 2016 and 2017; and Medicare Retiree enrollment will increase 4.5% in Plan Year 2016 and 4.0% in Plan Year 2017.

Exhibit 1B shows the projected distribution of enrollment among benefit options and assumes that 0.5% of the enrollment in the NJ DIRECT10 will migrate to lower-cost benefit options in Plan Years 2016 and 2017.

Enrollment in the Tiered Network plans is assumed to migrate from the Aetna and Horizon Legacy DIRECT10 plans at 1.0% from 2016 to 2017.

Exhibit 1C shows enrollment by benefit option and coverage tier as of May 2016.

Demographic Changes

The Active Employee average age was stable in Plan Years 2015 and 2016. The average HMO employee age is approximately one year older than the average age for the average PPO employee. The average age of employees enrolling in the new benefit options is approximately two years younger than the employees in the Legacy Plans.

Average Employee Age

	2015	2016	Change
Legacy PPO	46.6	46.7	0.1
Legacy HMO	47.5	48.0	0.5
Legacy Total	46.7	46.8	0.1
New Plans	44.4	45.2	0.8
Total	46.6	46.7	0.1

Trend Analysis

The recommended claim trend assumptions for Plan Years 2016 and 2017 are:

	Plan Year 2016		Plan Year 2017	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives*	7.25%	11.50%	7.25%	11.25%
PPO Early Retirees	7.50%	11.25%	6.00%	11.00%
Medicare Retirees	3.50%	11.25%	3.50%	11.00%
HMO Actives*	6.25%	11.50%	5.75%	11.25%
HMO Early Retirees	6.00%	11.25%	5.50%	11.00%

*Includes anti-selection trend adjustments outlined below.

The Medicare Retiree trend assumptions do not reflect the Medicare Advantage offering change for Medicare-eligible retirees for Medicare Advantage plans offered by Horizon and Aetna. The trend assumptions also do not reflect the fully insured Aetna Medicare Advantage premium increases for Plan Year 2017 for the existing enrollees. These premium increases reflected no change for the PPO plans and a 3% decrease for the HMO plans from Plan Year 2016.

Exhibit 2A presents historical SHBP medical trend experience and Aon's trend assumptions for Plan Year 2017. Exhibit 2B presents similar prescription drug trend experience and assumptions. These experience trends are based on estimated incurred claim trends from January 1, 2014 to December 31, 2015. The claim costs in these exhibits have been normalized for estimated benefit and vendor changes.

Medical Trends: Aon recommended trends are based on SHBP experience adjusted for expected future changes and vendor recommended trends.

- Since the two-year average experience trend for Horizon Actives is approximately 4.8%, the PPO medical trend has been adjusted to 7.25% for Plan Years 2016 and 2017, as compared to the trend assumption of 8.25% in the Plan Year 2016 Renewal Report (which includes the anti-selection adjustment described below).
- Due to an increase in emerging experience through the second quarter of 2016, the recommended PPO medical trend assumption for Early Retirees is equal to 7.5% in Plan Year 2016, which is 25 basis points greater than the PPO active trend of 7.25%. The PPO medical trend assumption for Early Retirees is 6.0% in Plan Year 2017.
- Aon recommends Medicare Retiree medical trends remain at 3.5%, consistent with the Plan Year 2016 Renewal Report.
- The medical trend assumption for HMO Actives has been adjusted to 6.25% in Plan Year 2016 from 7.75% in the Plan Year 2016 Renewal Report (which includes the anti-selection adjustment described below). The medical trend assumption for HMO Actives is 5.75% in Plan Year 2017.
- The medical trend assumption for HMO Early Retirees has been adjusted to 6.0% in Plan Year 2016, from 7.0% in the Plan Year 2016 Renewal Report. The medical trend assumption for HMO Early Retirees is 5.5% in Plan Year 2017.

Prescription Drug Trends: Aon recommended trends are based on experience trend and the Aon Trend Survey. The trend recommendations have been adjusted for the compound drug change and reflect expectations of future prescription drug trends.

The Aon prescription drug trend recommendation for Actives has been adjusted to 11.5% for Plan Year 2016 from 12.75% in the Plan Year 2016 Renewal Report. The Aon Plan Year 2017 prescription drug trend recommendation is 11.25% for Actives and 11.0% for Retirees.

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

Financial Projections

Aggregate Financial Projections

Using the assumptions and methodology described in this report's Renewal Rate Development section, Aon updated estimated costs for Plan Years 2015, 2016 and 2017.

Projected Financial Results
(in \$ millions)

	PPO10	PPO15	HMOs	New Plans	Total
Plan Year 2015					
Premium Rates x Enrollment	\$906.0	\$240.2	\$166.0	\$44.0	\$1,356.2
Incurred Claims	\$902.4	\$231.1	\$163.7	\$34.1	\$1,331.3
Administrative Charges	\$22.4	\$6.2	\$5.1	\$1.3	\$35.0
Net Gain (Loss)	(\$18.8)	\$2.9	(\$2.8)	\$8.6	(\$10.1)
Plan Year 2016					
Premium Rates x Enrollment	\$916.2	\$249.9	\$154.5	\$57.7	\$1,378.3
Incurred Claims	\$903.1	\$241.7	\$149.8	\$56.6	\$1,351.2
Administrative Charges	\$21.0	\$6.0	\$4.4	\$1.5	\$32.9
Net Gain (Loss)	(\$7.9)	\$2.2	\$0.3	(\$0.4)	(\$5.8)
Plan Year 2017					
Premium Rates x Enrollment	\$895.5	\$251.1	\$150.4	\$67.5	\$1,364.5
Incurred Claims	\$900.6	\$249.5	\$144.4	\$65.8	\$1,360.3
Administrative Charges	\$14.5	\$4.3	\$3.8	\$1.6	\$24.2
Net Gain (Loss)	(\$19.6)	(\$2.7)	\$2.2	\$0.1	(\$20.0)

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

Administrative Fees

The table below compares Plan Year 2017 administrative fees per subscriber per month with Plan Year 2016 fees. The fees below do not include fees associated with NJWELL:

	PY2016	PY2017	Change
Aetna PPO	\$32.10	\$32.18	0.2%
Horizon* PPO	\$22.93	\$23.44	2.2%
Aetna HMO	\$43.77	\$43.88	0.3%
Horizon* HMO	\$35.87	\$36.70	2.3%
Aetna HDHP	\$33.49	\$33.57	0.2%
Horizon* HDHP	\$27.59	\$28.22	2.3%
Aetna Tiered Network	\$45.52	\$45.63	0.2%
Horizon* Tiered Network	\$45.87	\$46.70	1.8%
Express Scripts** Rx Card	\$3.67	\$3.37	-8.2%
Express Scripts** HDHP	\$4.62	\$4.32	-6.5%
Express Scripts** EGWP	\$13.22	\$12.37	-6.5%
Express Scripts** MM Rx	\$0.26	\$0.26	2.5%

* Plan Year 2017 Horizon administrative fees are assumed to increase by 2.5% from Plan Year 2016 fee levels. This assumption is subject to change based on updated CPI-U guidelines in September 2016. In addition, Horizon's Plan Year 2016 PEPM fees for Actives and Retirees were increased by \$0.24 PEPM in January 2016 – June 2016 and by \$0.12 PEPM in July 2016 – December 2016 as a result of the administrative work required due to the changes in Plan Year 2016. Horizon's Plan Year 2017 PEPM fees for Actives and Retirees will increase by \$0.12 PEPM for the full Plan Year 2017.

**Plan Year 2017 Express Scripts administrative fees are consistent with the administrative fees provided by Express Scripts under the Two-Year Contract Extension.

Minimum Value

Under the Affordable Care Act, beginning in 2014, eligible individuals who purchase coverage under a qualified health plan through a state health insurance exchange may receive a premium tax credit or cost-sharing subsidy unless they are eligible for other health care coverage, including coverage under an employer-sponsored health plan that is affordable to the employee and provides minimum value. A plan fails to provide minimum value if “the plan’s share of the total allowed costs of benefits provided under the plan is less than 60% of such costs.” The 2017 SHBP plans were tested using the Minimum Value calculator provided by Health and Human Services (HHS) and the Internal Revenue Service (IRS). All the SHBP plans have a minimum value greater than the 60% minimum requirement with values ranging from 66% for the \$4,000 High Deductible plan up to 97% for the Active NJ DIRECT10 plan.

Renewal Rate Development

Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2015, 2016, and 2017, separately for each PPO, HMO, and High Deductible plan. Costs were projected separately for each benefit plan for Actives, Early Retirees, and Medicare Retirees, and for medical claims, prescription drug claims, administrative costs, and aggregate premiums.

Plan Year 2017 premium increases were calculated separately for Actives, Early Retirees, and Medicare Retirees, and by coverage type: PPO, HMO, and prescription drugs. Aetna experience was used to develop the HMO premium increases, Horizon experience for the PPO premium increases, and Express Scripts experience for the prescription drug premium increases. Premium increases were set to achieve a \$20 million loss for the Local Government Actives and no loss or gain for the Retirees.

Medical and Prescription Drug Claim Projections

1. Using claim data and claim triangles supplied by Horizon, Aetna, and Express Scripts, Aon estimated completed incurred claims for Plan Year 2015 and the first quarter of Plan Year 2016, separately for each benefit plan, for medical versus prescription drugs, and for Actives, Early Retirees, and Medicare Retirees.
2. Capitation and other similar fixed claim charges were added to the incurred claims to arrive at projected incurred claims.
3. Estimated incurred claims in Plan Year 2015 were divided by average covered members to get average claims per member per year. Covered members are based on historical billing enrollment data by coverage tier and 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 2017 using the annual trend rates listed in the Trend Analysis section of this document.
5. Aggregate claims for Plan Year 2017 are the product of projected enrollment and the projected claims per member.
6. Plan Year 2017 projected Aetna Medicare Advantage PPO fully insured premiums remain at 2016 levels, and the Aetna HMO fully insured premiums were decreased 3% over Plan Year 2016, based on Aetna's renewal. Plan Year 2017 fully insured Horizon Medicare Advantage premium rates are based on the rates provided by Horizon on September 2, 2016.
7. Aon assumes that rebates for Plan Years 2015, 2016, and 2017 are equal to recommended amounts for Plan Years 2015, 2016, and 2017 provided by ESI.
8. EGWP projections include monthly CMS payments per Medicare-eligible Retiree for prescription drug coverage, an annual CMS payment for reinsurance on catastrophic claims, and prescription drug manufacturers' coverage gap reimbursement payments. These amounts are equal to recommendations from Express Scripts. The credits are projected at \$38 million for Plan Year 2015, \$41 million for Plan Year 2016 and \$46 million for Plan Year 2017.

- a. CMS per capita payments: The Plan Year 2017 payment is assumed to be \$22.59 Per Member Per Month (PMPM) based on data received to date from ESI.
 - b. Coverage Gap Discount: The Plan Year 2017 PMPM credits are assumed to be \$65.80 based on data received from ESI.
 - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2015 credit is not expected until the beginning of Plan Year 2017. For Plan Year 2017, we will assume that the credit will be \$54.90 PMPM based on projections from ESI.
9. Total SHBP projected Plan Year 2017 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.

Administrative Cost Projection

The administrative cost projection includes administrative charges, as well as some miscellaneous cost items:

1. Administrative fees are contractual ASO fees per subscriber per month multiplied by the projected average enrollment for the year.
2. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, projected at \$2.6 million for Plan Year 2017.
3. \$44 per non-Medicare member per year for the Transitional Reinsurance Fee for Plan Year 2015 and \$27 per non-Medicare member per year for Plan Year 2016, as required by Federal Healthcare Reform. There will be no Transitional Reinsurance Fee in Plan Year 2017.
4. Projected investment income of \$0.4 million was used to reduce projected administrative costs for Plan Year 2017.
5. NJWELL annual expenses, projected to be \$29 per employee for Plan Year 2016 and \$35 per employee for Plan Year 2017.
6. Plan Year 2017 Express Scripts administrative fees are consistent with the administrative fees provided by Express Scripts under the Two-Year Contract Extension.

Margin

1. Active and Retiree premiums include no margin, since the projected Claim Stabilization Reserve for the Local Government Group is expected to be at or above the recommended level of 2.0 at the end of Plan Year 2017.

