



State of New Jersey

State Health Benefits Program

Plan Year 2024 Rate Setting Recommendation
Analysis

Local Government Employee Group

As Approved on July 31, 2023

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Executive Summary

The purpose of this Analysis is to recommend premium levels for the Local Government Employer Group of the State Health Benefits Program (SHBP) for January 1, 2024 through December 31, 2024.

Recommended premium rate changes are based on a review of the experience of the Medical and Prescription Drug benefits offered to Active Employees and Retirees by the SHBP. The updated projections for Plan Year 2024 are based on medical and prescription drug claims incurred January 1, 2022 through December 31, 2022 and paid through March 31, 2023. The following summarizes the major highlights in this Rate Setting Analysis:

- The total recommended Plan Year 2024 premium rate change for the combined Local Government Actives, Early Retirees, and Medicare Retirees is an increase of 7.4%. This reflects the following:
 - The recommended rate change for Local Government Actives is a 5.7% increase for medical and a 19.9% increase for the prescription drug premium rates, for a total increase of 7.3%.
 - The recommended rate change for Local Government Early Retirees is a 5.2% increase for medical and a 20.8% increase for the prescription drug premium rates, for a total increase of 7.3%.
 - The Medicare Retiree medical decrease for Plan Year 2024 is 0.7%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change in Plan Year 2024 is a 15.5% increase.
- The projected combined Active and Retiree Medical and Prescription Drug Claim Stabilization Reserve Balance is projected to be below the targeted 2.0 months of plan cost in Plan Year 2024. As a result, 3.0% margin has been added to the Active, Early Retiree, and Medicare Retiree Medical and Prescription Drugs premiums.

Recommended Premium Rate Changes

The recommended Plan Year 2024 premium rate changes are as follows: a 7.3% increase for Active Employees, a 7.3% increase for Early Retirees and an 8.8% increase for Medicare Retirees. The Medicare Retirees medical increase for Plan Year 2024 includes both self-insured medical premiums and fully insured Medicare Advantage premiums. For all groups combined, the recommended change is an increase of 7.4%.

The recommended premiums rate changes for Plan Year 2024 by benefit plan are listed below.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
Actives					
PPO / NJDIRECT / HDHP	5.8%	20.2%	20.1%	20.2%	7.4%
HMO	5.8%	20.2%	20.1%	20.2%	7.5%
Tiered Network	1.4%	11.4%	11.4%	11.4%	2.8%
Total	5.7%	19.9%	19.7%	19.9%	7.3%
Early Retirees					
PPO / NJDIRECT / HDHP	5.2%			20.8%	7.3%
HMO	5.2%			20.8%	7.5%
Total	5.2%			20.8%	7.3%
Medicare Retirees					
Total	(0.7%)			15.5%	8.8%
Grand Total	5.6%			19.1%	7.4%

The table below shows the projected total Claim Stabilization Reserve at the end of Plan Years 2022 through 2024 for Local Government. The projected reserve balances are based on the reserve balance as of June 30, 2022 provided by the State and adjusted to December 31, 2022 based on actual expenses and revenues provided by the State. The CSR balances below are intended to illustrate how the claims stabilization reserve may fluctuate due to gains and losses in the active and retiree plans. Actual balances as of December 31, 2023 and December 31, 2024 may differ.

SHBP Projected Claim Stabilization Reserve

(in \$ millions)

	Active	Retiree	Total
12/31/2022	\$99	(\$125)	(\$27)
12/31/2023	\$136	(\$111)	\$25
12/31/2024	\$174	(\$93)	\$81
Months of Plan Cost as of 12/31/2024	1.7	(2.0)	0.5

COVID-19

Aon's current guidance is to project medical claims using 2022 claims data without any adjustments for COVID-19. Plan Year 2023 and 2024 estimates may be impacted if costs related to the pandemic change from 2022 levels.

The Plan Year 2024 premium projections do not include any additional margin for COVID-19.

Additional Disclosures

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

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

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

Plan Year 2024 Overview

The following plan design changes were approved by the SHBP Plan Design Committee for Plan Year 2017 and were subsequently reaffirmed. They are assumed to continue to be in effect for Plan Year 2024.

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

Additional Plan Design Changes that have been approved and will be in effect for Plan Year 2024 are as follows:

- HMS Data Integrity Vendor: In accordance with Public Law 2019, Chapter 143, the State conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and data management services for self-insured Active, Early, and Medicare Retirees. This law requires the third-party Medical Claims Reviewer to provide ongoing review and oversight of current medical claims processes. In addition, the Medical Claims Reviewer also must collect, store and maintain a secure archive of medical and prescription drug claims and other health services payment information, as well as document the cost and nature of claims incurred, demographic information on the covered population, emerging utilization and demographic trends. Actual 2022 savings are assumed to be in the underlying claims experience. Actual 2022 fees as well as estimated 2023 and 2024 fees are provided by HMS. This program is assumed to not impact Medicare Retirees.
- Medicare Eligibility Vendor: The State implemented SSDC services to identify and conduct outreach to pre-65 retirees and spouses who are currently eligible or could become eligible for Medicare, in order to ensure enrollment in Medicare when appropriate. Estimated savings for this program are assumed to be in the underlying claims experience. Actual 2022 fees as well as estimated 2023 and 2024 fees are provided by SSDC services. This program does not impact Actives and Medicare Retirees.
- Navigation Advocacy: Effective January 1, 2020, Horizon was required to implement the Horizon Health Guide, an enhanced Navigation and Advocacy Model. As part of the 2023

contract extension with Horizon, beginning February 1, 2023, Horizon Part 2 Services fees were reduced from those shown in the Plan Year 2023 Rate Setting Analysis due to modifications to the scope of services provided under the Part 2 Navigation Advocacy services. As a result of the change in the contract, Horizon no longer provides its Horizon Health Guide. As such, this analysis includes the 2022 claims as actually experienced, and no additional claim adjustment is reflected to account for the removal of this program. This program does not impact Medicare Retirees.

- Livongo Diabetes Management: Effective January 31, 2020, Livongo, a diabetes management program was launched for Actives and Early Retirees. The goal of the program is to help keep members living with diabetes in the safe zone of blood glucose levels by providing a cellular-enabled glucometer with testing strips and access to coaching and a 24/7 chat feature. Livongo identifies eligible participants through Medical and Rx claims data and sends targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. Estimated savings for this program are assumed to be in the underlying claims experience. Actual 2022 fees as well as estimated 2023 and 2024 fees are provided by Livongo. This program does not impact Medicare Retirees.

Livongo Whole Person: Beginning Plan Year 2021, Livongo also implemented the Livongo “Whole Person”, which provides a broader suite of services such as Livongo for Cardiovascular, Livongo for Weight Management, and Livongo for Behavioral Health in addition to the Livongo for Diabetes Management in effect since January 31, 2020. Estimated savings for this program are assumed to be in the underlying claims experience. Actual 2022 fees as well as estimated 2023 and 2024 fees are provided by Livongo. This program does not impact Medicare Retirees.

- Hinge Health: Effective 2021, the State implemented Hinge Health, a coach-led, digital program using sensor guided exercise therapy for chronic back and joint pain. Estimated savings for this program and fees which flow through the claims wire are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.
- Amino: Effective 2021, the State implemented Amino, a provider directory promoting transparency that helps employees make smarter healthcare choices. The tool matches members with the highest quality, lowest cost in-network providers for their specific needs. Estimated savings for this program are assumed to be in the underlying claims experience. Actual 2022 fees as well as estimated 2023 and 2024 fees are provided by Amino.
- Wondr Health: Effective 2021, the State implemented Wondr Health, an online weight loss program that uses informative videos and learning tools to teach participants how to lose weight and improve their overall health. Estimated savings for this program and fees which flow through the claims wire are assumed to be in the underlying claims experience. This program does not impact Medicare Retirees.

- eviCore: Effective January 1, 2021, the State implemented eviCore's Advanced Imaging Solution, which delivers cost savings and improved patient outcomes by guiding members to receive the appropriate test or treatment using prior authorizations and medical necessity reviews. Estimated savings for this program are assumed to be reflected in the underlying claims experience. The costs associated with eviCore are reflected in the underlying capitation data provided by Horizon. This program does not impact Medicare Retirees.
- Included Health (Formerly Grand Rounds): The State eliminated Included Health's Expert Medical Second Opinion Solution in 2023. The program provided guidance for members to access expert second opinions for health conditions and cases to ensure the right diagnosis and treatment plan while reducing unnecessary procedures and costs. No adjustments to claims or fees are included to reflect the elimination of this program for purposes of the rate setting projection.

Vendor Changes

Medical Vendors: Effective January 1, 2020, all self-insured medical plans are administered solely by Horizon. Aon assumes no change in the self-insured medical and fully-insured Medicare Advantage vendors in Plan Year 2024.

Pharmacy Benefit Manager: Optum is assumed to administer all of the prescription drug plans in Plan Year 2024.