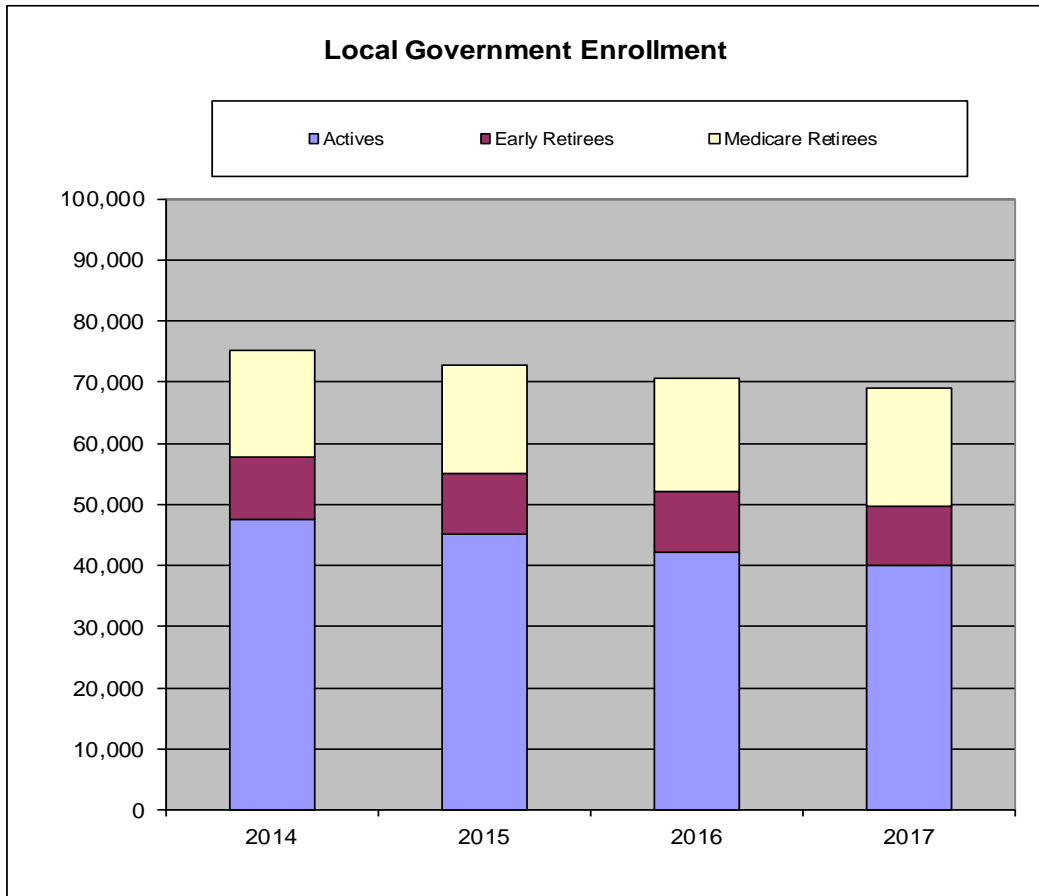
Projected Premiums

1. Plan Year 2017 premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to the Plan Year 2016 premium rates.
2. Aggregate Plan Year 2017 premiums are calculated by multiplying projected Plan Year 2017 enrollment by projected Plan Year 2017 premium rates.

Data Assumptions

1. Claims: For medical and prescription drug claims, claim files from each of the vendors, which have claims incurred in 2015 and paid through March 2016, are used.
2. Enrollment: Monthly census files received from the Division of Pensions and Benefits are used to match against the claims tapes to determine enrollments for Active versus Retiree and State versus Local Employers. Billing counts from the Division of Pensions and Benefits through May 2016 are used for the exposure units in the cost analysis.

Exhibit 1A – Enrollment Projections



Actives

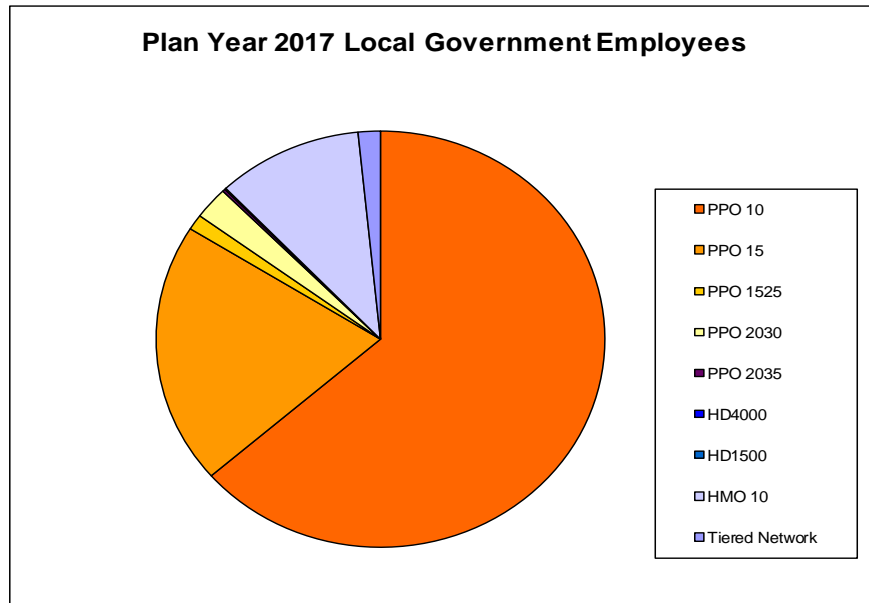
Assumes enrollment will decrease by 5% for Plan Year 2017.

Retirees

Assumes early retiree enrollment will decrease at 1.5% and Medicare retiree enrollment will increase at 4% for Plan Year 2017.

	Annual Change in Local Government Enrollment		
	Actual 2014 to 2015	Actual 2015 to 2016	Projected 2016 to 2017
Actives	-4.9%	-6.5%	-5.0%
Early Retirees	-2.5%	-1.5%	-1.5%
Medicare Retirees	1.2%	4.5%	4.0%

Exhibit 1B Actives – Projected Plan Year 2017 Plan Distribution



Assumes that 74% of Employees will remain in \$10 copay plans.

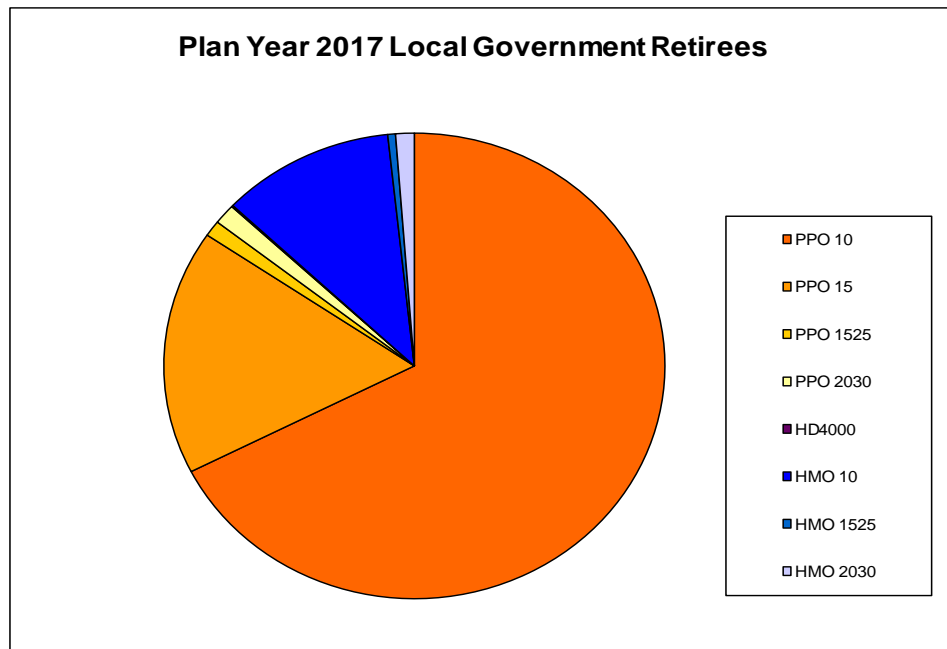
Assumes 88% of Employees will enroll in the PPO plans, 12% in the HMO plans and less than 1% in the High Deductible plans.

Assumes 94% of Employees will remain in Legacy plans with only 6% in the new benefit options.

Assumes enrollment will be split approximately 85% to Horizon and 15% to Aetna.

Actives	Horizon	Aetna	Total
PPO 10	60.6%	3.0%	63.6%
PPO 15	19.6%	0.7%	20.3%
PPO 1525	0.8%	0.4%	1.2%
PPO 2030	2.1%	0.4%	2.5%
PPO 2035	0.1%	0.1%	0.2%
HD4000	0.1%	0.0%	0.1%
HD1500	0.0%	0.0%	0.0%
HMO 10	0.3%	10.2%	10.5%
Tiered Network	1.2%	0.4%	1.6%
Total	84.8%	15.2%	100.0%

Exhibit 1B Retirees – Projected Plan Year 2017 Plan Distribution



Assumes that 79% of Retirees will remain in \$10 copay plans.

Assumes 87% of Retirees will enroll in the PPO plans, 13% in the HMO plans and less than 1% in the High Deductible plan.

Assumes 96% of Retirees will remain in Legacy plans with only 4% in the new benefit options.

Assumes enrollment will be split approximately 82% to Horizon and 18% to Aetna.

Retirees	Horizon	Aetna	Total
PPO 10	63.4%	4.1%	67.5%
PPO 15	16.1%	0.9%	17.0%
PPO 1525	0.9%	0.2%	1.1%
PPO 2030	1.1%	0.3%	1.4%
HD4000	0.1%	0.0%	0.1%
HMO 10	0.2%	11.0%	11.2%
HMO 1525	0.1%	0.4%	0.5%
HMO 2030	0.4%	0.8%	1.2%
Total	82.3%	17.7%	100.0%

Exhibit 1C Actives – May 2016 Enrollment

	Number of Contracts as of May 2016				Total
	Single	Employee + Spouse	Family	Employee + Child(ren)	
GOVERNMENT - ACTIVE & COBRA					
Medical Plans					
Horizon 10 PPO	8,122	4,322	10,525	3,295	26,264
Horizon 15 PPO	2,934	1,381	3,091	1,026	8,432
Horizon 1525 PPO	103	45	101	27	276
Horizon 2030 PPO	282	131	366	80	859
Horizon 2035 PPO	31	1	15	5	52
Horizon HD4000	7	6	13	3	29
Horizon HD1500	4	0	0	0	4
Horizon Legacy HMO (10)	49	9	56	28	142
Horizon Tiered Network	62	23	66	28	179
Horizon Total	11,594	5,918	14,233	4,492	36,237
Aetna 10 PPO	356	181	562	210	1,309
Aetna 15 PPO	114	32	107	45	298
Aetna 1525 PPO	53	19	46	21	139
Aetna 2030 PPO	47	24	60	19	150
Aetna 2035 PPO	9	3	5	1	18
Aetna HD4000	5	1	0	0	6
Aetna HD1500	0	0	0	1	1
Aetna Legacy HMO (10)	1,108	672	1,803	735	4,318
Aetna Tiered Network	57	21	49	21	148
Aetna Total	1,749	953	2,632	1,053	6,387
Total	13,343	6,871	16,865	5,545	42,624

Exhibit 1C Retirees – May 2016 Enrollment

	Number of Contracts as of May 2016				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
GOVERNMENT RETIREES					
Medical Plans					
Horizon 10 PPO	7,625	6,525	2,512	614	17,276
Horizon 15 PPO	1,887	1,635	604	212	4,338
Horizon 1525 PPO	58	80	63	12	213
Horizon 2030 PPO	35	91	122	22	270
Horizon HD4000	9	4	4	0	17
Horizon HD1500	0	0	0	0	0
Horizon Legacy HMO (10)	19	22	14	4	59
Horizon 1525 HMO	5	8	7	2	22
Horizon 2030 HMO	16	29	49	7	101
Horizon Total	9,654	8,394	3,375	873	22,296
Aetna 10 PPO	359	471	206	69	1,105
Aetna 15 PPO	79	124	35	17	255
Aetna 1525 PPO	11	3	13	1	28
Aetna 2030 PPO	4	17	19	4	44
Aetna 2035 PPO	0	0	0	0	0
Aetna HD4000	4	2	2	0	8
Aetna HD1500	0	0	0	0	0
Aetna Legacy HMO (10)	1,184	1,028	575	189	2,976
Aetna 1525 HMO	16	44	34	7	101
Aetna 2030 HMO	24	77	119	20	240
Aetna 2035 HMO	0	0	0	0	0
Aetna Total	1,681	1,766	1,003	307	4,757
Total	11,335	10,160	4,378	1,180	27,053

Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Ee	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<u>PPO Active</u>			
1/1/2014 - 12/31/2014	5.6%	0.0%	5.6%
1/1/2015 - 12/31/2015	4.7%	0.6%	4.0%
Average			4.8%
Aon Plan Year 2017 Trend Assumption			7.25%

<u>PPO Early Retiree</u>			
1/1/2014 - 12/31/2014	2.7%	0.0%	2.7%
1/1/2015 - 12/31/2015	7.3%	0.6%	6.7%
Average			4.7%
Aon Plan Year 2017 Trend Assumption			6.00%

<u>Medicare Retiree</u>			
1/1/2014 - 12/31/2014	0.1%	0.0%	0.1%
1/1/2015 - 12/31/2015	3.2%	0.6%	2.6%
Average			1.3%
Aon Plan Year 2017 Trend Assumption			3.50%

<u>HMO Active</u>			
1/1/2014 - 12/31/2014	4.0%	0.0%	4.0%
1/1/2015 - 12/31/2015	13.4%	0.7%	12.7%
Average			8.3%
Aon Plan Year 2017 Trend Assumption			5.75%

<u>HMO Early Retiree</u>			
1/1/2014 - 12/31/2014	-2.7%	0.0%	-2.7%
1/1/2015 - 12/31/2015	9.4%	0.7%	8.7%
Average			3.0%
Aon Plan Year 2017 Trend Assumption			5.50%

* Includes anti-selection trend adjustment

Normalizing Adjustments

1/1/2015: Breast evaluation and other medically necessary testing for Actives and Retirees.

1/1/2015: Autism and other developmental disabilities mandate for Actives and Retirees.

Exhibit 2B – Plan Year 2017 Prescription Drug Trend Assumption

	(A) Increase in Claims/Ee	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
Active Rx			
1/1/2014 - 12/31/2014	18.2%	0.0%	18.2%
1/1/2015 - 12/31/2015	34.2%	-2.7%	36.9%
Average			27.5%
Aon Plan Year 2017 Trend Assumption			11.25%

Retiree Rx			
1/1/2014 - 12/31/2014	14.5%	-2.3%	16.9%
1/1/2015 - 12/31/2015	20.5%	-5.0%	25.6%
Average			21.2%
Aon Plan Year 2017 Trend Assumption			11.00%

* Includes anti-selection trend adjustment

Normalizing Adjustments:

1/1/2014 and 1/1/2015: Retiree Rx Copay and OOP maximum change

1/1/2015: ESI Contract Extension (Actives & Retirees)

Exhibit 3A – Plan Year 2015 Aggregate Costs

Page 1 of 2

	Legacy Plans							1525			
	Total	Aetna PPO10	Aetna PPO15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Subscribers	72,877	2,419	443	45,923	13,100	8,497	196	137	442	260	43
Incurring Medical Claims	\$969,093,000	\$39,997,000	\$4,833,000	\$630,040,000	\$163,666,000	\$103,163,000	\$1,577,000	\$1,398,000	\$5,237,000	\$2,434,000	\$501,000
Capitation	\$17,028,000	\$0	\$0	\$5,791,000	\$1,666,000	\$8,861,000	\$39,000	\$0	\$54,000	\$162,000	\$9,000
Incurring Prescription Drug Claims	\$438,037,000	\$16,861,000	\$2,584,000	\$272,648,000	\$74,503,000	\$61,112,000	\$944,000	\$571,000	\$2,191,000	\$1,457,000	\$183,000
Prescription Drug Rebates	(\$54,677,000)	(\$2,091,000)	(\$327,000)	(\$34,051,000)	(\$9,352,000)	(\$7,610,000)	(\$120,000)	(\$74,000)	(\$266,000)	(\$179,000)	(\$21,000)
EGWP Credits	(\$38,144,000)	(\$1,283,000)	(\$197,000)	(\$25,546,000)	(\$6,293,000)	(\$4,181,000)	(\$75,000)	\$0	(\$222,000)	(\$139,000)	(\$15,000)
Administrative Fees	\$34,979,000	\$1,169,000	\$220,000	\$21,164,000	\$6,031,000	\$5,035,000	\$122,000	\$78,000	\$204,000	\$152,000	\$26,000
Total Cost	\$1,366,316,000	\$54,653,000	\$7,113,000	\$870,046,000	\$230,221,000	\$166,380,000	\$2,487,000	\$1,973,000	\$7,198,000	\$3,887,000	\$683,000
Total Premium	\$1,356,237,000	\$48,622,000	\$8,443,000	\$857,394,000	\$231,770,000	\$162,242,000	\$3,772,000	\$2,521,000	\$8,143,000	\$4,693,000	\$791,000
Gain (Loss)	(\$10,079,000)	(\$6,031,000)	\$1,330,000	(\$12,652,000)	\$1,549,000	(\$4,138,000)	\$1,285,000	\$548,000	\$945,000	\$806,000	\$108,000
Employees											
Average Medical Subscribers	45,198	1,415	291	28,226	8,777	5,040	126	117	241	137	20
Incurring Medical Claims	\$705,422,000	\$26,021,000	\$3,541,000	\$465,697,000	\$125,767,000	\$69,229,000	\$877,000	\$1,083,000	\$2,774,000	\$1,417,000	\$87,000
Capitation	\$12,840,000	\$0	\$0	\$4,308,000	\$1,302,000	\$6,907,000	\$28,000	\$0	\$32,000	\$99,000	\$3,000
Incurring Prescription Drug Claims	\$201,294,000	\$7,152,000	\$1,557,000	\$124,857,000	\$35,571,000	\$28,330,000	\$583,000	\$490,000	\$753,000	\$446,000	\$49,000
Prescription Drug Rebates	(\$26,795,000)	(\$952,000)	(\$207,000)	(\$16,622,000)	(\$4,735,000)	(\$3,771,000)	(\$78,000)	(\$65,000)	(\$100,000)	(\$59,000)	(\$6,000)
EGWP Credits	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative Fees	\$22,581,000	\$814,000	\$168,000	\$13,116,000	\$4,065,000	\$3,636,000	\$79,000	\$66,000	\$111,000	\$98,000	\$12,000
Total Cost	\$915,342,000	\$33,035,000	\$5,059,000	\$591,356,000	\$161,970,000	\$104,331,000	\$1,489,000	\$1,574,000	\$3,570,000	\$2,001,000	\$145,000
Total Premium	\$913,321,000	\$29,898,000	\$5,786,000	\$581,324,000	\$168,544,000	\$102,840,000	\$2,495,000	\$2,053,000	\$4,314,000	\$2,355,000	\$320,000
Gain (Loss)	(\$2,021,000)	(\$3,137,000)	\$727,000	(\$10,032,000)	\$6,574,000	(\$1,491,000)	\$1,006,000	\$479,000	\$744,000	\$354,000	\$175,000
Retirees											
Average Medical Subscribers	27,679	1,004	152	17,697	4,323	3,457	70	20	201	123	23
Incurring Medical Claims	\$263,671,000	\$13,976,000	\$1,292,000	\$164,343,000	\$37,899,000	\$33,934,000	\$700,000	\$315,000	\$2,463,000	\$1,017,000	\$414,000
Capitation	\$4,188,000	\$0	\$0	\$1,483,000	\$364,000	\$1,954,000	\$11,000	\$0	\$22,000	\$63,000	\$6,000
Incurring Prescription Drug Claims	\$236,743,000	\$9,709,000	\$1,027,000	\$147,791,000	\$38,932,000	\$32,782,000	\$361,000	\$81,000	\$1,438,000	\$1,011,000	\$134,000
Prescription Drug Rebates	(\$27,882,000)	(\$1,139,000)	(\$120,000)	(\$17,429,000)	(\$4,617,000)	(\$3,839,000)	(\$42,000)	(\$9,000)	(\$166,000)	(\$120,000)	(\$15,000)
EGWP Credits	(\$38,144,000)	(\$1,283,000)	(\$197,000)	(\$25,546,000)	(\$6,293,000)	(\$4,181,000)	(\$75,000)	\$0	(\$222,000)	(\$139,000)	(\$15,000)
Administrative Fees	\$12,398,000	\$355,000	\$52,000	\$8,048,000	\$1,966,000	\$1,399,000	\$43,000	\$12,000	\$93,000	\$54,000	\$14,000
Total Cost	\$450,974,000	\$21,618,000	\$2,054,000	\$278,690,000	\$68,251,000	\$62,049,000	\$998,000	\$399,000	\$3,628,000	\$1,886,000	\$538,000
Total Premium	\$442,916,000	\$18,724,000	\$2,657,000	\$276,070,000	\$63,226,000	\$59,402,000	\$1,277,000	\$468,000	\$3,829,000	\$2,338,000	\$471,000
Gain (Loss)	(\$8,058,000)	(\$2,894,000)	\$603,000	(\$2,620,000)	(\$5,025,000)	(\$2,647,000)	\$279,000	\$69,000	\$201,000	\$452,000	(\$67,000)

Exhibit 3A – Plan Year 2015 Aggregate Costs

Page 2 of 2

	2030				2035				HD 4000		HD 1500	
	Aetna PPO	NJ DIRECT	Aetna HMO	Horizon HMO	Aetna PPO	NJ DIRECT	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO
Employees and Retirees												
Average Medical Subscribers	122	702	325	130	16	47	8	9	11	43	NA	4
Incurred Medical Claims	\$1,307,000	\$9,051,000	\$3,770,000	\$1,574,000	\$144,000	\$205,000	\$32,000	\$11,000	\$22,000	\$131,000	NA	\$0
Capitation	\$0	\$105,000	\$300,000	\$27,000	\$0	\$3,000	\$5,000	\$1,000	\$0	\$5,000	NA	\$0
Incurred Prescription Drug Claims	\$554,000	\$1,650,000	\$1,704,000	\$850,000	\$53,000	\$62,000	\$84,000	\$9,000	\$2,000	\$15,000	NA	\$0
Prescription Drug Rebates	(\$70,000)	(\$192,000)	(\$195,000)	(\$100,000)	(\$7,000)	(\$8,000)	(\$11,000)	(\$1,000)	\$0	(\$2,000)	NA	\$0
EGWP Credits	\$0	(\$162,000)	\$0	(\$31,000)	\$0	\$0	\$0	\$0	\$0	\$0	NA	\$0
Administrative Fees	\$70,000	\$325,000	\$232,000	\$80,000	\$9,000	\$21,000	\$5,000	\$5,000	\$6,000	\$23,000	NA	\$2,000
Total Cost	\$1,861,000	\$10,777,000	\$5,811,000	\$2,400,000	\$199,000	\$283,000	\$115,000	\$25,000	\$30,000	\$172,000	NA	\$2,000
Total Premium	\$2,554,000	\$13,331,000	\$7,656,000	\$2,692,000	\$202,000	\$596,000	\$80,000	\$61,000	\$117,000	\$525,000	NA	\$32,000
Gain (Loss)	\$693,000	\$2,554,000	\$1,845,000	\$292,000	\$3,000	\$313,000	(\$35,000)	\$36,000	\$87,000	\$353,000	NA	\$30,000
Employees												
Average Medical Subscribers	86	478	89	40	16	47	8	9	3	28	NA	4
Incurred Medical Claims	\$670,000	\$6,066,000	\$1,096,000	\$666,000	\$144,000	\$205,000	\$32,000	\$11,000	\$0	\$39,000	NA	\$0
Capitation	\$0	\$74,000	\$69,000	\$6,000	\$0	\$3,000	\$5,000	\$1,000	\$0	\$3,000	NA	\$0
Incurred Prescription Drug Claims	\$414,000	\$299,000	\$404,000	\$175,000	\$53,000	\$62,000	\$84,000	\$9,000	\$0	\$6,000	NA	\$0
Prescription Drug Rebates	(\$55,000)	(\$40,000)	(\$54,000)	(\$23,000)	(\$7,000)	(\$8,000)	(\$11,000)	(\$1,000)	\$0	(\$1,000)	NA	\$0
EGWP Credits	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative Fees	\$50,000	\$220,000	\$64,000	\$24,000	\$9,000	\$21,000	\$5,000	\$5,000	\$1,000	\$15,000	NA	\$2,000
Total Cost	\$1,079,000	\$6,619,000	\$1,579,000	\$848,000	\$199,000	\$283,000	\$115,000	\$25,000	\$1,000	\$62,000	NA	\$2,000
Total Premium	\$1,566,000	\$8,346,000	\$1,571,000	\$596,000	\$202,000	\$596,000	\$80,000	\$61,000	\$15,000	\$327,000	NA	\$32,000
Gain (Loss)	\$487,000	\$1,727,000	(\$8,000)	(\$252,000)	\$3,000	\$313,000	(\$35,000)	\$36,000	\$14,000	\$265,000	NA	\$30,000
Retirees												
Average Medical Subscribers	36	224	236	90	NA	NA	NA	NA	8	15	NA	NA
Incurred Medical Claims	\$637,000	\$2,985,000	\$2,674,000	\$908,000	NA	NA	NA	NA	\$22,000	\$92,000	NA	NA
Capitation	\$0	\$31,000	\$231,000	\$21,000	NA	NA	NA	NA	\$0	\$2,000	NA	NA
Incurred Prescription Drug Claims	\$140,000	\$1,351,000	\$1,300,000	\$675,000	NA	NA	NA	NA	\$2,000	\$9,000	NA	NA
Prescription Drug Rebates	(\$15,000)	(\$152,000)	(\$141,000)	(\$77,000)	NA	NA	NA	NA	\$0	(\$1,000)	NA	NA
EGWP Credits	\$0	(\$162,000)	\$0	(\$31,000)	NA	NA	NA	NA	\$0	\$0	NA	NA
Administrative Fees	\$20,000	\$105,000	\$168,000	\$56,000	NA	NA	NA	NA	\$5,000	\$8,000	NA	NA
Total Cost	\$782,000	\$4,158,000	\$4,232,000	\$1,552,000	NA	NA	NA	NA	\$29,000	\$110,000	NA	NA
Total Premium	\$988,000	\$4,985,000	\$6,085,000	\$2,096,000	NA	NA	NA	NA	\$102,000	\$198,000	NA	NA
Gain (Loss)	\$206,000	\$827,000	\$1,853,000	\$544,000	NA	NA	NA	NA	\$73,000	\$88,000	NA	NA