Federal Health Care Reform

IRS Health Savings Account (HSA) Requirements: On May 16, 2023, the IRS issued inflation-adjusted limits for contributions to a health savings account (HSA) for the 2024 calendar year. The IRS also issued updated minimum deductible amounts and maximum out-of-pocket limits. The increased minimum deductible for qualified plans impacts the HD1500 plan option and without change would cause the plan to no longer be a Qualified High Deductible Health Plan (QHDHP), and HSA eligible. For Plan Year 2024, it is assumed that the in-network deductibles will increase from \$1,500/\$3,000 to \$1,600/\$3,200 (Single/Family). The estimated claims impact is based on Aon's Actuarial Value model.

In-Network Out-of-Pocket Maximum: Effective 1/1/2024, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$9,450 single / \$18,900 family. This benefit change will not have a significant impact on projected costs. The chart below summarizes a history of these out-of-pocket maximums:

Plan Year	Out-of-Pocket Maximum (Single/Family)
2022	\$8,700 / \$17,400
2023	\$9,100 / \$18,200
2024	\$9,450 / \$18,900

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

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

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

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

Inflation Reduction Act of 2022: In August 2022, the Inflation Reduction Act of 2022 (IRA) was signed into law. This law significantly restructures the Standard Medicare Part D prescription drug benefit and is expected to impact EGWP credits beginning in 2024. In addition, CMS is changing the treatment of Direct and Indirect Remuneration (DIR), effectively eliminating these payments between pharmacies and pharmacy benefit managers effective January 2024, which is expected to further impact the EGWP credits. Plan Year 2024 EGWP credits reflecting these changes are based on estimates provided by Optum.

New Jersey State Mandates

NJ COVID-19 Emergency Guidance: During the COVID-19 pandemic, the SHBP is subject to emergency guidance elimination of member cost sharing on COVID-19 testing as well as telemedicine services. The federal Public Health Emergency declaration ended May 11, 2023.

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

SHBP Firefighter Cancer Screening Act: Effective January 1, 2023, this bill mandates access to cancer screenings for full-time paid firefighters in the State. The bill includes screenings for colon, lung, bladder, oral, thyroid, skin, blood, breast, cervical, testicular, and prostate cancers. The first screening will take place within the first three years of employment and a firefighter is then entitled to a screening every three years thereafter. This mandates access to cancer screenings for firefighters through health care benefits.

These New Jersey State mandates are not expected to materially impact the projected Local Government Plan Costs and no adjustment were made to projected Plan Year 2024 costs and premiums.

Eligibility Changes and Other Eligible Members

Chapter 375 Coverage of Adult Children

The number of Local Government adult children covered under Chapter 375 as of April 2023 is 44. The premiums for this group are required to be equivalent to the premium charges for children and are included in the standard premiums, with a 2% load for expenses. Plan Year 2024 rate setting premiums have been calculated based on this requirement. The Adult Child rate will be approximately 81% of the Single Employee rate.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2021 through 2023 and includes a projection of enrollment from 2023 to 2024. 2023 enrollment is based on actual census data through April 2023 and is adjusted for known future Local Government employer terminations and entrants. This projection assumes that Local Government Actives, and Local Government Early Retirees, and Local Government Medicare Retirees are to remain flat in Plan Year 2024.

Exhibit 1B reflects the distribution of projected Plan Year 2024 enrollment among benefit options. Approximately 62% of Local Government Actives are assumed to be enrolled in the PPO10 plan and 20% of Local Government Actives are assumed to be enrolled in the PPO15 plan. Enrollment in the HMO10 plan is projected to be approximately 3% of the total Active enrollment. Approximately 85% of Local Government Retirees are assumed to be enrolled in the PPO10 plan or the PPO15 plan.

Exhibit 1C shows the projected average enrollment by benefit option and coverage tier for Plan Year 2023.

Dependents per Subscriber reflect ratios using Local Government enrollment as of April 2023 and are assumed to remain constant for Plan Year 2024. For Plan Year 2024, the enrollment

distribution by coverage tier for each plan is assumed to remain consistent with the plan specific distribution for Plan Year 2023.

Enrollment Migration to Lower Cost Plans

Local Active Plans: For Local Government Actives, due to the implementation of the NJDIRECT PPO, and NJDIRECT 2019 PPO plan options (effective July 1, 2019) and Tiered Network plan options (effective January 1, 2016), it is anticipated that members will choose to migrate to these low cost, high value options in Plan Year 2024 as noted in this memo.

Local Retiree Plans: Chapter 78 does not apply to existing retirees as of 7/1/2011 or to employees who had 20 or more years of service on 7/1/2011. For this reason, we are assuming no changes to retiree contributions for Plan Year 2024, which means that the majority of retirees will continue to have no contribution for the cost of their retiree health benefits. As such, no migration is assumed for Retirees.

NJDIRECT PPO Enrollment

For Plan Year 2023, it is assumed that the Local Government Active and Early Retiree NJ DIRECT PPO plan enrollment will be based on actual census data through April 2023, as provided by the State.

For Plan Year 2024, it is assumed that 1.0% of Local Government Actives are new hires who enroll in the NJDIRECT 2019 PPO plan.

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

Tiered Network Enrollment

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

The Tiered Network Plan is offered by Horizon. Actual enrollment through of April 2023 will be assumed for Plan Year 2023 with adjustments for employer terminations and entrants. For Plan Year 2024, 0.5% of Local Government Active Legacy PPO 10 and PPO 15 participants are assumed to migrate to the Tiered Network plan.

Active Demographic Changes

The Active Employee average age increased by 0.1 from Plan Year 2022 to Plan Year 2023. The average HMO Employee age is 2.6 years older than the average PPO employee. The average age of Employees enrolling in the Horizon New Plans is 3.0 years younger than the Employees in the Legacy PPO Plan. Employees enrolled in the NJDIRECT plan option are 3.2 years younger than employees enrolled in the Legacy PPO plan.

Average Employee Age

	April 2022	April 2023	Change
Legacy PPO	46.3	46.4	0.1
Legacy HMO	48.9	49.0	0.1
Horizon New Plans	44.1	43.4	(0.7)
NJDIRECT	42.9	43.2	0.3
Total	46.0	46.1	0.1

* Horizon New Plans include the PPO1525, PPO2030, PPO2035, HD4000, HD1500, and Tiered Network plans.

Trend Analysis

The recommended claim trend assumptions for Plan Years 2023 and 2024 are:

	Plan Year 2023		Plan Year 2024	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	6.50%	9.00%	6.50%	9.00%
PPO Early Retirees	6.50%	9.00%	6.50%	9.00%
Self-Insured Medicare Retirees	5.50%	7.75%	5.50%	7.75%
HMO/Tiered Network Actives	6.50%	9.00%	6.50%	9.00%
HMO/Tiered Network Early Retirees	6.50%	9.00%	6.50%	9.00%

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

The Medicare Retiree trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2024 Medicare Advantage premium rates are provided by Aetna and are shown on the following page.

Exhibits 2A and 2B presents historical SHBP trend experience and the recommended trend assumptions for Plan Year 2024 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2020 to December 31, 2022 and have been normalized for estimated benefit and vendor changes.

Aon recommended trends are developed using vendor recommended trends, national Aon trend guidance (which reflects vendor surveys, Pharmacy Benefit Manager national surveys and other external sources), as well as actual SHBP plan experience adjusted for expected future trends. The vendor recommended trends and national Aon trend guidance are shown in the table below:

Plan Year 2024	Vendor Recommendation		National AON Trend Guidance	
	Horizon	Optum	Medical	Rx
PPO Actives	5.85%	8.73%	7.25%	9.25%
PPO Early Retirees	5.85%	8.46%	7.25%	9.25%
HMO Actives	6.10%	8.73%	7.25%	9.25%
Tiered Network Actives	6.04%	8.73%	7.25%	9.25%
Self-Insured Medicare Retirees	5.85%	5.71%	5.50%	9.25%

*Gross trend shown before impact of plan design changes.

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

Medical Trends:

- PPO Actives: The PPO Active medical trend is 6.50% in Plan Year 2023, a 0.50% increase from the 6.00% medical trend in the Plan Year 2023 Rate Setting Analysis. The PPO Active medical trend is 6.50% for Plan Year 2024.

- PPO Early Retirees: The Plan Year 2023 Early Retiree PPO medical trend is 6.50%, a 0.50% increase from the Plan Year 2023 Rate Setting Analysis. The Plan Year 2024 medical trend is 6.50%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 5.50% in Plan Years 2023 and 2024, which is no change from the Plan Year 2023 Medicare Retiree medical trend in the Plan Year 2023 Rate Setting Analysis.
- HMO Actives: The Plan Year 2023 HMO Actives medical trend is 6.50%, which is no change from what was used in the Plan Year 2023 Rate Setting Analysis. The Plan Year 2024 HMO Active medical trend assumption is 6.50%.
- HMO Early Retirees: The Plan Year 2023 HMO Early Retiree medical trend is 6.50%, a 0.50% increase from what was used in the Plan Year 2023 Rate Setting Analysis. The Plan Year 2024 HMO Early Retiree medical trend assumption is 6.50%.