Exhibit 3B – Plan Year 2016 Aggregate Costs

Page 1 of 2

	Legacy Plans						1525				
	Total	Aetna PPO10	Aetna PPO15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Subscribers	70,568	2,445	560	44,150	12,896	7,419	201	165	492	106	22
Incurred Medical Claims	\$986,168,000	\$37,979,000	\$7,189,000	\$632,417,000	\$169,959,000	\$93,718,000	\$2,703,000	\$2,580,000	\$6,969,000	\$1,381,000	\$308,000
Capitation	\$16,518,000	\$0	\$0	\$5,830,000	\$1,734,000	\$8,099,000	\$42,000	\$0	\$67,000	\$60,000	\$6,000
Incurred Prescription Drug Claims	\$447,471,000	\$18,650,000	\$4,227,000	\$275,341,000	\$76,494,000	\$55,292,000	\$1,215,000	\$1,027,000	\$3,073,000	\$1,102,000	\$195,000
Prescription Drug Rebates	(\$58,274,000)	(\$2,374,000)	(\$538,000)	(\$35,942,000)	(\$10,057,000)	(\$7,208,000)	(\$160,000)	(\$144,000)	(\$378,000)	(\$121,000)	(\$21,000)
EGWP Credits	(\$40,645,000)	(\$1,608,000)	(\$428,000)	(\$27,183,000)	(\$6,904,000)	(\$3,835,000)	(\$73,000)	\$0	(\$245,000)	(\$119,000)	(\$15,000)
Administrative Fees	\$32,943,000	\$1,109,000	\$241,000	\$19,902,000	\$5,796,000	\$4,281,000	\$121,000	\$92,000	\$219,000	\$47,000	\$13,000
Total Cost	\$1,384,181,000	\$53,756,000	\$10,691,000	\$870,365,000	\$237,022,000	\$150,347,000	\$3,848,000	\$3,555,000	\$9,705,000	\$2,350,000	\$486,000
Total Premium	\$1,378,275,000	\$51,167,000	\$10,308,000	\$865,015,000	\$239,561,000	\$150,420,000	\$4,061,000	\$3,411,000	\$9,620,000	\$2,210,000	\$488,000
Gain (Loss)	(\$5,906,000)	(\$2,589,000)	(\$383,000)	(\$5,350,000)	\$2,539,000	\$73,000	\$213,000	(\$144,000)	(\$85,000)	(\$140,000)	\$2,000
Employees											
Average Medical Subscribers	42,243	1,293	294	26,033	8,348	4,304	138	137	273	NA	NA
Incurred Medical Claims	\$701,735,000	\$23,771,000	\$4,416,000	\$456,439,000	\$128,016,000	\$62,143,000	\$2,001,000	\$2,029,000	\$3,886,000	NA	NA
Capitation	\$12,231,000	\$0	\$0	\$4,239,000	\$1,331,000	\$6,224,000	\$32,000	\$0	\$41,000	NA	NA
Incurred Prescription Drug Claims	\$191,290,000	\$6,620,000	\$1,373,000	\$118,270,000	\$33,724,000	\$24,688,000	\$615,000	\$797,000	\$919,000	NA	NA
Prescription Drug Rebates	(\$29,131,000)	(\$1,008,000)	(\$209,000)	(\$18,011,000)	(\$5,136,000)	(\$3,760,000)	(\$94,000)	(\$121,000)	(\$140,000)	NA	NA
EGWP Credits	\$0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative Fees	\$20,234,000	\$723,000	\$162,000	\$11,597,000	\$3,709,000	\$3,028,000	\$83,000	\$77,000	\$120,000	NA	NA
Total Cost	\$896,359,000	\$30,106,000	\$5,742,000	\$572,534,000	\$161,644,000	\$92,323,000	\$2,637,000	\$2,782,000	\$4,826,000	NA	NA
Total Premium	\$906,355,000	\$29,578,000	\$5,925,000	\$571,369,000	\$170,113,000	\$93,818,000	\$2,835,000	\$2,702,000	\$5,260,000	NA	NA
Gain (Loss)	\$9,996,000	(\$528,000)	\$183,000	(\$1,165,000)	\$8,469,000	\$1,495,000	\$198,000	(\$80,000)	\$434,000	NA	NA
Retirees											
Average Medical Subscribers	28,325	1,152	266	18,117	4,548	3,115	63	28	219	106	22
Incurred Medical Claims	\$284,433,000	\$14,208,000	\$2,773,000	\$175,978,000	\$41,943,000	\$31,575,000	\$702,000	\$551,000	\$3,083,000	\$1,381,000	\$308,000
Capitation	\$4,287,000	\$0	\$0	\$1,591,000	\$403,000	\$1,875,000	\$10,000	\$0	\$26,000	\$60,000	\$6,000
Incurred Prescription Drug Claims	\$256,181,000	\$12,030,000	\$2,854,000	\$157,071,000	\$42,770,000	\$30,604,000	\$600,000	\$230,000	\$2,154,000	\$1,102,000	\$195,000
Prescription Drug Rebates	(\$29,143,000)	(\$1,366,000)	(\$329,000)	(\$17,931,000)	(\$4,921,000)	(\$3,448,000)	(\$66,000)	(\$23,000)	(\$238,000)	(\$121,000)	(\$21,000)
EGWP Credits	(\$40,645,000)	(\$1,608,000)	(\$428,000)	(\$27,183,000)	(\$6,904,000)	(\$3,835,000)	(\$73,000)	\$0	(\$245,000)	(\$119,000)	(\$15,000)
Administrative Fees	\$12,709,000	\$386,000	\$79,000	\$8,305,000	\$2,087,000	\$1,253,000	\$38,000	\$15,000	\$99,000	\$47,000	\$13,000
Total Cost	\$487,822,000	\$23,650,000	\$4,949,000	\$297,831,000	\$75,378,000	\$58,024,000	\$1,211,000	\$773,000	\$4,879,000	\$2,350,000	\$486,000
Total Premium	\$471,920,000	\$21,589,000	\$4,383,000	\$293,646,000	\$69,448,000	\$56,602,000	\$1,226,000	\$709,000	\$4,360,000	\$2,210,000	\$488,000
Gain (Loss)	(\$15,902,000)	(\$2,061,000)	(\$566,000)	(\$4,185,000)	(\$5,930,000)	(\$1,422,000)	\$15,000	(\$64,000)	(\$519,000)	(\$140,000)	\$2,000

Exhibit 3B – Plan Year 2016 Aggregate Costs
Page 2 of 2

	2030				2035		HD 4000		HD 1500		Tiered Network	
	Aetna PPO	NJ DIRECT	Aetna HMO	Horizon HMO	Aetna PPO	NJ DIRECT	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees												
Average Medical Subscribers	191	1,122	243	102	18	52	13	45	0	4	148	174
Incurred Medical Claims	\$3,117,000	\$17,083,000	\$4,229,000	\$1,606,000	\$178,000	\$546,000	\$91,000	\$437,000	\$0	\$20,000	\$1,590,000	\$2,068,000
Capitation	\$0	\$168,000	\$248,000	\$24,000	\$0	\$3,000	\$0	\$6,000	\$0	\$0	\$190,000	\$41,000
Incurred Prescription Drug Claims	\$1,191,000	\$4,645,000	\$2,227,000	\$954,000	\$85,000	\$200,000	\$46,000	\$157,000	\$13,000	\$21,000	\$431,000	\$885,000
Prescription Drug Rebates	(\$159,000)	(\$575,000)	(\$223,000)	(\$99,000)	(\$13,000)	(\$30,000)	(\$5,000)	(\$21,000)	(\$2,000)	(\$3,000)	(\$66,000)	(\$135,000)
EGWP Credits	\$0	(\$197,000)	\$0	(\$38,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative Fees	\$106,000	\$493,000	\$165,000	\$61,000	\$10,000	\$23,000	\$7,000	\$23,000	\$0	\$2,000	\$104,000	\$128,000
Total Cost	\$4,255,000	\$21,617,000	\$6,646,000	\$2,508,000	\$260,000	\$742,000	\$139,000	\$602,000	\$11,000	\$40,000	\$2,249,000	\$2,987,000
Total Premium	\$4,132,000	\$21,960,000	\$6,601,000	\$2,493,000	\$278,000	\$726,000	\$126,000	\$574,000	\$0	\$31,000	\$2,149,000	\$2,944,000
Gain (Loss)	(\$123,000)	\$343,000	(\$45,000)	(\$15,000)	\$18,000	(\$16,000)	(\$13,000)	(\$28,000)	(\$11,000)	(\$9,000)	(\$100,000)	(\$43,000)
Employees												
Average Medical Subscribers	146	848	NA	NA	18	52	5	28	0	4	148	174
Incurred Medical Claims	\$2,172,000	\$12,155,000	NA	NA	\$178,000	\$546,000	\$16,000	\$289,000	\$0	\$20,000	\$1,590,000	\$2,068,000
Capitation	\$0	\$126,000	NA	NA	\$0	\$3,000	\$0	\$4,000	\$0	\$0	\$190,000	\$41,000
Incurred Prescription Drug Claims	\$768,000	\$1,768,000	NA	NA	\$85,000	\$200,000	\$15,000	\$98,000	\$13,000	\$21,000	\$431,000	\$885,000
Prescription Drug Rebates	(\$117,000)	(\$269,000)	NA	NA	(\$13,000)	(\$30,000)	(\$2,000)	(\$15,000)	(\$2,000)	(\$3,000)	(\$66,000)	(\$135,000)
EGWP Credits	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative Fees	\$82,000	\$368,000	NA	NA	\$10,000	\$23,000	\$3,000	\$15,000	\$0	\$2,000	\$104,000	\$128,000
Total Cost	\$2,905,000	\$14,148,000	NA	NA	\$260,000	\$742,000	\$32,000	\$391,000	\$11,000	\$40,000	\$2,249,000	\$2,987,000
Total Premium	\$2,833,000	\$15,414,000	NA	NA	\$278,000	\$726,000	\$24,000	\$356,000	\$0	\$31,000	\$2,149,000	\$2,944,000
Gain (Loss)	(\$72,000)	\$1,266,000	NA	NA	\$18,000	(\$16,000)	(\$8,000)	(\$35,000)	(\$11,000)	(\$9,000)	(\$100,000)	(\$43,000)
Retirees												
Average Medical Subscribers	45	274	243	102	NA	NA	8	17	NA	NA	NA	NA
Incurred Medical Claims	\$945,000	\$4,928,000	\$4,229,000	\$1,606,000	NA	NA	\$75,000	\$148,000	NA	NA	NA	NA
Capitation	\$0	\$42,000	\$248,000	\$24,000	NA	NA	\$0	\$2,000	NA	NA	NA	NA
Incurred Prescription Drug Claims	\$423,000	\$2,877,000	\$2,227,000	\$954,000	NA	NA	\$31,000	\$59,000	NA	NA	NA	NA
Prescription Drug Rebates	(\$42,000)	(\$306,000)	(\$223,000)	(\$99,000)	NA	NA	(\$3,000)	(\$6,000)	NA	NA	NA	NA
EGWP Credits	\$0	(\$197,000)	\$0	(\$38,000)	NA	NA	\$0	\$0	NA	NA	NA	NA
Administrative Fees	\$24,000	\$125,000	\$165,000	\$61,000	NA	NA	\$4,000	\$8,000	NA	NA	NA	NA
Total Cost	\$1,350,000	\$7,469,000	\$6,646,000	\$2,508,000	NA	NA	\$107,000	\$211,000	NA	NA	NA	NA
Total Premium	\$1,299,000	\$6,546,000	\$6,601,000	\$2,493,000	NA	NA	\$102,000	\$218,000	NA	NA	NA	NA
Gain (Loss)	(\$51,000)	(\$923,000)	(\$45,000)	(\$15,000)	NA	NA	(\$5,000)	\$7,000	NA	NA	NA	NA

Exhibit 3C – Projected Plan Year 2017 Aggregate Costs

	Legacy Plans							1525			
	Total	Aetna PPO10	Aetna PPO15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Subscribers	69,046	2,388	548	42,668	12,504	7,256	195	236	558	110	25
Incurring Medical Claims	\$991,385,000	\$36,252,000	\$7,185,000	\$630,752,000	\$176,065,000	\$89,716,000	\$2,606,000	\$3,805,000	\$7,927,000	\$1,109,000	\$316,000
Capitation	\$16,577,000	\$0	\$0	\$5,938,000	\$1,838,000	\$7,854,000	\$43,000	\$0	\$78,000	\$47,000	\$6,000
Incurring Prescription Drug Claims	\$459,307,000	\$18,405,000	\$4,352,000	\$281,130,000	\$79,518,000	\$55,057,000	\$1,198,000	\$1,497,000	\$3,503,000	\$1,047,000	\$218,000
Prescription Drug Rebates	(\$61,169,000)	(\$2,379,000)	(\$563,000)	(\$37,401,000)	(\$10,675,000)	(\$7,332,000)	(\$165,000)	(\$217,000)	(\$446,000)	(\$115,000)	(\$24,000)
EGWP Credits	(\$45,847,000)	(\$1,715,000)	(\$466,000)	(\$30,386,000)	(\$7,731,000)	(\$4,486,000)	(\$82,000)	(\$58,000)	(\$326,000)	(\$140,000)	(\$22,000)
Administrative Fees	\$24,203,000	\$930,000	\$205,000	\$13,555,000	\$4,094,000	\$3,693,000	\$108,000	\$116,000	\$183,000	\$42,000	\$14,000
Total Cost	\$1,384,456,000	\$51,493,000	\$10,713,000	\$863,588,000	\$243,109,000	\$144,502,000	\$3,708,000	\$5,143,000	\$10,919,000	\$1,990,000	\$508,000
Total Premium	\$1,364,480,000	\$49,273,000	\$10,253,000	\$846,238,000	\$240,810,000	\$146,408,000	\$4,033,000	\$4,885,000	\$10,897,000	\$2,039,000	\$542,000
Gain (Loss)	(\$19,976,000)	(\$2,220,000)	(\$460,000)	(\$17,350,000)	(\$2,299,000)	\$1,906,000	\$325,000	(\$258,000)	(\$22,000)	\$49,000	\$34,000
Employees											
Average Medical Subscribers	40,131	1,216	276	24,286	7,851	4,089	131	175	303	NA	NA
Incurring Medical Claims	\$697,240,000	\$22,352,000	\$4,592,000	\$445,419,000	\$131,812,000	\$58,450,000	\$1,924,000	\$2,925,000	\$4,832,000	NA	NA
Capitation	\$12,171,000	\$0	\$0	\$4,221,000	\$1,398,000	\$5,970,000	\$33,000	\$0	\$52,000	NA	NA
Incurring Prescription Drug Claims	\$181,758,000	\$6,064,000	\$1,401,000	\$110,371,000	\$32,650,000	\$21,902,000	\$582,000	\$905,000	\$1,069,000	NA	NA
Prescription Drug Rebates	(\$30,577,000)	(\$1,020,000)	(\$236,000)	(\$18,567,000)	(\$5,493,000)	(\$3,684,000)	(\$98,000)	(\$152,000)	(\$180,000)	NA	NA
EGWP Credits	\$0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative Fees	\$16,695,000	\$590,000	\$134,000	\$9,234,000	\$3,002,000	\$2,570,000	\$71,000	\$86,000	\$115,000	NA	NA
Total Cost	\$877,287,000	\$27,986,000	\$5,891,000	\$550,678,000	\$163,369,000	\$85,208,000	\$2,512,000	\$3,764,000	\$5,888,000	NA	NA
Total Premium	\$857,476,000	\$26,950,000	\$5,887,000	\$529,795,000	\$164,578,000	\$85,808,000	\$2,763,000	\$3,572,000	\$6,080,000	NA	NA
Gain (Loss)	(\$19,811,000)	(\$1,036,000)	(\$4,000)	(\$20,883,000)	\$1,209,000	\$600,000	\$251,000	(\$192,000)	\$192,000	NA	NA
Retirees											
Average Medical Subscribers	28,915	1,172	272	18,382	4,653	3,167	64	61	255	110	25
Incurring Medical Claims	\$294,145,000	\$13,900,000	\$2,593,000	\$185,333,000	\$44,253,000	\$31,266,000	\$682,000	\$880,000	\$3,095,000	\$1,109,000	\$316,000
Capitation	\$4,406,000	\$0	\$0	\$1,717,000	\$440,000	\$1,884,000	\$10,000	\$0	\$26,000	\$47,000	\$6,000
Incurring Prescription Drug Claims	\$277,549,000	\$12,341,000	\$2,951,000	\$170,759,000	\$46,868,000	\$33,155,000	\$616,000	\$592,000	\$2,434,000	\$1,047,000	\$218,000
Prescription Drug Rebates	(\$30,592,000)	(\$1,359,000)	(\$327,000)	(\$18,834,000)	(\$5,182,000)	(\$3,648,000)	(\$67,000)	(\$65,000)	(\$266,000)	(\$115,000)	(\$24,000)
EGWP Credits	(\$45,847,000)	(\$1,715,000)	(\$466,000)	(\$30,386,000)	(\$7,731,000)	(\$4,486,000)	(\$82,000)	(\$58,000)	(\$326,000)	(\$140,000)	(\$22,000)
Administrative Fees	\$7,508,000	\$340,000	\$71,000	\$4,321,000	\$1,092,000	\$1,123,000	\$37,000	\$30,000	\$68,000	\$42,000	\$14,000
Total Cost	\$507,169,000	\$23,507,000	\$4,822,000	\$312,910,000	\$79,740,000	\$59,294,000	\$1,196,000	\$1,379,000	\$5,031,000	\$1,990,000	\$508,000
Total Premium	\$507,004,000	\$22,323,000	\$4,366,000	\$316,443,000	\$76,232,000	\$60,600,000	\$1,270,000	\$1,313,000	\$4,817,000	\$2,039,000	\$542,000
Gain (Loss)	(\$165,000)	(\$1,184,000)	(\$456,000)	\$3,533,000	(\$3,508,000)	\$1,306,000	\$74,000	(\$66,000)	(\$214,000)	\$49,000	\$34,000

Exhibit 3C – Projected Plan Year 2017 Aggregate Costs

Page 2 of 2

	2030				2035		HD 4000		HD 1500		Tiered Network	
	Aetna PPO	NJ DIRECT	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees												
Average Medical Subscribers	254	1,152	242	105	25	57	18	48	4	8	155	490
Incurred Medical Claims	\$3,908,000	\$16,778,000	\$3,706,000	\$1,364,000	\$325,000	\$787,000	\$187,000	\$517,000	\$54,000	\$105,000	\$1,860,000	\$6,061,000
Capitation	\$0	\$169,000	\$218,000	\$20,000	\$0	\$6,000	\$0	\$8,000	\$0	\$1,000	\$223,000	\$128,000
Incurred Prescription Drug Claims	\$1,619,000	\$5,804,000	\$2,007,000	\$879,000	\$99,000	\$221,000	\$66,000	\$168,000	\$17,000	\$26,000	\$647,000	\$1,829,000
Prescription Drug Rebates	(\$229,000)	(\$807,000)	(\$213,000)	(\$94,000)	(\$17,000)	(\$37,000)	(\$8,000)	(\$23,000)	(\$3,000)	(\$4,000)	(\$109,000)	(\$308,000)
EGWP Credits	(\$56,000)	(\$285,000)	(\$34,000)	(\$60,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative Fees	\$124,000	\$442,000	\$145,000	\$56,000	\$12,000	\$22,000	\$9,000	\$22,000	\$2,000	\$3,000	\$101,000	\$325,000
Total Cost	\$5,366,000	\$22,101,000	\$5,829,000	\$2,165,000	\$419,000	\$999,000	\$254,000	\$692,000	\$70,000	\$131,000	\$2,722,000	\$8,035,000
Total Premium	\$5,151,000	\$22,501,000	\$6,203,000	\$2,357,000	\$421,000	\$958,000	\$236,000	\$635,000	\$66,000	\$128,000	\$2,500,000	\$7,946,000
Gain (Loss)	(\$215,000)	\$400,000	\$374,000	\$192,000	\$2,000	(\$41,000)	(\$18,000)	(\$57,000)	(\$4,000)	(\$3,000)	(\$222,000)	(\$89,000)
Employees												
Average Medical Subscribers	179	846	NA	NA	25	57	9	31	4	8	155	490
Incurred Medical Claims	\$2,780,000	\$12,575,000	NA	NA	\$325,000	\$787,000	\$77,000	\$310,000	\$54,000	\$105,000	\$1,860,000	\$6,061,000
Capitation	\$0	\$134,000	NA	NA	\$0	\$6,000	\$0	\$5,000	\$0	\$1,000	\$223,000	\$128,000
Incurred Prescription Drug Claims	\$901,000	\$2,963,000	NA	NA	\$99,000	\$221,000	\$23,000	\$88,000	\$17,000	\$26,000	\$647,000	\$1,829,000
Prescription Drug Rebates	(\$152,000)	(\$498,000)	NA	NA	(\$17,000)	(\$37,000)	(\$4,000)	(\$15,000)	(\$3,000)	(\$4,000)	(\$109,000)	(\$308,000)
EGWP Credits	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative Fees	\$88,000	\$322,000	NA	NA	\$12,000	\$22,000	\$4,000	\$14,000	\$2,000	\$3,000	\$101,000	\$325,000
Total Cost	\$3,617,000	\$15,496,000	NA	NA	\$419,000	\$999,000	\$100,000	\$402,000	\$70,000	\$131,000	\$2,722,000	\$8,035,000
Total Premium	\$3,468,000	\$16,096,000	NA	NA	\$421,000	\$958,000	\$94,000	\$366,000	\$66,000	\$128,000	\$2,500,000	\$7,946,000
Gain (Loss)	(\$149,000)	\$600,000	NA	NA	\$2,000	(\$41,000)	(\$6,000)	(\$36,000)	(\$4,000)	(\$3,000)	(\$222,000)	(\$89,000)
Retirees												
Average Medical Subscribers	75	306	242	105	NA	NA	9	17	NA	NA	NA	NA
Incurred Medical Claims	\$1,128,000	\$4,203,000	\$3,706,000	\$1,364,000	NA	NA	\$110,000	\$207,000	NA	NA	NA	NA
Capitation	\$0	\$35,000	\$218,000	\$20,000	NA	NA	\$0	\$3,000	NA	NA	NA	NA
Incurred Prescription Drug Claims	\$718,000	\$2,841,000	\$2,007,000	\$879,000	NA	NA	\$43,000	\$80,000	NA	NA	NA	NA
Prescription Drug Rebates	(\$77,000)	(\$309,000)	(\$213,000)	(\$94,000)	NA	NA	(\$4,000)	(\$8,000)	NA	NA	NA	NA
EGWP Credits	(\$56,000)	(\$285,000)	(\$34,000)	(\$60,000)	NA	NA	\$0	\$0	NA	NA	NA	NA
Administrative Fees	\$36,000	\$120,000	\$145,000	\$56,000	NA	NA	\$5,000	\$8,000	NA	NA	NA	NA
Total Cost	\$1,749,000	\$6,605,000	\$5,829,000	\$2,165,000	NA	NA	\$154,000	\$290,000	NA	NA	NA	NA
Total Premium	\$1,683,000	\$6,405,000	\$6,203,000	\$2,357,000	NA	NA	\$142,000	\$269,000	NA	NA	NA	NA
Gain (Loss)	(\$66,000)	(\$200,000)	\$374,000	\$192,000	NA	NA	(\$12,000)	(\$21,000)	NA	NA	NA	NA

Exhibit 4A – Plan Year 2017 Monthly Active Premiums
Page 1 of 2

	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only										
Single	\$799.96	\$761.75	\$792.04	\$754.23	\$739.94	\$732.54	\$738.94	\$731.63	N/A	N/A
Employee+Spouse	\$1,599.92	\$1,523.49	\$1,584.07	\$1,508.45	\$1,479.88	\$1,465.07	\$1,477.88	\$1,463.26	N/A	N/A
Family	\$2,231.89	\$2,125.27	\$2,209.79	\$2,104.28	\$2,064.43	\$2,043.77	\$2,061.65	\$2,041.24	N/A	N/A
Employee+Child(ren)	\$1,431.93	\$1,363.53	\$1,417.75	\$1,350.06	\$1,324.49	\$1,311.24	\$1,322.71	\$1,309.61	N/A	N/A
Adult Child Rate	\$644.61	\$613.82	\$638.22	\$607.75	\$596.24	\$590.27	\$595.45	\$589.54	N/A	N/A
	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card										
Single	\$196.39	\$196.39	\$196.39	\$196.39	\$196.39	\$196.39	\$178.12	\$178.12	N/A	N/A
Employee+Spouse	\$392.79	\$392.79	\$392.79	\$392.79	\$392.79	\$392.79	\$356.27	\$356.27	N/A	N/A
Family	\$547.94	\$547.94	\$547.94	\$547.94	\$547.94	\$547.94	\$496.96	\$496.96	N/A	N/A
Employee+Child(ren)	\$351.55	\$351.55	\$351.55	\$351.55	\$351.55	\$351.55	\$318.84	\$318.84	N/A	N/A
Adult Child Rate	\$158.26	\$158.26	\$158.26	\$158.26	\$158.26	\$158.26	\$143.53	\$143.53	N/A	N/A
	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx with Medical Coverage										
Single	\$986.35	\$948.14	\$935.24	\$890.57	\$926.33	\$918.93	\$866.71	\$859.40	N/A	N/A
Employee+Spouse	\$1,972.71	\$1,896.28	\$1,870.49	\$1,781.15	\$1,852.67	\$1,837.86	\$1,733.40	\$1,718.78	N/A	N/A
Family	\$2,751.93	\$2,645.31	\$2,609.34	\$2,484.68	\$2,584.47	\$2,563.81	\$2,418.13	\$2,397.72	N/A	N/A
Employee+Child(ren)	\$1,765.57	\$1,697.17	\$1,674.09	\$1,594.11	\$1,658.14	\$1,644.88	\$1,551.42	\$1,538.32	N/A	N/A
Adult Child Rate	\$794.80	\$764.01	\$753.63	\$717.61	\$746.45	\$740.47	\$698.40	\$692.50	N/A	N/A