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

The Plan Year 2023 prescription drug trend is 9.00% for Actives and Early Retirees and 7.75% for Self-Insured Medicare Retirees, which is a 1.50% increase for Actives, a 1.50% increase for Early Retirees, and a 1.75% increase for Self-Insured Medicare Retirees compared to what was used in the Plan Year 2023 Rate Setting Analysis. The recommended prescription drug trend for Plan Year 2024 is 9.00% for Actives and Early Retirees and 7.75% for Self-Insured Medicare Retirees.

Additional Trend Adjustments: To reflect potential additions and terminations of Local Employers, the Active and Retiree medical and prescription drug trends will be increased by 100 basis points in Plan Year 2023 and by 75 basis points in Plan Year 2024 for Local Government. These adjustments reflect anti-selection risk and change in average health status of the population resulting from Local Employers entering or terminating coverage under the State-sponsored plans based on their own favorable or unfavorable claims experience.

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

Aetna Monthly Per Member Medicare Advantage Premium Rates

Local Government	Aetna Medicare Advantage Rates		
	2023	2024	\$ Change
PPO 10	\$ 152.47	\$ 148.19	\$ (4.28)
PPO 15	\$ 135.12	\$ 130.84	\$ (4.28)
HMO 10	\$ 176.60	\$ 172.32	\$ (4.28)
HMO 1525	\$ 142.20	\$ 137.92	\$ (4.28)

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

Financial Projections

Aggregate Financial Projections

Using the assumptions and methodology described in this Rate Setting Development section of this analysis, below are the current estimated projected costs for Plan Years 2022, 2023 and 2024.

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

	PPO 10	PPO 15	Legacy HMOs	New Plans*	Total
Plan Year 2022					
Premium Rates x Enrollment	\$1,098.7	\$311.7	\$57.9	\$202.2	\$1,670.5
Incurred Claims	\$1,185.0	\$321.4	\$60.8	\$198.5	\$1,765.7
Administrative Charges	\$32.8	\$10.0	\$2.2	\$8.6	\$53.6
Net Gain (Loss)	(\$119.1)	(\$19.7)	(\$5.1)	(\$4.9)	(\$148.8)
Plan Year 2023					
Premium Rates x Enrollment	\$1,164.1	\$320.8	\$53.0	\$201.9	\$1,739.8
Incurred Claims	\$1,114.2	\$293.7	\$50.1	\$182.3	\$1,640.3
Administrative Charges	\$30.2	\$8.9	\$1.7	\$7.2	\$48.0
Net Gain (Loss)	\$19.7	\$18.2	\$1.2	\$12.4	\$51.5
Plan Year 2024					
Premium Rates x Enrollment	\$1,236.1	\$341.7	\$56.7	\$228.8	\$1,863.3
Incurred Claims	\$1,184.4	\$313.2	\$53.5	\$207.4	\$1,758.5
Administrative Charges	\$30.3	\$8.9	\$1.7	\$7.9	\$48.8
Net Gain (Loss)	\$21.4	\$19.6	\$1.5	\$13.5	\$56.0

* New plans include the 15/25 PPO, 15/25 HMO, 20/30 PPO, 20/30 HMO, 20/35 PPO, HD 1500, HD4000, Tiered Network plan, NJDIRECT PPO, and NJDIRECT 2019 PPO options

** Plan Year 2023 and Plan Year 2024 premium rates include margin of 2.0% and 3.0%, respectively

The current Plan Year 2022 cost has decreased approximately \$39.9 million from the projected cost shown in the Plan Year 2023 Rate Setting Analysis. This decrease in actual cost vs. premium rates leads to a \$40.1M improvement in the loss for Plan Year 2022 compared to the Plan Year 2023 Rate Setting Analysis.

The current Plan Year 2023 results project a \$11.2 million improvement in the gain as compared to the Plan Year 2023 Rate Setting Analysis. The 2.0% margin added to 2023 premium rates to address the below-target Claims Stabilization Reserve balance contributes to this gain.

The Plan Year 2024 Rate Setting Analysis is projected to produce a \$56.0 million gain for Local Government Actives and Retirees, reflecting the 3.0% margin added to address the below-target Claims Stabilization Reserve balance. The Plan Year 2024 aggregate projected cost is approximately \$1.8 billion: \$1.2 billion for Actives and \$0.6 billion for Retirees.

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

Financial Gain /(Loss)

Plan Year 2022

Actives:

For Plan Year 2022, there was a 3.0% decrease in total active plan costs from the results shown in Plan Year 2023 Rate Setting Analysis. This decrease in plan cost is primarily a result of the following:

- Total projected active cost decreased 3.0% due to updated medical claims experience.
 - The aggregate projected 2022 medical claims are 3.5% lower compared to the Plan Year 2023 Rate Setting Analysis. This is driven by a 3.4% decrease in the projected PMPM medical claims amounts and a 0.1% decrease in average 2022 medical membership.
 - Calendar Year 2022 medical claims experience shows PMPM trend of 3.1% for PPO claims and (5.5%) for HMO claims. This differed from the 6.25% PPO Medical trend and anti-selection and 6.75% HMO Medical trend and anti-selection assumed in the Plan Year 2023 Rate Setting Analysis.
 - Horizon reporting with CY2022 incurred claims shows the medical claims trend is driven by a 15% increase in outpatient facility services and a 3% increase in professional services. The increase in outpatient is driven by an increase in cost and utilization of emergency room, medical pharmacy, and surgery services.
 - This increase is offset by a 10% decrease in inpatient services, which is driven by a reduction in utilization.
- Total projected active cost increased 0.8% due to updated prescription drug claims experience.
 - The aggregate 2022 prescription drug claims are 4.8% higher compared to what was projected in the Plan Year 2023 Rate Setting Analysis. This is driven by a 5.1% increase in the projected PMPM medical claims amounts offset partially by a 0.3% decrease in average 2022 prescription drug membership.
 - Calendar Year 2022 prescription drug claims experience shows an 13.8% PMPM trend, higher than the 7.75% trend and anti-selection assumed the Plan Year 2023 Rate Setting Analysis.
 - CY2022 prescription drug reporting from Optum shows a 23% PMPM trend in Inflammatory conditions and a 19% PMPM trend in Diabetes.
 - Utilization and cost contributed to a 7% increase in overall trend, compared to Optum's benchmark of 4%.

- Based on actual information from the State, increases in prescription drug rebates decreased projected active costs by 0.7%.
- Active costs were 0.1% lower than expected as a result of actual overhead costs, administrative fees, and investment income provided by the State.

Retirees:

Total estimated retiree cost is projected to decrease 0.3% from the Plan Year 2023 Rate Setting Analysis.

- Total projected retiree cost decreased 1.1% as a result of updated medical claims experience.
 - Aggregate medical claims decreased 1.4% compared to the Plan Year 2023 Rate Setting analysis. The medical claims and MA premiums PMPM decreased 2.3% compared to expected as a result of favorable medical claims trends. This reduction was offset by a 0.9% increase in medical membership from expected.
 - Calendar Year 2022 medical claims experience shows a 4.3% increase in Early Retiree PMPM PPO claims and a 0.2% increase in Early Retiree PMPM HMO claims. These medical trends are lower than the 6.25% trend plus anti-selection reflected in the 2023 Rate Setting Analysis.
 - Horizon reporting with CY2022 incurred claims shows the Early Retiree medical claims trend is driven by an increase in outpatient and professional trends of 11% and 3%, respectively.
 - The Outpatient and Professional costs per visit have increased 28% and 6%, respectively.
 - This increase is offset by a 6% decrease in inpatient services, driven by reduced utilization.
- There is a 2.9% increase in total retiree cost due to updated prescription drug claims experience
 - Aggregate prescription drug claims experience has increased 5.7% compared to what was projected in the Plan Year 2023 Rate Setting Analysis. This is driven by a 4.7% increase in the projected PMPM prescription drug claims and a 0.9% increase in average prescription drug membership.
 - Calendar Year 2022 Early Retiree and Medicare Retiree prescription drug trends are 14.3% and 10.6%, respectively. These trends are higher than the 7.75% and 6.25% assumed trend and anti-selection in the Plan Year 2023 Rate Setting Analysis, contributing to the increase in retiree cost.

- For Calendar Year 2022, Optum reports high Specialty prescription drug trend of 22% and 14%, respectively, for Local Government Early Retirees and Medicare Retirees.
 - The Early Retiree drug mix contributed to an 8% increase in overall trend, higher than Optum's benchmark of 6%.
 - Calendar Year 2022 Early Retiree prescription drug reporting from Optum shows a 23% PMPM trend in inflammatory conditions, and a 38% trend in oncology.
- Based on actual information provided by the State, higher than expected retiree prescription drug rebates decreased projected retiree costs by 2.2%.
 - Retiree costs are 0.1% higher than expected as a result of actual overhead costs, administrative fees, and investment income provided by the State.