Exhibit 4A – Plan Year 2017 Monthly Active Premiums
Page 2 of 2

	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only								
Single	\$694.58	\$687.70	N/A	N/A	\$597.34	\$591.42	N/A	N/A
Employee+Spouse	\$1,389.17	\$1,375.40	N/A	N/A	\$1,194.68	\$1,182.84	N/A	N/A
Family	\$1,937.89	\$1,918.69	N/A	N/A	\$1,666.58	\$1,650.06	N/A	N/A
Employee+Child(ren)	\$1,243.31	\$1,230.99	N/A	N/A	\$1,069.24	\$1,058.64	N/A	N/A
Adult Child Rate	\$559.70	\$554.16	N/A	N/A	\$481.34	\$476.56	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card								
Single	\$181.29	\$181.29	N/A	N/A	\$163.16	\$163.16	N/A	N/A
Employee+Spouse	\$362.54	\$362.54	N/A	N/A	\$326.30	\$326.30	N/A	N/A
Family	\$505.79	\$505.79	N/A	N/A	\$455.20	\$455.20	N/A	N/A
Employee+Child(ren)	\$324.51	\$324.51	N/A	N/A	\$292.05	\$292.05	N/A	N/A
Adult Child Rate	\$146.08	\$146.08	N/A	N/A	\$131.47	\$131.47	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx with Medical Coverage								
Single	\$822.36	\$815.47	N/A	N/A	\$712.33	\$706.40	N/A	N/A
Employee+Spouse	\$1,644.69	\$1,630.93	N/A	N/A	\$1,424.66	\$1,412.82	N/A	N/A
Family	\$2,294.37	\$2,275.17	N/A	N/A	\$1,987.39	\$1,970.87	N/A	N/A
Employee+Child(ren)	\$1,472.02	\$1,459.70	N/A	N/A	\$1,275.06	\$1,264.46	N/A	N/A
Adult Child Rate	\$662.65	\$657.11	N/A	N/A	\$573.98	\$569.22	N/A	N/A
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Medical Coverage Only								
Single	\$383.07	\$383.75	\$568.13	\$569.14	\$565.67	\$565.67		
Employee+Spouse	\$766.13	\$767.49	\$1,136.26	\$1,138.28	\$1,131.34	\$1,131.35		
Family	\$1,068.76	\$1,070.65	\$1,585.08	\$1,587.90	\$1,578.22	\$1,578.22		
Employee+Child(ren)	\$685.69	\$686.90	\$1,016.95	\$1,018.76	\$1,012.55	\$1,012.55		
Adult Child Rate	\$308.67	\$309.21	\$457.80	\$458.61	\$455.82	\$455.82		
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Rx Card								
Single	\$116.70	\$116.70	\$173.09	\$173.09	\$178.12	\$178.12		
Employee+Spouse	\$233.39	\$233.39	\$346.16	\$346.16	\$356.27	\$356.27		
Family	\$325.60	\$325.60	\$482.92	\$482.92	\$496.96	\$496.96		
Employee+Child(ren)	\$208.90	\$208.90	\$309.83	\$309.83	\$318.84	\$318.84		
Adult Child Rate	\$94.04	\$94.04	\$139.47	\$139.47	\$143.53	\$143.53		
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Rx with Medical Coverage								
Single	\$499.77	\$500.45	\$741.22	\$742.23	\$693.45	\$693.45		
Employee+Spouse	\$999.52	\$1,000.88	\$1,482.43	\$1,484.44	\$1,386.87	\$1,386.87		
Family	\$1,394.36	\$1,396.25	\$2,068.00	\$2,070.82	\$1,934.70	\$1,934.70		
Employee+Child(ren)	\$894.59	\$895.80	\$1,326.78	\$1,328.59	\$1,241.26	\$1,241.26		
Adult Child Rate	\$402.72	\$403.26	\$597.27	\$598.09	\$558.77	\$558.77		

Exhibit 4B – Plan Year 2017 Annual Active Premiums
Page 1 of 2

	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only										
Single	\$9,600	\$9,141	\$9,504	\$9,051	\$8,879	\$8,790	\$8,867	\$8,780	N/A	N/A
Employee+Spouse	\$19,199	\$18,282	\$19,009	\$18,101	\$17,759	\$17,581	\$17,735	\$17,559	N/A	N/A
Family	\$26,783	\$25,503	\$26,517	\$25,251	\$24,773	\$24,525	\$24,740	\$24,495	N/A	N/A
Employee+Child(ren)	\$17,183	\$16,362	\$17,013	\$16,201	\$15,894	\$15,735	\$15,873	\$15,715	N/A	N/A
Adult Child Rate	\$7,735	\$7,366	\$7,659	\$7,293	\$7,155	\$7,083	\$7,145	\$7,074	N/A	N/A
	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card										
Single	\$2,357	\$2,357	\$2,357	\$2,357	\$2,357	\$2,357	\$2,137	\$2,137	N/A	N/A
Employee+Spouse	\$4,713	\$4,713	\$4,713	\$4,713	\$4,713	\$4,713	\$4,275	\$4,275	N/A	N/A
Family	\$6,575	\$6,575	\$6,575	\$6,575	\$6,575	\$6,575	\$5,964	\$5,964	N/A	N/A
Employee+Child(ren)	\$4,219	\$4,219	\$4,219	\$4,219	\$4,219	\$4,219	\$3,826	\$3,826	N/A	N/A
Adult Child Rate	\$1,899	\$1,899	\$1,899	\$1,899	\$1,899	\$1,899	\$1,722	\$1,722	N/A	N/A
	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx with Medical Coverage										
Single	\$11,836	\$11,378	\$11,223	\$10,687	\$11,116	\$11,027	\$10,401	\$10,313	N/A	N/A
Employee+Spouse	\$23,673	\$22,755	\$22,446	\$21,374	\$22,232	\$22,054	\$20,801	\$20,625	N/A	N/A
Family	\$33,023	\$31,744	\$31,312	\$29,816	\$31,014	\$30,766	\$29,018	\$28,773	N/A	N/A
Employee+Child(ren)	\$21,187	\$20,366	\$20,089	\$19,129	\$19,898	\$19,739	\$18,617	\$18,460	N/A	N/A
Adult Child Rate	\$9,538	\$9,168	\$9,044	\$8,611	\$8,957	\$8,886	\$8,381	\$8,310	N/A	N/A

Exhibit 4B – Plan Year 2017 Annual Active Premiums

Page 2 of 2

	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only								
Single	\$8,335	\$8,252	N/A	N/A	\$7,168	\$7,097	N/A	N/A
Employee+Spouse	\$16,670	\$16,505	N/A	N/A	\$14,336	\$14,194	N/A	N/A
Family	\$23,255	\$23,024	N/A	N/A	\$19,999	\$19,801	N/A	N/A
Employee+Child(ren)	\$14,920	\$14,772	N/A	N/A	\$12,831	\$12,704	N/A	N/A
Adult Child Rate	\$6,716	\$6,650	N/A	N/A	\$5,776	\$5,719	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card								
Single	\$2,175	\$2,175	N/A	N/A	\$1,958	\$1,958	N/A	N/A
Employee+Spouse	\$4,350	\$4,350	N/A	N/A	\$3,916	\$3,916	N/A	N/A
Family	\$6,069	\$6,069	N/A	N/A	\$5,462	\$5,462	N/A	N/A
Employee+Child(ren)	\$3,894	\$3,894	N/A	N/A	\$3,505	\$3,505	N/A	N/A
Adult Child Rate	\$1,753	\$1,753	N/A	N/A	\$1,578	\$1,578	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx with Medical Coverage								
Single	\$9,868	\$9,786	N/A	N/A	\$8,548	\$8,477	N/A	N/A
Employee+Spouse	\$19,736	\$19,571	N/A	N/A	\$17,096	\$16,954	N/A	N/A
Family	\$27,532	\$27,302	N/A	N/A	\$23,849	\$23,650	N/A	N/A
Employee+Child(ren)	\$17,664	\$17,516	N/A	N/A	\$15,301	\$15,174	N/A	N/A
Adult Child Rate	\$7,952	\$7,885	N/A	N/A	\$6,888	\$6,831	N/A	N/A
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Medical Coverage Only								
Single	\$4,597	\$4,605	\$6,818	\$6,830	\$6,788	\$6,788		
Employee+Spouse	\$9,194	\$9,210	\$13,635	\$13,659	\$13,576	\$13,576		
Family	\$12,825	\$12,848	\$19,021	\$19,055	\$18,939	\$18,939		
Employee+Child(ren)	\$8,228	\$8,243	\$12,203	\$12,225	\$12,151	\$12,151		
Adult Child Rate	\$3,704	\$3,711	\$5,494	\$5,503	\$5,470	\$5,470		
	HD 4000		HD 1500		HD 1500			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Rx Card								
Single	\$1,400	\$1,400	\$2,077	\$2,077	\$2,137	\$2,137		
Employee+Spouse	\$2,801	\$2,801	\$4,154	\$4,154	\$4,275	\$4,275		
Family	\$3,907	\$3,907	\$5,795	\$5,795	\$5,964	\$5,964		
Employee+Child(ren)	\$2,507	\$2,507	\$3,718	\$3,718	\$3,826	\$3,826		
Adult Child Rate	\$1,128	\$1,128	\$1,674	\$1,674	\$1,722	\$1,722		
	HD 4000		HD 1500		HD 1500			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Rx with Medical Coverage								
Single	\$5,997	\$6,005	\$8,895	\$8,907	\$8,321	\$8,321		
Employee+Spouse	\$11,994	\$12,011	\$17,789	\$17,813	\$16,642	\$16,642		
Family	\$16,732	\$16,755	\$24,816	\$24,850	\$23,216	\$23,216		
Employee+Child(ren)	\$10,735	\$10,750	\$15,921	\$15,943	\$14,895	\$14,895		
Adult Child Rate	\$4,833	\$4,839	\$7,167	\$7,177	\$6,705	\$6,705		