Plan Year 2023

Actives:

For Plan Year 2023, total active plan cost is projected to decrease 14.3% from the results shown in Plan Year 2023 Rate Setting Analysis. This decrease in total plan cost is primarily a result of the following:

- There is a 14.4% decrease in total projected active cost due to updated enrollment. The updated enrollment is based on census data provided by the State and is adjusted for known employer entrants and terminations. Based on this data, there is expected to be a significant decrease in Local Government enrollment in Plan Year 2023.
- Total projected active cost is expected to decrease 2.2% due to updated medical claims experience, offset by a 0.8% increase due to updated prescription drug experience.
- Based on updated information from Optum, decreases in active prescription drug rebates are projected to increase projected active costs by approximately 0.1%.
- Updated projection assumptions including increases to the medical trend, prescription drug trend, and anti-selection load are anticipated to increase projected active costs by 1.4%.
- Projected active costs are expected to increase by 0.1% as a result of updated administrative and overhead fee projections. This is offset by a 0.1% decrease due to updated investment income projections.

Retirees:

For Retirees, total projected cost decreased 16.1% from the results shown in the Plan Year 2023 Rate Setting Analysis. This decrease in retiree plan costs is primarily a result of the following:

- There is a 18.8% reduction in retiree cost due to lower-than-expected enrollment. The updated enrollment is based on census data provided by the State and is adjusted for known employer entrants and terminations. Based on this data, there is expected to be a significant decrease in Local Government enrollment in Plan Year 2023.
- Updated claims experience resulted in a 0.7% increase in total Retiree costs, consisting of a 1.5% decrease due to updated medical claims experience offset by a 2.2% increase due to updated prescription drug claims experience.
- Based on information from Optum, updated retiree PMPM EGWP credits is projected to decrease total retiree cost by 1.4%. This is offset by updated prescription drug rebates which is projected to increase total retiree costs by 1.3%.
- Updated projection assumptions including increased medical and prescription drug trends are anticipated to increase projected retiree costs by 2.0%.
- Projected retiree costs are expected to increase by 0.2% as a result of updated administrative and overhead fee projections. This is offset by a 0.1% decrease due to updated investment income projections.

Self-Insured Vendor Administrative Fees and Claim Charges

Below are Plan Year 2024 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. Plan Year 2024 Horizon Admin Fees PEPM are assumed to increase 5.0% compared to the fees effective February 1, 2023. Horizon Part 2 Services fees were reduced from those shown in the Plan Year 2023 Rate Setting Analysis due to modifications to the scope of services provided under the Part 2 Navigation Advocacy services. The fees are reported by the vendors in different categories and may appear aggregated within different rows in Exhibit 3, including incurred medical and prescription drug claims, capitation and administrative fees.

Horizon Medical PEPM Fees/Charges

	2024 PEPM Fees			
	PPO	HMO	HDHP	Tiered
Actives and Early Retirees				
Part 1 Services	\$24.59	\$36.28	\$24.30	\$41.24
Part 2 Services	\$4.46	\$4.46	\$4.46	\$4.46
Medical Management	\$1.22	\$1.22	\$1.22	\$1.22
Disease Management	\$0.44	\$0.44	\$0.44	\$0.44
HSA Banking Fee (Per Account Per Month)	N/A	N/A	\$2.61	N/A
NJWELL*	\$20.95	\$20.95	\$20.95	\$20.95
Medicare Retirees				
Part 1 Services	\$25.25	\$25.25	N/A	N/A
Part 2 Services	\$3.76	\$3.76	N/A	N/A

*Plan Year 2024 fees are per attributed NJWELL employee and paid on a Per Enrolled Per Month basis. An attributed member is defined as an employee that is engaged in the wellness platform through completion of one or more of the point-achieving activities including, but not limited to, Health Assessment, Biometric Screening, Flu Shots, Telemedicine Wellness/Disease Management Coaching, Online Activities, etc. The NJWELL program includes access to WebMd wellness resources, custom rewards lobby, online tracking tools, monthly webinars, and a comprehensive Health Management portal to track all activities.

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

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

Prescription Drug Fees

Optum's administrative fees for the prescription drug program for Plan Year 2024 are \$5.25 PEPM for Commercial and \$8.00 PMPM for EGWP.

Rate Setting Development

Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2022, 2023, and 2024, separately for each PPO, Tiered Network, HMO and High Deductible plan. Costs are also projected separately for Actives, Early Retirees and Medicare Retirees, and separately for medical claims, prescription drug claims, administrative costs.

Plan Year 2024 premium increases were calculated separately for Actives, Early Retirees and Medicare Retirees, and for medical and prescription drug. Horizon experience was used to develop the PPO, HMO, and Tiered Network premium increases, and Optum experience was used for the prescription drug premium increases. Each benefit plan is projected separately and then experience is combined to develop uniform premium increases across groupings of similar plans:

Premium Group	Included Plans
Active PPO, HMO, HDHP, Tiered Network, NJDIRECT, NJDIRECT2019	Premium increase reflects projected experience for all self-insured active plans*
Early Retiree	Premium increase reflects projected experience for all self-insured Early Retiree plans
Self-Insured Medicare Retiree	Premium increase reflects projected experience for all self-insured Medicare Retiree plans

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

Projection Assumptions

1. Using 2022 incurred claims data paid through March 2023 supplied by Horizon and Optum, incurred claims were completed for Plan Year 2022, separately for each benefit plan, for medical and prescription drugs and for Actives, Early Retirees and Medicare Retirees.
2. Capitation and other similar fixed claim charges were added to the incurred claims.
3. Estimated incurred claims in Plan Year 2022 were divided by average covered members to get average claims per member per year. Covered members were based on historical monthly census data and adjusted with assumptions for the number of members per coverage tier.
4. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2024 using the annual trend rates listed in the Trend Analysis section of this document.

5. Aggregate claims for Plan Year 2024 are the product of projected membership and the projected claims per member.
6. Plan Year 2024 projected Medicare Advantage fully insured premiums are based on rates provided by Aetna.
7. Prescription drug rebates for Plan Year 2022 are based on actual rebate payment data received from the State. Projected rebates for Plan Years 2023 and 2024 are based on data provided by Optum.
8. Prescription drug rebates paid through the medical plan for Plan Year 2022 are based on actual rebate payment data provided by Horizon. Prescription Drug Rebates estimated to be paid through the medical plan for Plan Years 2023 and 2024 are incorporated in the medical claim projections and are based on the actual Plan Year 2022 data provided by and Horizon.
9. EGWP projections include monthly CMS capitation payments per Medicare-eligible Retiree for prescription drug coverage, prescription drug manufacturers' coverage gap reimbursement payments, an annual CMS payment for reinsurance on catastrophic claims, and CMS Low Income Cost Sharing (LICS) payments. These amounts are equal to recommendations from Optum for Plan Years 2022, 2023 and 2024.
 - a. CMS per capita payments: Plan Years 2022, 2023, and 2024 actual and expected CMS per capita payments were provided by Optum. The Plan Year 2024 CMS per capita payment is assumed to be -\$4.60 Per Member Per Month (PMPM).
 - b. Coverage Gap Discount: Plan Years 2022, 2023, and 2024 actual and expected coverage gap payments were provided by Optum. The Plan Year 2024 credits are assumed to be \$109.66 PMPM.
 - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2021 credit is not expected to be fully paid until the beginning of Plan Year 2024. Plan Years 2022, 2023, and 2024 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2024 credits are assumed to be \$124.52 PMPM.
 - d. Low Income Cost Sharing (LICS): Plan Years 2022 and 2023 actual and expected LICS payments were provided by Optum. For Plan Year 2024, the subsidy payment is assumed to be \$1.96 PMPM.

10. Total SHBP projected Plan Year 2024 claim costs are the sum of projected medical and prescription drug claims, capitation charges, payments from CMS related to EGWP Plus Wrap and prescription drug rebates.
11. Due to small enrollment and claims data, Local Government Actives and Local Government Early Retirees NJDIRECT projected claims will be based on PPO15 claims experience adjusted for the expected relative plan cost differences. The Plan Year 2024 premium rates will be developed on a combined basis with all other plan options.
12. Tiered Network Active projected costs in Plan Year 2024 reflects 50% of actual Plan Year 2022 medical and prescription drug claim experience. The actual experience is blended with PPO15 claims experience adjusted for the difference in plan design.
13. Base administrative fees per subscriber per month or per member per month are multiplied by the projected average enrollment for the applicable projection Plan Year. Plan Year 2024 prescription drug administrative fees were provided by Optum. Plan Year 2024 Horizon medical administrative fees are assumed to increase 5% over the Horizon fees effective February 1, 2023.
14. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$5.9 million for Plan Year 2024. Actual Plan Year 2022 overhead charges were provided by the State and were used to project charges for Plan Year 2024.
15. Additional fees and claim charges reported by the vendors have been reflected in the projections.
16. Projected investment income of \$2.7 million was used to reduce projected administrative costs for Plan Year 2024. Actual Plan Year 2022 investment income was provided by the State and was used to project charges for Plan Year 2024.
17. Based on participation in NJWELL, employers are eligible for a 1% discount on their premium rates in the following plan year. Plan Year 2022 participation showed 20 Local Government employers (a total of 465 Employees) were eligible for this discount. The Plan Year 2023 costs have been adjusted to reflect the total number of Employees who will receive the 1% premium discount in Plan Year 2023. 1% of Employees are assumed to be eligible for this discount in Plan Year 2024.