Exhibit 4C – Plan Year 2017 Monthly Retiree Premiums

Page 1 of 2

	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Total Premium										
Single - 0 Medicare	\$1,394.46	\$1,329.89	\$1,394.46	\$1,329.89	\$1,301.33	\$1,291.36	\$1,274.58	\$1,274.58	\$1,197.51	\$1,188.68
Single - 1 Medicare	\$568.89	\$546.20	\$564.44	\$542.20	\$629.68	\$627.31	N/A	\$511.86	\$568.77	\$566.41
EE+Spouse - 0 Medicare	\$3,040.05	\$2,899.17	\$3,040.05	\$2,899.17	\$2,837.51	\$2,815.77	\$2,778.57	\$2,778.57	\$2,610.51	\$2,591.31
EE+Spouse - 1 Medicare	\$1,873.09	\$1,788.65	\$1,833.52	\$1,751.80	\$1,852.40	\$1,840.76	N/A	\$1,693.58	\$1,696.29	\$1,685.69
EE+Spouse - 2 Medicare	\$1,137.79	\$1,092.38	\$1,128.90	\$1,084.38	\$1,259.33	\$1,254.60	N/A	\$1,023.73	\$1,137.57	\$1,132.81
Family - 0 Medicare	\$3,458.37	\$3,298.13	\$3,458.37	\$3,298.13	\$3,228.44	\$3,203.69	\$3,160.92	\$3,160.92	\$2,969.78	\$2,947.91
Family - 1 Medicare	\$2,249.77	\$2,148.08	\$2,200.93	\$2,102.49	\$2,199.65	\$2,185.37	N/A	\$2,035.51	\$2,016.44	\$2,003.49
Family - 2 Medicare	\$1,475.30	\$1,416.42	\$1,463.77	\$1,406.05	\$1,567.07	\$1,561.20	N/A	\$1,327.38	\$1,424.48	\$1,418.82
EE+Ch - 0 Medicare	\$1,952.29	\$1,861.85	\$1,952.29	\$1,861.85	\$1,822.53	\$1,808.57	\$1,784.45	\$1,784.45	\$1,676.50	\$1,664.17
EE+Ch - 1 Medicare	\$900.74	\$864.79	\$893.70	\$858.46	\$923.13	\$919.67	N/A	\$810.45	\$844.21	\$841.01
Medical Premium										
Single - 0 Medicare	\$1,081.91	\$1,017.34	\$1,081.91	\$1,017.34	\$997.55	\$987.58	\$971.70	\$971.70	\$880.97	\$872.14
Single - 1 Medicare	\$226.74	\$204.05	\$222.29	\$200.05	\$235.73	\$233.36	N/A	\$180.28	\$237.19	\$234.83
EE+Spouse - 0 Medicare	\$2,358.62	\$2,217.74	\$2,358.62	\$2,217.74	\$2,174.62	\$2,152.88	\$2,118.21	\$2,118.21	\$1,920.41	\$1,901.21
EE+Spouse - 1 Medicare	\$1,232.73	\$1,148.29	\$1,193.16	\$1,111.44	\$1,162.94	\$1,151.30	N/A	\$1,073.01	\$1,061.68	\$1,051.08
EE+Spouse - 2 Medicare	\$453.47	\$408.06	\$444.58	\$400.06	\$471.46	\$466.73	N/A	\$360.57	\$474.41	\$469.65
Family - 0 Medicare	\$2,683.18	\$2,522.94	\$2,683.18	\$2,522.94	\$2,473.90	\$2,449.15	\$2,409.72	\$2,409.72	\$2,184.73	\$2,162.86
Family - 1 Medicare	\$1,521.97	\$1,420.28	\$1,473.13	\$1,374.69	\$1,427.34	\$1,413.06	N/A	\$1,330.22	\$1,295.19	\$1,282.24
Family - 2 Medicare	\$587.99	\$529.11	\$576.46	\$518.74	\$586.64	\$580.77	N/A	\$467.51	\$564.61	\$558.95
EE+Ch - 0 Medicare	\$1,514.67	\$1,424.23	\$1,514.67	\$1,424.23	\$1,396.57	\$1,382.61	\$1,360.35	\$1,360.35	\$1,233.31	\$1,220.98
EE+Ch - 1 Medicare	\$359.00	\$323.05	\$351.96	\$316.72	\$345.73	\$342.27	N/A	\$285.46	\$319.22	\$316.02
Rx Premium										
Single - 0 Medicare	\$312.55	\$312.55	\$312.55	\$312.55	\$303.78	\$303.78	\$302.88	\$302.88	\$316.54	\$316.54
Single - 1 Medicare	\$342.15	\$342.15	\$342.15	\$342.15	\$393.95	\$393.95	N/A	\$331.58	\$331.58	\$331.58
EE+Spouse - 0 Medicare	\$681.43	\$681.43	\$681.43	\$681.43	\$662.89	\$662.89	\$660.36	\$660.36	\$690.10	\$690.10
EE+Spouse - 1 Medicare	\$640.36	\$640.36	\$640.36	\$640.36	\$689.46	\$689.46	N/A	\$620.57	\$634.61	\$634.61
EE+Spouse - 2 Medicare	\$684.32	\$684.32	\$684.32	\$684.32	\$787.87	\$787.87	N/A	\$663.16	\$663.16	\$663.16
Family - 0 Medicare	\$775.19	\$775.19	\$775.19	\$775.19	\$754.54	\$754.54	\$751.20	\$751.20	\$785.05	\$785.05
Family - 1 Medicare	\$727.80	\$727.80	\$727.80	\$727.80	\$772.31	\$772.31	N/A	\$705.29	\$721.25	\$721.25
Family - 2 Medicare	\$887.31	\$887.31	\$887.31	\$887.31	\$980.43	\$980.43	N/A	\$859.87	\$859.87	\$859.87
EE+Ch - 0 Medicare	\$437.62	\$437.62	\$437.62	\$437.62	\$425.96	\$425.96	\$424.10	\$424.10	\$443.19	\$443.19
EE+Ch - 1 Medicare	\$541.74	\$541.74	\$541.74	\$541.74	\$577.40	\$577.40	N/A	\$524.99	\$524.99	\$524.99

Exhibit 4C – Plan Year 2017 Monthly Retiree Premiums

Page 2 of 2

	2030				HD 4000	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO
Total Premium						
Single - 0 Medicare	\$1,220.18	\$1,220.18	\$1,146.67	\$1,138.39	\$723.48	\$723.48
Single - 1 Medicare	N/A	\$503.78	N/A	\$556.59	NA	NA
EE+Spouse - 0 Medicare	\$2,659.98	\$2,659.98	\$2,499.71	\$2,481.68	\$1,577.18	\$1,577.18
EE+Spouse - 1 Medicare	N/A	\$1,635.49	N/A	\$1,629.14	NA	NA
EE+Spouse - 2 Medicare	N/A	\$1,007.60	N/A	\$1,113.20	NA	NA
Family - 0 Medicare	\$3,026.00	\$3,026.00	\$2,843.71	\$2,823.20	\$1,794.22	\$1,794.22
Family - 1 Medicare	N/A	\$1,963.10	N/A	\$1,933.66	NA	NA
Family - 2 Medicare	N/A	\$1,306.47	N/A	\$1,394.51	NA	NA
EE+Ch - 0 Medicare	\$1,708.23	\$1,708.23	\$1,605.34	\$1,593.76	\$1,012.86	\$1,012.86
EE+Ch - 1 Medicare	N/A	\$797.68	N/A	\$826.72	NA	NA
Medical Premium						
Single - 0 Medicare	\$914.42	\$914.42	\$827.14	\$818.86	\$523.46	\$523.46
Single - 1 Medicare	N/A	\$169.05	N/A	\$221.86	NA	NA
EE+Spouse - 0 Medicare	\$1,993.35	\$1,993.35	\$1,803.05	\$1,785.02	\$1,141.14	\$1,141.14
EE+Spouse - 1 Medicare	N/A	\$1,009.03	N/A	\$988.51	NA	NA
EE+Spouse - 2 Medicare	N/A	\$338.13	N/A	\$443.73	NA	NA
Family - 0 Medicare	\$2,267.67	\$2,267.67	\$2,051.21	\$2,030.70	\$1,298.18	\$1,298.18
Family - 1 Medicare	N/A	\$1,251.10	N/A	\$1,205.55	NA	NA
Family - 2 Medicare	N/A	\$438.42	N/A	\$526.46	NA	NA
EE+Ch - 0 Medicare	\$1,280.13	\$1,280.13	\$1,157.95	\$1,146.37	\$732.84	\$732.84
EE+Ch - 1 Medicare	N/A	\$267.69	N/A	\$296.73	NA	NA
Rx Premium						
Single - 0 Medicare	\$305.76	\$305.76	\$319.53	\$319.53	\$200.02	\$200.02
Single - 1 Medicare	N/A	\$334.73	N/A	\$334.73	NA	NA
EE+Spouse - 0 Medicare	\$666.63	\$666.63	\$696.66	\$696.66	\$436.04	\$436.04
EE+Spouse - 1 Medicare	N/A	\$626.46	N/A	\$640.63	NA	NA
EE+Spouse - 2 Medicare	N/A	\$669.47	N/A	\$669.47	NA	NA
Family - 0 Medicare	\$758.33	\$758.33	\$792.50	\$792.50	\$496.04	\$496.04
Family - 1 Medicare	N/A	\$712.00	N/A	\$728.11	NA	NA
Family - 2 Medicare	N/A	\$868.05	N/A	\$868.05	NA	NA
EE+Ch - 0 Medicare	\$428.10	\$428.10	\$447.39	\$447.39	\$280.02	\$280.02
EE+Ch - 1 Medicare	N/A	\$529.99	N/A	\$529.99	NA	NA

Exhibit 4D – Plan Year 2017 Annual Retiree Premiums

Page 1 of 2

	Legacy Plans						1525			
	Aetna PPO10	Aetna PPO15	Horizon DIR10	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Total Premium										
Single - 0 Medicare	\$16,734	\$15,959	\$16,734	\$15,959	\$15,616	\$15,496	\$15,295	\$15,295	\$14,370	\$14,264
Single - 1 Medicare	\$6,827	\$6,554	\$6,773	\$6,506	\$7,556	\$7,528	N/A	\$6,142	\$6,825	\$6,797
EE+Spouse - 0 Medicare	\$36,481	\$34,790	\$36,481	\$34,790	\$34,050	\$33,789	\$33,343	\$33,343	\$31,326	\$31,096
EE+Spouse - 1 Medicare	\$22,477	\$21,464	\$22,002	\$21,022	\$22,229	\$22,089	N/A	\$20,323	\$20,355	\$20,228
EE+Spouse - 2 Medicare	\$13,653	\$13,109	\$13,547	\$13,013	\$15,112	\$15,055	N/A	\$12,285	\$13,651	\$13,594
Family - 0 Medicare	\$41,500	\$39,578	\$41,500	\$39,578	\$38,741	\$38,444	\$37,931	\$37,931	\$35,637	\$35,375
Family - 1 Medicare	\$26,997	\$25,777	\$26,411	\$25,230	\$26,396	\$26,224	N/A	\$24,426	\$24,197	\$24,042
Family - 2 Medicare	\$17,704	\$16,997	\$17,565	\$16,873	\$18,805	\$18,734	N/A	\$15,929	\$17,094	\$17,026
EE+Ch - 0 Medicare	\$23,427	\$22,342	\$23,427	\$22,342	\$21,870	\$21,703	\$21,413	\$21,413	\$20,118	\$19,970
EE+Ch - 1 Medicare	\$10,809	\$10,377	\$10,724	\$10,302	\$11,078	\$11,036	N/A	\$9,725	\$10,131	\$10,092
Medical Premium										
Single - 0 Medicare	\$12,983	\$12,208	\$12,983	\$12,208	\$11,971	\$11,851	\$11,660	\$11,660	\$10,572	\$10,466
Single - 1 Medicare	\$2,721	\$2,449	\$2,667	\$2,401	\$2,829	\$2,800	N/A	\$2,163	\$2,846	\$2,818
EE+Spouse - 0 Medicare	\$28,303	\$26,613	\$28,303	\$26,613	\$26,095	\$25,835	\$25,419	\$25,419	\$23,045	\$22,815
EE+Spouse - 1 Medicare	\$14,793	\$13,779	\$14,318	\$13,337	\$13,955	\$13,816	N/A	\$12,876	\$12,740	\$12,613
EE+Spouse - 2 Medicare	\$5,442	\$4,897	\$5,335	\$4,801	\$5,658	\$5,601	N/A	\$4,327	\$5,693	\$5,636
Family - 0 Medicare	\$32,198	\$30,275	\$32,198	\$30,275	\$29,687	\$29,390	\$28,917	\$28,917	\$26,217	\$25,954
Family - 1 Medicare	\$18,264	\$17,043	\$17,678	\$16,496	\$17,128	\$16,957	N/A	\$15,963	\$15,542	\$15,387
Family - 2 Medicare	\$7,056	\$6,349	\$6,918	\$6,225	\$7,040	\$6,969	N/A	\$5,610	\$6,775	\$6,707
EE+Ch - 0 Medicare	\$18,176	\$17,091	\$18,176	\$17,091	\$16,759	\$16,591	\$16,324	\$16,324	\$14,800	\$14,652
EE+Ch - 1 Medicare	\$4,308	\$3,877	\$4,224	\$3,801	\$4,149	\$4,107	N/A	\$3,426	\$3,831	\$3,792
Rx Premium										
Single - 0 Medicare	\$3,751	\$3,751	\$3,751	\$3,751	\$3,645	\$3,645	\$3,635	\$3,635	\$3,798	\$3,798
Single - 1 Medicare	\$4,106	\$4,106	\$4,106	\$4,106	\$4,727	\$4,727	N/A	\$3,979	\$3,979	\$3,979
EE+Spouse - 0 Medicare	\$8,177	\$8,177	\$8,177	\$8,177	\$7,955	\$7,955	\$7,924	\$7,924	\$8,281	\$8,281
EE+Spouse - 1 Medicare	\$7,684	\$7,684	\$7,684	\$7,684	\$8,274	\$8,274	N/A	\$7,447	\$7,615	\$7,615
EE+Spouse - 2 Medicare	\$8,212	\$8,212	\$8,212	\$8,212	\$9,454	\$9,454	N/A	\$7,958	\$7,958	\$7,958
Family - 0 Medicare	\$9,302	\$9,302	\$9,302	\$9,302	\$9,054	\$9,054	\$9,014	\$9,014	\$9,421	\$9,421
Family - 1 Medicare	\$8,734	\$8,734	\$8,734	\$8,734	\$9,268	\$9,268	N/A	\$8,463	\$8,655	\$8,655
Family - 2 Medicare	\$10,648	\$10,648	\$10,648	\$10,648	\$11,765	\$11,765	N/A	\$10,318	\$10,318	\$10,318
EE+Ch - 0 Medicare	\$5,251	\$5,251	\$5,251	\$5,251	\$5,112	\$5,112	\$5,089	\$5,089	\$5,318	\$5,318
EE+Ch - 1 Medicare	\$6,501	\$6,501	\$6,501	\$6,501	\$6,929	\$6,929	N/A	\$6,300	\$6,300	\$6,300