Claim Stabilization Reserve

1. Active and Retiree premiums for 2024 include a 3.0% margin, since the projected total Claim Stabilization Reserve for the Local Government Group is projected to be below the recommended level of 2.0 months at the end of Plan Year 2024.
2. Projected Claim Stabilization Reserve at December 31, 2023 is based on the actual Claim Stabilization Reserve at June 30, 2022 provided by the Division and adjusted to December 31, 2022 based on monthly revenues and expenses provided by the Division.
3. The Active Claim Stabilization Reserve can be used to reduce Active premiums and the Retiree Claim Stabilization Reserve can be used to reduce the Retiree premiums. The Local Government Active and Retiree premium rate changes do not reflect a projected reduction in the Claim Stabilization Reserve in Plan Year 2024.

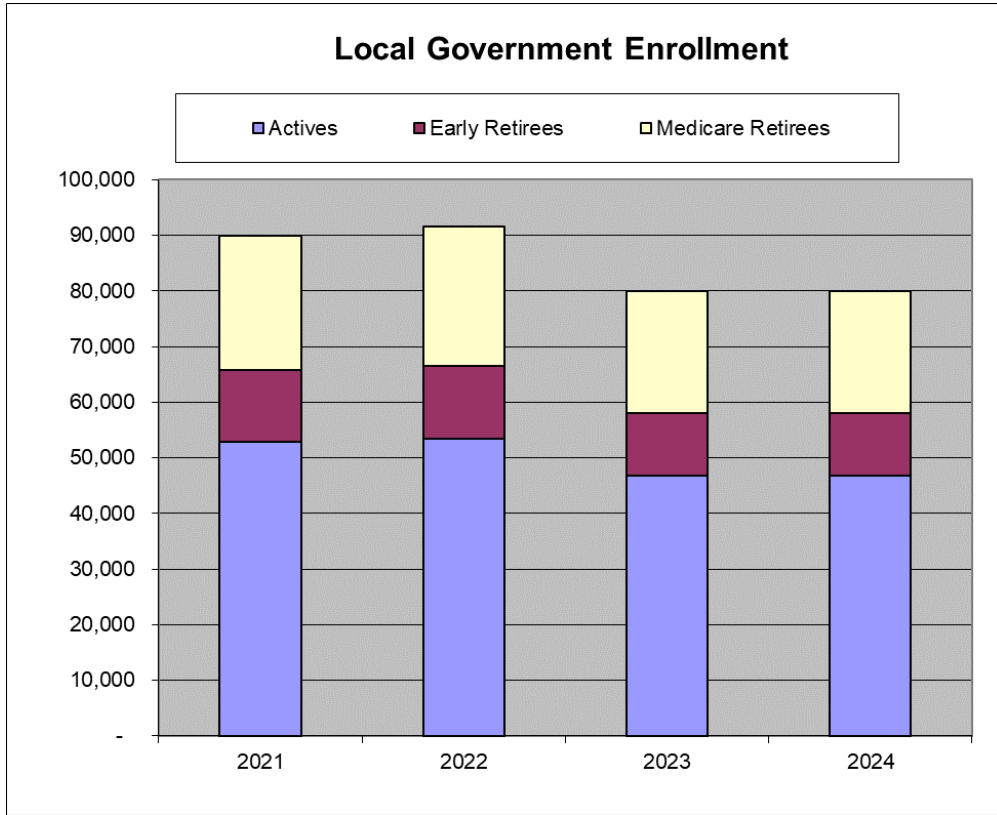
Projected Premiums

1. Plan Year 2024 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to the Plan Year 2023 premium rates.
2. Aggregate Plan Year 2024 premiums are calculated by multiplying projected Plan Year 2024 enrollment by projected Plan Year 2024 premium rates.

Data Assumptions

1. Claims: For medical and prescription drug claims, Aon is using claim files from each of the vendors which have claims incurred through December 31, 2022 and paid through March 31, 2023 for all groups.
2. Enrollment: Plan Year 2023 enrollment and Plan Year 2024 projected enrollment is based on actual census data provided by the State through April 2023 adjusted for known future Local Government employer terminations and entrants. Actual calendar year 2022 census data from the Division is used for the 2022 exposure units in the cost analysis.

Exhibit 1A – Enrollment Projections

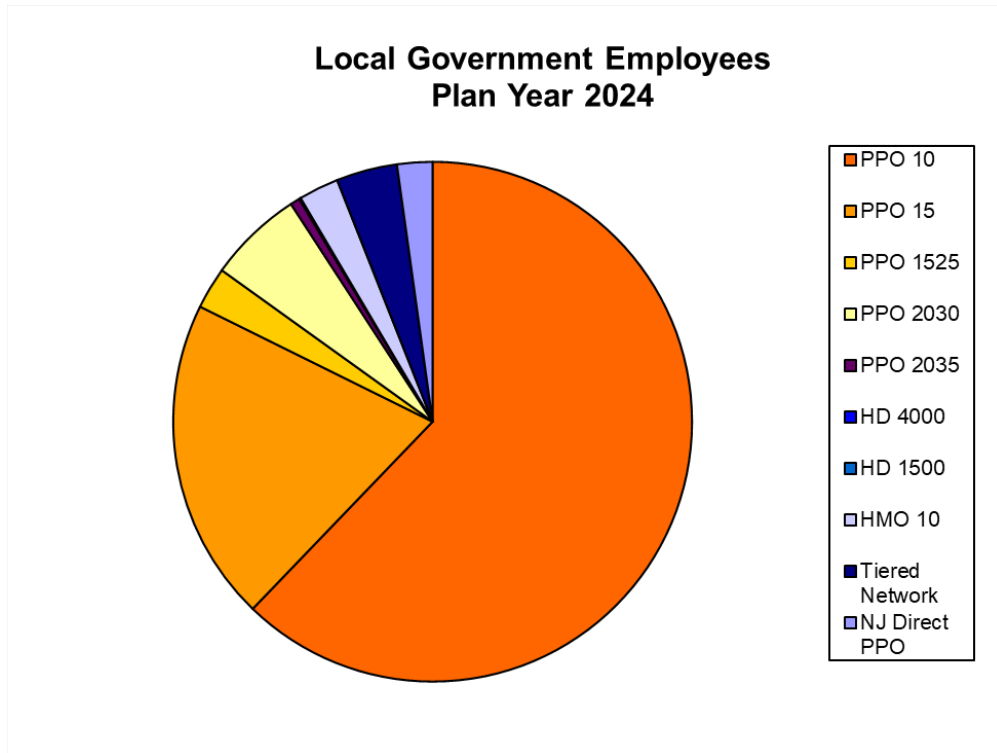


Annual Change in Enrollment

	<u>Actual</u> <u>2021 to 2022</u>	<u>Actual</u> <u>2022 to 2023</u>	<u>Actual*</u> <u>2023 to 2024</u>
Actives	1.1%	(12.3%)	0.0%
Early Retirees	2.2%	(15.8%)	0.0%
Medicare Retirees	3.5%	(11.9%)	0.0%

*Actual 2023 enrollment for Active Employees and Retirees was assumed to be consistent with census data provided by the State through April 2023 adjusted for known future employer entrants and terminations.

Exhibit 1B Actives – Projected Plan Year 2024 Plan Distribution



Assumes approximately 65% of Employees will remain in the \$10 copay plans.

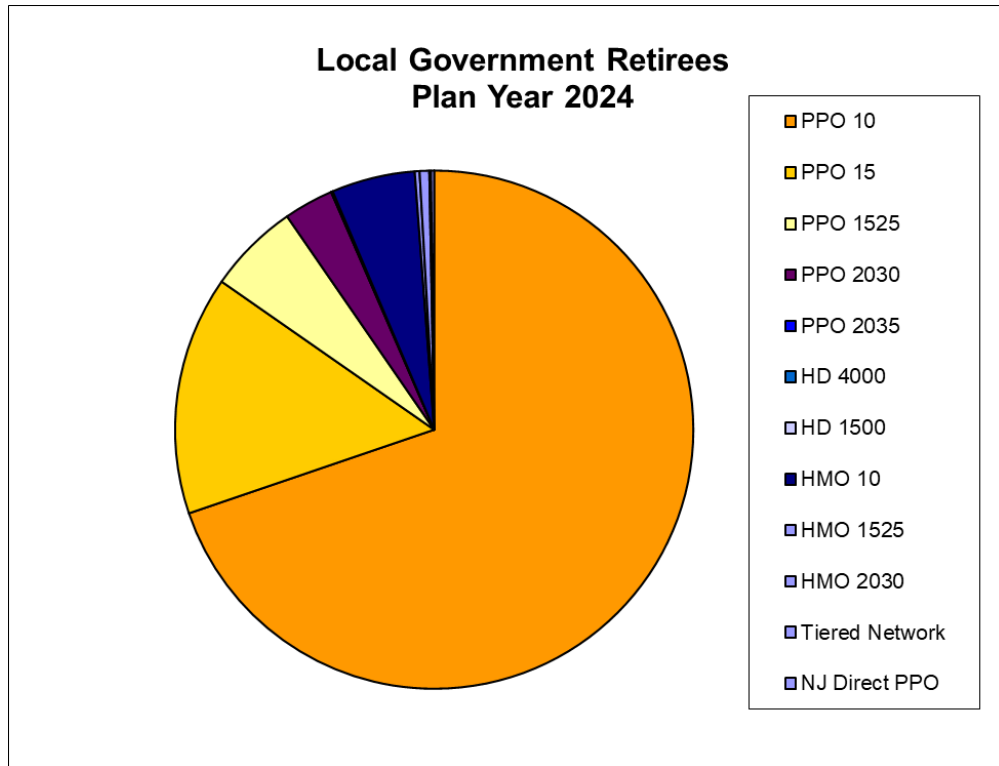
Assumes approximately 94% of Employees will enroll in the PPO plans, 3% in the HMO plans, 4% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 85% of Employees will enroll in the PPO 10, PPO 15, and HMO 10 and approximately 15% in the other benefit options.

Actives	Horizon
PPO 10	62.2%
PPO 15	20.1%
PPO 1525	2.6%
PPO 2030	5.9%
PPO 2035	0.6%
HD 4000	0.1%
HD 1500	0.0%
HMO 10	2.5%
Tiered Network	3.8%
NJ Direct PPO	<u>2.2%</u>
Total	100.0%

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

**Exhibit 1B Early and Medicare Retirees – Projected Plan Year 2024 Plan
Distribution**



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

Assumes approximately 90% of Retirees will enroll in the PPO 10, PPO15, and HMO 10 plans and approximately 10% in the other benefit options.

Retirees	Horizon	Aetna*	Total
PPO 10	22.3%	47.5%	69.8%
PPO 15	5.4%	9.5%	14.9%
PPO 1525	5.7%	0.0%	5.7%
PPO 2030	3.1%	0.0%	3.1%
PPO 2035	0.0%	0.0%	0.0%
HD 4000	0.1%	0.0%	0.1%
HD 1500	0.0%	0.0%	0.0%
HMO 10	1.5%	3.7%	5.2%
HMO 1525	0.1%	0.2%	0.3%
HMO 2030	0.6%	0.0%	0.6%
Tiered Network	0.0%	0.1%	0.1%
NJ Direct PPO	<u>0.2%</u>	<u>0.0%</u>	<u>0.2%</u>
Total	39.0%	61.0%	100.0%

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

Exhibit 1C Actives - 2023 Enrollment

	2023 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
LOCAL GOVERNMENT - ACTIVE & COBRA					
Medical Plans					
NJ DIRECT10	10,841	4,534	10,235	3,902	29,513
NJ DIRECT15	3,607	1,485	3,256	1,194	9,541
NJ DIRECT1525	518	183	365	184	1,250
NJ DIRECT2030	1,049	364	1,022	352	2,787
NJ DIRECT2035	175	39	67	23	304
NJ DIRECT HD4000	39	4	16	4	63
NJ DIRECT HD1500	10	2	6	2	19
Horizon Legacy HMO (10)	444	173	348	198	1,163
OMNIA Health	837	186	423	162	1,608
NJDIRECT	73	54	111	44	282
NJDIRECT 2019	185	30	50	31	296
Horizon Total	17,778	7,053	15,900	6,096	46,827

* Numbers may not add due to rounding.

Exhibit 1C Early and Medicare Retirees - 2023 Enrollment

	2023 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
LOCAL GOVERNMENT RETIREES					
Medical Plans					
NJ DIRECT10	1,769	2,087	2,815	753	7,423
NJ DIRECT15	486	462	674	176	1,797
NJ DIRECT1525	919	751	174	56	1,901
NJ DIRECT2030	188	364	419	65	1,036
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	13	14	2	2	30
NJ DIRECT HD1500	0	0	0	0	0
Horizon Legacy HMO (10)	160	143	155	50	508
Horizon 1525 HMO	19	11	16	4	50
Horizon 2030 HMO	33	57	96	17	203
OMNIA Health	11	8	9	3	31
NJDIRECT	28	15	15	8	66
Horizon Total	3,625	3,911	4,375	1,134	13,045
MA PPO 10	8,217	6,618	655	243	15,734
MA PPO 15	1,614	1,371	118	44	3,147
MA HMO (10)	683	478	40	28	1,228
MA 1525 HMO	18	30	11	0	59
Aetna Total	10,532	8,497	824	315	20,168
Total	14,157	12,408	5,199	1,449	33,214

* Numbers may not add due to rounding.

Exhibit 2A – Medical Trend Assumption

The chart below shows the rolling 12-month medical claims experience trends for the Active and Early Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 2022. Column (A) shows the overall Per Member Per Month (PMPM) claims increase. Column (B) shows the estimated impact of plan design and vendor changes that occurred during the claim periods. These impacts are listed below in the "Normalizing Adjustments" section. Column (C) shows the estimated gross trend attributable to claims experience and capitation which is based on the overall PMPM increase grossed up for the plan changes.

	(A) Increase in Claims	(B) Plan Changes	(C) = (A) - (B) Claim Trend
<u>PPO Active</u>			
12 Months through 12/2021 vs 12/2020	18.2%	(4.9%)	23.1%
12 Months through 12/2022 vs 12/2021	3.1%	0.0%	3.1%
Recommended 2024 Trend Assumption			6.5%
<u>PPO Early Retiree</u>			
12 Months through 12/2021 vs 12/2020	17.0%	(5.1%)	22.1%
12 Months through 12/2022 vs 12/2021	4.3%	0.0%	4.3%
Recommended 2024 Trend Assumption			6.5%
<u>HMO Active</u>			
12 Months through 12/2021 vs 12/2020	42.6%	(5.2%)	47.8%
12 Months through 12/2022 vs 12/2021	(5.5%)	0.0%	(5.5%)
Recommended 2024 Trend Assumption			6.5%
<u>HMO Early Retiree</u>			
12 Months through 12/2021 vs 12/2020	8.0%	(4.1%)	12.1%
12 Months through 12/2022 vs 12/2021	0.2%	0.0%	0.2%
Recommended 2024 Trend Assumption			6.5%

Normalizing Adjustments

3/1/2020: Fair Health National

1/1/2021: EviCore

1/1/2021: HMS

Exhibit 2B – Prescription Drug Trend Assumption

The chart below shows the rolling 12-month prescription drug claims experience trends for the Active, Early Retiree, and EGWP Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 2022. Column (A) shows the overall Per Member Per Month (PMPM) claims increase. Column (B) shows the estimated impact of plan design and vendor changes that occurred during the claim periods. These impacts are listed below in the "Normalizing Adjustments" section. Column (C) shows the estimated gross trend attributable to claims experience and capitation which is based on the overall PMPM increase grossed up for the plan changes.

	(A) Increase in Claims	(B) Plan Changes	(C) = (A) - (B) Claim Trend
Active Rx			
12 Months through 12/2021 vs 12/2020	3.8%	0.0%	3.8%
12 Months through 12/2022 vs 12/2021	13.8%	0.0%	13.8%
Recommended 2024 Trend Assumption			9.0%
Early Retiree Rx			
12 Months through 12/2021 vs 12/2020	3.2%	0.0%	3.2%
12 Months through 12/2022 vs 12/2021	14.3%	0.0%	14.3%
Recommended 2024 Trend Assumption			9.0%
EGWP Rx			
12 Months through 12/2021 vs 12/2020	1.2%	0.0%	1.2%
12 Months through 12/2022 vs 12/2021	10.6%	0.0%	10.6%
Recommended 2024 Trend Assumption			7.75%

Normalizing Adjustments:

None

Exhibit 3A – Plan Year 2022 Aggregate Costs

Page 1 of 2

	Legacy Plans						1525			
	Total	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
Employees and Retirees										
Average Medical Members	200,765	25,373	4,865	104,113	32,517	1,891	5,366	11,920	83	161
Incurred Medical Claims	\$1,432,606,000	\$52,191,000	\$8,993,000	\$903,411,000	\$253,273,000	\$4,436,000	\$41,015,000	\$79,765,000	\$160,000	\$1,001,000
Capitation	\$44,630,000	\$0	\$0	\$27,826,000	\$8,779,000	\$0	\$1,576,000	\$2,634,000	\$0	\$44,000
Incurred Prescription Drug Claims	\$546,189,000	\$165,411,000	\$32,456,000	\$218,843,000	\$59,384,000	\$14,638,000	\$12,141,000	\$21,210,000	\$368,000	\$289,000
Prescription Drug Rebates	(\$175,156,000)	(\$44,193,000)	(\$8,671,000)	(\$78,741,000)	(\$21,367,000)	(\$3,911,000)	(\$4,327,000)	(\$6,219,000)	(\$98,000)	(\$94,000)
EGWP Credits	(\$82,494,000)	(\$59,756,000)	(\$11,457,000)	\$0	\$0	(\$4,453,000)	(\$222,000)	(\$5,479,000)	(\$195,000)	(\$57,000)
Administrative Fees	\$53,564,000	\$4,096,000	\$786,000	\$28,711,000	\$9,239,000	\$308,000	\$1,848,000	\$3,862,000	\$13,000	\$42,000
Total Cost	\$1,819,339,000	\$117,749,000	\$22,107,000	\$1,100,050,000	\$309,308,000	\$11,018,000	\$52,031,000	\$95,773,000	\$248,000	\$1,225,000
Total Premium	\$1,670,504,000	\$116,075,000	\$21,242,000	\$982,590,000	\$290,424,000	\$9,917,000	\$47,996,000	\$87,747,000	\$363,000	\$1,209,000
Gain (Loss)	(\$148,835,000)	(\$1,674,000)	(\$865,000)	(\$117,460,000)	(\$18,884,000)	(\$1,101,000)	(\$4,035,000)	(\$8,026,000)	\$115,000	(\$16,000)
Employees										
Average Medical Members	127,753	N/A	N/A	78,081	26,908	N/A	3,539	8,119	N/A	N/A
Incurred Medical Claims	\$1,011,338,000	N/A	N/A	\$652,771,000	\$206,813,000	N/A	\$25,341,000	\$60,563,000	N/A	N/A
Capitation	\$34,534,000	N/A	N/A	\$21,072,000	\$7,309,000	N/A	\$1,057,000	\$2,159,000	N/A	N/A
Incurred Prescription Drug Claims	\$215,209,000	N/A	N/A	\$148,119,000	\$43,679,000	N/A	\$6,619,000	\$3,376,000	N/A	N/A
Prescription Drug Rebates	(\$77,436,000)	N/A	N/A	(\$53,296,000)	(\$15,717,000)	N/A	(\$2,381,000)	(\$1,215,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$37,811,000	N/A	N/A	\$22,492,000	\$7,830,000	N/A	\$1,285,000	\$2,472,000	N/A	N/A
Total Cost	\$1,221,456,000	N/A	N/A	\$791,158,000	\$249,914,000	N/A	\$31,921,000	\$67,355,000	N/A	N/A
Total Premium	\$1,114,340,000	N/A	N/A	\$706,404,000	\$232,922,000	N/A	\$30,271,000	\$61,421,000	N/A	N/A
Gain (Loss)	(\$107,116,000)	N/A	N/A	(\$84,754,000)	(\$16,992,000)	N/A	(\$1,650,000)	(\$5,934,000)	N/A	N/A
Early Retirees										
Average Medical Members	37,983	N/A	N/A	26,032	5,609	N/A	1,733	1,474	N/A	137
Incurred Medical Claims	\$348,356,000	N/A	N/A	\$250,640,000	\$46,460,000	N/A	\$15,455,000	\$13,302,000	N/A	\$924,000
Capitation	\$10,032,000	N/A	N/A	\$6,754,000	\$1,470,000	N/A	\$513,000	\$430,000	N/A	\$42,000
Incurred Prescription Drug Claims	\$100,339,000	N/A	N/A	\$70,724,000	\$15,705,000	N/A	\$5,083,000	\$2,578,000	N/A	\$178,000
Prescription Drug Rebates	(\$36,100,000)	N/A	N/A	(\$25,445,000)	(\$5,650,000)	N/A	(\$1,829,000)	(\$928,000)	N/A	(\$64,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$9,256,000	N/A	N/A	\$6,219,000	\$1,409,000	N/A	\$516,000	\$318,000	N/A	\$28,000
Total Cost	\$431,883,000	N/A	N/A	\$308,892,000	\$59,394,000	N/A	\$19,738,000	\$15,700,000	N/A	\$1,108,000
Total Premium	\$393,232,000	N/A	N/A	\$276,186,000	\$57,502,000	N/A	\$17,088,000	\$13,707,000	N/A	\$1,104,000
Gain (Loss)	(\$38,651,000)	N/A	N/A	(\$32,706,000)	(\$1,892,000)	N/A	(\$2,650,000)	(\$1,993,000)	N/A	(\$4,000)
Medicare Retirees										
Average Medical Members	35,029	25,373	4,865	N/A	N/A	1,891	94	2,327	83	24
Incurred Medical Claims	\$72,912,000	\$52,191,000	\$8,993,000	N/A	N/A	\$4,436,000	\$219,000	\$5,900,000	\$160,000	\$77,000
Capitation	\$64,000	\$0	\$0	N/A	N/A	\$0	\$6,000	\$45,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$230,641,000	\$165,411,000	\$32,456,000	N/A	N/A	\$14,638,000	\$439,000	\$15,256,000	\$368,000	\$111,000
Prescription Drug Rebates	(\$61,620,000)	(\$44,193,000)	(\$8,671,000)	N/A	N/A	(\$3,911,000)	(\$117,000)	(\$4,076,000)	(\$98,000)	(\$30,000)
EGWP Credits	(\$82,494,000)	(\$59,756,000)	(\$11,457,000)	N/A	N/A	(\$4,453,000)	(\$222,000)	(\$5,479,000)	(\$195,000)	(\$57,000)
Administrative Fees	\$6,497,000	\$4,096,000	\$786,000	N/A	N/A	\$308,000	\$47,000	\$1,072,000	\$13,000	\$14,000
Total Cost	\$166,000,000	\$117,749,000	\$22,107,000	N/A	N/A	\$11,018,000	\$372,000	\$12,718,000	\$248,000	\$117,000
Total Premium	\$162,932,000	\$116,075,000	\$21,242,000	N/A	N/A	\$9,917,000	\$637,000	\$12,619,000	\$363,000	\$105,000
Gain (Loss)	(\$3,068,000)	(\$1,674,000)	(\$865,000)	N/A	N/A	(\$1,101,000)	\$265,000	(\$99,000)	\$115,000	(\$12,000)

* Numbers may not add due to rounding. Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3A – Plan Year 2022 Aggregate Costs

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	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT	Horizon NJ DIRECT 2019
Employees and Retirees								
Average Medical Members	9,016	558	381	151	33	2,968	852	517
Incurred Medical Claims	\$60,707,000	\$2,937,000	\$1,401,000	\$389,000	\$175,000	\$12,802,000	\$7,485,000	\$2,465,000
Capitation	\$2,345,000	\$163,000	\$55,000	\$39,000	\$9,000	\$800,000	\$337,000	\$23,000
Incurred Prescription Drug Claims	\$13,853,000	\$1,325,000	\$417,000	\$64,000	\$86,000	\$3,698,000	\$1,693,000	\$313,000
Prescription Drug Rebates	(\$4,822,000)	(\$457,000)	(\$150,000)	(\$23,000)	(\$31,000)	(\$1,331,000)	(\$609,000)	(\$112,000)
EGWP Credits	(\$819,000)	(\$56,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,560,000	\$169,000	\$153,000	\$57,000	\$11,000	\$1,263,000	\$233,000	\$213,000
Total Cost	\$73,824,000	\$4,081,000	\$1,876,000	\$526,000	\$250,000	\$17,232,000	\$9,139,000	\$2,902,000
Total Premium	\$72,441,000	\$4,853,000	\$2,821,000	\$845,000	\$225,000	\$20,218,000	\$7,046,000	\$4,492,000
Gain (Loss)	(\$1,383,000)	\$772,000	\$945,000	\$319,000	(\$25,000)	\$2,986,000	(\$2,093,000)	\$1,590,000
Employees								
Average Medical Members	6,424	N/A	381	101	33	2,903	747	517
Incurred Medical Claims	\$42,751,000	N/A	\$1,401,000	\$261,000	\$175,000	\$12,518,000	\$6,279,000	\$2,465,000
Capitation	\$1,730,000	N/A	\$55,000	\$27,000	\$9,000	\$784,000	\$309,000	\$23,000
Incurred Prescription Drug Claims	\$7,906,000	N/A	\$417,000	\$26,000	\$86,000	\$3,596,000	\$1,072,000	\$313,000
Prescription Drug Rebates	(\$2,845,000)	N/A	(\$150,000)	(\$9,000)	(\$31,000)	(\$1,294,000)	(\$386,000)	(\$112,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,882,000	N/A	\$153,000	\$36,000	\$11,000	\$1,238,000	\$199,000	\$213,000
Total Cost	\$51,424,000	N/A	\$1,876,000	\$341,000	\$250,000	\$16,842,000	\$7,473,000	\$2,902,000
Total Premium	\$49,656,000	N/A	\$2,821,000	\$482,000	\$225,000	\$19,650,000	\$5,996,000	\$4,492,000
Gain (Loss)	(\$1,768,000)	N/A	\$945,000	\$141,000	(\$25,000)	\$2,808,000	(\$1,477,000)	\$1,590,000
Early Retirees								
Average Medical Members	2,244	534	N/A	50	N/A	65	105	N/A
Incurred Medical Claims	\$17,121,000	\$2,836,000	N/A	\$128,000	N/A	\$284,000	\$1,206,000	N/A
Capitation	\$606,000	\$161,000	N/A	\$12,000	N/A	\$16,000	\$28,000	N/A
Incurred Prescription Drug Claims	\$4,201,000	\$1,109,000	N/A	\$38,000	N/A	\$102,000	\$621,000	N/A
Prescription Drug Rebates	(\$1,511,000)	(\$399,000)	N/A	(\$14,000)	N/A	(\$37,000)	(\$223,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A
Administrative Fees	\$530,000	\$156,000	N/A	\$21,000	N/A	\$25,000	\$34,000	N/A
Total Cost	\$20,947,000	\$3,863,000	N/A	\$185,000	N/A	\$390,000	\$1,666,000	N/A
Total Premium	\$20,956,000	\$4,708,000	N/A	\$363,000	N/A	\$568,000	\$1,050,000	N/A
Gain (Loss)	\$9,000	\$845,000	N/A	\$178,000	N/A	\$178,000	(\$616,000)	N/A
Medicare Retirees								
Average Medical Members	348	24	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$835,000	\$101,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$9,000	\$2,000	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$1,746,000	\$216,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$466,000)	(\$58,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$819,000)	(\$56,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$148,000	\$13,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$1,453,000	\$218,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$1,829,000	\$145,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	\$376,000	(\$73,000)	N/A	N/A	N/A	N/A	N/A	N/A