Exhibit 4D – Plan Year 2017 Annual Retiree Premiums

Page 2 of 2

	2030				HD 4000	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO
Total Premium						
Single - 0 Medicare	\$14,642	\$14,642	\$13,760	\$13,661	\$8,682	\$8,682
Single - 1 Medicare	N/A	\$6,045	N/A	\$6,679	NA	NA
EE+Spouse - 0 Medicare	\$31,920	\$31,920	\$29,997	\$29,780	\$18,926	\$18,926
EE+Spouse - 1 Medicare	N/A	\$19,626	N/A	\$19,550	NA	NA
EE+Spouse - 2 Medicare	N/A	\$12,091	N/A	\$13,358	NA	NA
Family - 0 Medicare	\$36,312	\$36,312	\$34,125	\$33,878	\$21,531	\$21,531
Family - 1 Medicare	N/A	\$23,557	N/A	\$23,204	NA	NA
Family - 2 Medicare	N/A	\$15,678	N/A	\$16,734	NA	NA
EE+Ch - 0 Medicare	\$20,499	\$20,499	\$19,264	\$19,125	\$12,154	\$12,154
EE+Ch - 1 Medicare	N/A	\$9,572	N/A	\$9,921	NA	NA
Medical Premium						
Single - 0 Medicare	\$10,973	\$10,973	\$9,926	\$9,826	\$6,282	\$6,282
Single - 1 Medicare	N/A	\$2,029	N/A	\$2,662	NA	NA
EE+Spouse - 0 Medicare	\$23,920	\$23,920	\$21,637	\$21,420	\$13,694	\$13,694
EE+Spouse - 1 Medicare	N/A	\$12,108	N/A	\$11,862	NA	NA
EE+Spouse - 2 Medicare	N/A	\$4,058	N/A	\$5,325	NA	NA
Family - 0 Medicare	\$27,212	\$27,212	\$24,615	\$24,368	\$15,578	\$15,578
Family - 1 Medicare	N/A	\$15,013	N/A	\$14,467	NA	NA
Family - 2 Medicare	N/A	\$5,261	N/A	\$6,318	NA	NA
EE+Ch - 0 Medicare	\$15,362	\$15,362	\$13,895	\$13,756	\$8,794	\$8,794
EE+Ch - 1 Medicare	N/A	\$3,212	N/A	\$3,561	NA	NA
Rx Premium						
Single - 0 Medicare	\$3,669	\$3,669	\$3,834	\$3,834	\$2,400	\$2,400
Single - 1 Medicare	N/A	\$4,017	N/A	\$4,017	NA	NA
EE+Spouse - 0 Medicare	\$8,000	\$8,000	\$8,360	\$8,360	\$5,232	\$5,232
EE+Spouse - 1 Medicare	N/A	\$7,518	N/A	\$7,688	NA	NA
EE+Spouse - 2 Medicare	N/A	\$8,034	N/A	\$8,034	NA	NA
Family - 0 Medicare	\$9,100	\$9,100	\$9,510	\$9,510	\$5,952	\$5,952
Family - 1 Medicare	N/A	\$8,544	N/A	\$8,737	NA	NA
Family - 2 Medicare	N/A	\$10,417	N/A	\$10,417	NA	NA
EE+Ch - 0 Medicare	\$5,137	\$5,137	\$5,369	\$5,369	\$3,360	\$3,360
EE+Ch - 1 Medicare	N/A	\$6,360	N/A	\$6,360	NA	NA

Exhibit 5A – Plan Year 2017 Employee Plan Option Summary

Medical Cost Sharing	\$10 copay		\$15 copay	1525	2030	2035	Tiered Network		HD1500	HD4000
	PPO	HMO	PPO	PPO	PPO	PPO	Tier 1	Tier 2		
Primary Care Copays	\$10	\$10	\$15	\$15	\$20	\$20	\$5	\$20	NA	NA
Specialist Care Copays	\$10	\$10	\$15	\$25	\$30 for adults/ \$20 children	\$35	\$15	\$30	NA	NA
Emergency Room Copay	\$75	\$85	\$100	\$100	\$125	\$300	\$100	\$100	NA	NA
In-Network Deductible	None	\$100 for medical appliances and DME	None	None	None	\$200*	None	\$1,500**	\$1,500**	\$4,000**
In-Network Coinsurance	10% on ambulance, prosthetic devices, DME	None	10% on ambulance, prosthetic devices, DME	10% on ambulance, prosthetic devices, DME	10% on ambulance, prosthetic devices, DME	20% on facility charges, imaging, ambulance, prosthetic devices, DME	None	20%	20% on all in-network charges	20% on all in-network charges
In-Network Coinsurance OOP Maximum*	NA	NA	\$400	\$400	\$800	\$2,000	None	None	n/a	n/a
In-Network OOP Maximum**	\$400*	\$5,720	\$5,720	\$5,720	\$5,720	\$5,720	\$2,500	\$4,500	\$1,000 (does not include deductible)	\$1,000 (does not include deductible)
OON Deductible*	\$100	NA	\$100	\$100	\$200	\$800	NA	NA	combined with in-network deductible	combined with in-network deductible
OON Coinsurance	20%	NA	30%	30%	30%	40%	NA	NA	40%	40%
OON OOP maximum	\$2,000*	NA	\$2,000*	\$2,000*	\$5,000*	\$6,500**	NA	NA	\$3,500**	\$6,000**
OON Inpatient Hospital	none	NA	none	\$200 per stay	\$500 per stay	\$600 per stay	NA	NA	none	none
Employer HSA Funding	NA	NA	NA	NA	NA	NA	NA	NA	\$300	\$0

Prescription Drug Copays		NJ DIRECT				NJ DIRECT		NJ DIRECT		NJ DIRECT					
		Rx Card	MM Rx	Aetna PPO	HMO	Rx Card	MM Rx	All Other Plans	MM Rx	All Other Plans	MM Rx				
Retail Copayments	Generic	\$3	10%	\$5	\$3	10%	\$7	15%	\$3	15%	\$7	20%	\$7	subject to deductible and coinsurance	subject to deductible and coinsurance
Retail Copayments	Preferred Brand	\$10	10%	\$10	\$10	10%	\$16	15%	\$18	15%	\$21	20%	\$16		
Retail Copayments	Non-Preferred Brand	\$10	10%	\$20	\$10	10%	\$35	15%	\$46	15%	Member pays difference	20%	\$35		
Mail Copayments	Generic	\$5	10%	\$5	\$5	10%	\$18	15%	\$5	15%	\$18	20%	\$18		
Mail Copayments	Preferred Brand	\$15	10%	\$15	\$15	10%	\$40	15%	\$36	15%	\$52	20%	\$40		
Mail Copayments	Non-Preferred Brand	\$15	10%	\$25	\$15	10%	\$88	15%	\$92	15%	Member pays difference	20%	\$88		
Rx OOP Maximum**		\$1,430				\$1,430		\$1,430		\$1,430		\$1,430			

*Family amounts are 2.5 x per member amounts listed in table.

**Family amounts are 2 x per member amounts listed in table.

The 1525, 2030, and 2035 plans are offered on a PPO plan basis only. Tiered Network Plan Option does not have OON benefits.

Exhibit 5B – Plan Year 2017 Early Retiree Plan Option Summary

	\$10 copay	\$15 copay	1525	2030	HD4000
Medical Cost Sharing					
Primary Care Copays	\$10	\$15	\$15	\$20	NA
Specialist Care Copays	\$10	\$15	\$25	\$30 for adults/ \$20 children	NA
Emergency Room Copay	\$75 PPO, \$85 HMO	\$100	\$100	\$125	NA
In-Network Deductible	HMO Plans only: \$100 for medical appliances and DME	NA	HMO Plans only: \$100 for medical appliances and DME	HMO Plans only: \$100 for medical appliances and DME	\$4,000***
In-Network Coinsurance	PPO Plans only: 10% on ambulance, prosthetic devices, DME	PPO Plans only: 10% on ambulance, prosthetic devices, DME	PPO Plans only: 10% on ambulance, prosthetic devices, DME	PPO Plans only: 10% on ambulance, prosthetic devices, DME	20% on all in-network charges
In-Network Coinsurance OOP Maximum (does not apply to HMO plans)**	n/a	\$400	\$400	\$800	n/a
In-Network OOP Maximum***	\$400 (PPO)** / \$5,799 (HMO)	\$5,799	\$5,799	\$5,799	\$1,000 (does not include deductible)
OON* Deductible**	\$100	\$100	\$100	\$200	combined with in-network deductible
OON* Coinsurance	20%	30%	30%	30%	40%
OON* OOP maximum	\$2,000**	\$2,000**	\$2,000**	\$5,000**	\$6,000***
OON* Inpatient Hospital Deductible	\$200 per stay	\$200 per stay	\$200 per stay	\$500 per stay	none
Employer HSA Funding	NA	NA	NA	NA	\$0

Prescription Drug Copays		PPO	HMOs	PPO	PPO and HMOs	PPO and HMOs	
Retail Copayments	Generic	\$10	\$6	\$10	\$7	\$3	subject to deductible and coinsurance
Retail Copayments	Preferred Brand	\$22	\$12	\$22	\$16	\$18	
Retail Copayments	Non-Preferred Brand	\$44	\$24	\$44	\$35	\$46	
Mail Copayments	Generic	\$5	\$5	\$5	\$5	\$5	
Mail Copayments	Preferred Brand	\$33	\$18	\$33	\$40	\$36	
Mail Copayments	Non-Preferred Brand	\$55	\$30	\$55	\$88	\$92	
Rx Out-of-Pocket Maximum**		\$1,351		\$1,351	\$1,351	\$1,351	

*HMO plans do not have OON network benefits.

**Family amounts are 2.5 x per member amounts listed in table.

***Family amounts are 2 x per member amounts listed in table.

Exhibit 5C – Plan Year 2017 Medicare Retiree Plan Option Summary

	Legacy HMO (Horizon)	Legacy HMO (Aetna)	\$10 PPO (Horizon)	\$10 PPO (Aetna)	\$15 copay (Horizon)	\$15 copay (Aetna)	1525	2030
Medical Cost Sharing								
Primary Care Copays	\$10	\$10	\$10	\$10	\$15	\$15	\$15	\$20
Specialist Care Copays	\$10	\$10	\$10	\$10	\$15	\$15	\$25	\$30 for adults/ \$20 children
Emergency Room Copay	\$75	\$75	\$75	\$75	\$75	\$75	\$100	\$125
In-Network Deductible	\$100 for medical appliances and DME	NA	NA	NA	NA	NA	HMO Plans only: \$100 for medical appliances and DME	HMO Plans only: \$100 for medical appliances and DME
In-Network Coinsurance	none	none	10% on ambulance, prosthetic devices, DME	none	10% on ambulance, prosthetic devices, DME	none	PPO Plans only: 10% on ambulance, prosthetic devices, DME	PPO Plans only: 10% on ambulance, prosthetic devices, DME
In-Network Coinsurance OOP Maximum (does not apply to HMO plans)**	NA	NA	NA	NA	\$400	NA	\$400	\$800
In-Network OOP Maximum***	\$5,799	\$2,500	\$400	\$1,000	\$5,799	\$1,000	\$5,799	\$5,799
OON* Deductible **	NA	NA	\$100	NA	\$100	NA	\$100	\$200
OON* Coinsurance**	NA	NA	10% on ambulance, prosthetic devices, DME	none	10% on ambulance, prosthetic devices, DME	none	30%	30%
OON* OOP maximum**	NA	NA	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000**	\$5,000**
OON* Inpatient Hospital Deductible	NA	NA	none	none	none	none	\$200 per stay	\$500 per stay
Employer HSA Funding	NA	NA	NA	NA	NA	NA	NA	NA
Prescription Drug Copays								
Retail Copayments	Generic	HMO	PPO	PPO	PPO	PPO	PPO and HMOs	PPO and HMOs
		\$6	\$6	\$10	\$10	\$10	\$10	\$7
Retail Copayments	Preferred Brand	\$12	\$12	\$22	\$22	\$22	\$22	\$16
Retail Copayments	Non-Preferred Brand	\$24	\$24	\$44	\$44	\$44	\$44	\$35
Mail Copayments	Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail Copayments	Preferred Brand	\$18	\$18	\$33	\$33	\$33	\$33	\$40
Mail Copayments	Non-Preferred Brand	\$30	\$30	\$55	\$55	\$55	\$55	\$88
Rx Out-of-Pocket Maximum**		\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351	\$1,351

*HMO plans do not have OON network benefits.
 **Family amounts are 2.5 x per member amounts listed in table.
 ***Family amounts are 2 x per member amounts listed in table.

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Aon empowers organizations and individuals to secure a better future through innovative talent, retirement and health solutions. We advise, design and execute a wide range of solutions that enable clients to cultivate talent to drive organizational and personal performance and growth, navigate retirement risk while providing new levels of financial security, and redefine health solutions for greater choice, affordability and wellness. Aon is the global leader in human resource solutions, with over 35,000 professionals in 90 countries serving more than 20,000 clients worldwide across 100+ solutions. For more information on Aon, please visit aonhewitt.com.

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