* Numbers may not add due to rounding. Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3B – Plan Year 2023 Aggregate Costs

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	Total	Legacy Plans						1525		
		Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
Employees and Retirees										
Average Medical Members	173,978	21,760	4,411	92,477	27,676	1,642	4,081	6,045	84	144
Incurred Medical Claims	\$1,326,236,000	\$39,812,000	\$7,153,000	\$859,864,000	\$232,179,000	\$3,480,000	\$33,384,000	\$44,959,000	\$144,000	\$955,000
Capitation	\$41,480,000	\$0	\$0	\$26,595,000	\$8,030,000	\$0	\$1,288,000	\$1,179,000	\$0	\$42,000
Incurred Prescription Drug Claims	\$531,371,000	\$154,266,000	\$32,006,000	\$214,516,000	\$55,936,000	\$13,826,000	\$10,174,000	\$21,229,000	\$406,000	\$283,000
Prescription Drug Rebates	(\$177,002,000)	(\$41,446,000)	(\$8,599,000)	(\$81,126,000)	(\$21,165,000)	(\$3,715,000)	(\$3,795,000)	(\$6,333,000)	(\$109,000)	(\$94,000)
EGWP Credits	(\$81,779,000)	(\$58,212,000)	(\$11,801,000)	N/A	N/A	(\$4,393,000)	(\$210,000)	(\$5,803,000)	(\$225,000)	(\$58,000)
Administrative Fees	\$47,976,000	\$3,588,000	\$725,000	\$26,577,000	\$8,170,000	\$272,000	\$1,453,000	\$1,964,000	\$13,000	\$42,000
Total Cost	\$1,688,282,000	\$98,008,000	\$19,484,000	\$1,046,426,000	\$283,150,000	\$9,470,000	\$42,294,000	\$57,195,000	\$229,000	\$1,170,000
Total Premium	\$1,739,767,000	\$99,674,000	\$19,270,000	\$1,064,417,000	\$301,536,000	\$8,682,000	\$44,302,000	\$52,719,000	\$368,000	\$1,345,000
Gain (Loss)	\$51,485,000	\$1,666,000	(\$214,000)	\$17,991,000	\$18,386,000	(\$788,000)	\$2,008,000	(\$4,476,000)	\$139,000	\$175,000
Employees										
Average Medical Members	111,396	N/A	N/A	71,036	22,715	N/A	2,701	2,826	N/A	N/A
Incurred Medical Claims	\$954,681,000	N/A	N/A	\$638,016,000	\$188,018,000	N/A	\$20,711,000	\$28,919,000	N/A	N/A
Capitation	\$32,330,000	N/A	N/A	\$20,615,000	\$6,633,000	N/A	\$868,000	\$805,000	N/A	N/A
Incurred Prescription Drug Claims	\$220,002,000	N/A	N/A	\$150,439,000	\$40,656,000	N/A	\$5,576,000	\$3,741,000	N/A	N/A
Prescription Drug Rebates	(\$83,715,000)	N/A	N/A	(\$57,245,000)	(\$15,470,000)	N/A	(\$2,122,000)	(\$1,424,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$33,940,000	N/A	N/A	\$21,049,000	\$6,830,000	N/A	\$995,000	\$859,000	N/A	N/A
Total Cost	\$1,157,238,000	N/A	N/A	\$772,874,000	\$226,667,000	N/A	\$26,028,000	\$32,900,000	N/A	N/A
Total Premium	\$1,194,222,000	N/A	N/A	\$785,898,000	\$240,562,000	N/A	\$28,071,000	\$27,865,000	N/A	N/A
Gain (Loss)	\$36,984,000	N/A	N/A	\$13,024,000	\$13,895,000	N/A	\$2,043,000	(\$5,035,000)	N/A	N/A
Early Retirees										
Average Medical Members	32,013	N/A	N/A	21,441	4,961	N/A	1,302	1,050	N/A	122
Incurred Medical Claims	\$313,760,000	N/A	N/A	\$221,848,000	\$44,161,000	N/A	\$12,479,000	\$10,182,000	N/A	\$881,000
Capitation	\$9,085,000	N/A	N/A	\$5,980,000	\$1,397,000	N/A	\$414,000	\$329,000	N/A	\$40,000
Incurred Prescription Drug Claims	\$92,583,000	N/A	N/A	\$64,077,000	\$15,280,000	N/A	\$4,201,000	\$2,020,000	N/A	\$174,000
Prescription Drug Rebates	(\$34,506,000)	N/A	N/A	(\$23,881,000)	(\$5,695,000)	N/A	(\$1,566,000)	(\$753,000)	N/A	(\$65,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,361,000	N/A	N/A	\$5,528,000	\$1,340,000	N/A	\$430,000	\$216,000	N/A	\$33,000
Total Cost	\$389,283,000	N/A	N/A	\$273,552,000	\$56,483,000	N/A	\$15,958,000	\$11,994,000	N/A	\$1,063,000
Total Premium	\$402,293,000	N/A	N/A	\$278,519,000	\$60,974,000	N/A	\$15,675,000	\$12,501,000	N/A	\$1,245,000
Gain (Loss)	\$13,010,000	N/A	N/A	\$4,967,000	\$4,491,000	N/A	(\$283,000)	\$507,000	N/A	\$182,000
Medicare Retirees										
Average Medical Members	30,568	21,760	4,411	N/A	N/A	1,642	78	2,169	84	22
Incurred Medical Claims	\$57,795,000	\$39,812,000	\$7,153,000	N/A	N/A	\$3,480,000	\$194,000	\$5,858,000	\$144,000	\$74,000
Capitation	\$65,000	\$0	\$0	N/A	N/A	\$0	\$6,000	\$45,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$218,786,000	\$154,266,000	\$32,006,000	N/A	N/A	\$13,826,000	\$397,000	\$15,468,000	\$406,000	\$109,000
Prescription Drug Rebates	(\$58,781,000)	(\$41,446,000)	(\$8,599,000)	N/A	N/A	(\$3,715,000)	(\$107,000)	(\$4,156,000)	(\$109,000)	(\$29,000)
EGWP Credits	(\$81,779,000)	(\$58,212,000)	(\$11,801,000)	N/A	N/A	(\$4,393,000)	(\$210,000)	(\$5,803,000)	(\$225,000)	(\$58,000)
Administrative Fees	\$5,675,000	\$3,588,000	\$725,000	N/A	N/A	\$272,000	\$28,000	\$889,000	\$13,000	\$9,000
Total Cost	\$141,761,000	\$98,008,000	\$19,484,000	N/A	N/A	\$9,470,000	\$308,000	\$12,301,000	\$229,000	\$107,000
Total Premium	\$143,252,000	\$99,674,000	\$19,270,000	N/A	N/A	\$8,682,000	\$556,000	\$12,353,000	\$368,000	\$100,000
Gain (Loss)	\$1,491,000	\$1,666,000	(\$214,000)	N/A	N/A	(\$788,000)	\$248,000	\$52,000	\$139,000	(\$7,000)

* Numbers may not add due to rounding. Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

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

Exhibit 3B – Plan Year 2023 Aggregate Costs

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	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT	Horizon NJ DIRECT 2019
Employees and Retirees								
Average Medical Members	9,499	568	583	173	43	3,393	873	526
Incurred Medical Claims	\$68,650,000	\$3,211,000	\$2,306,000	\$703,000	\$245,000	\$19,254,000	\$6,193,000	\$3,744,000
Capitation	\$2,654,000	\$178,000	\$66,000	\$47,000	\$13,000	\$986,000	\$377,000	\$25,000
Incurred Prescription Drug Claims	\$17,355,000	\$1,485,000	\$735,000	\$178,000	\$126,000	\$5,813,000	\$1,997,000	\$1,040,000
Prescription Drug Rebates	(\$6,335,000)	(\$528,000)	(\$280,000)	(\$66,000)	(\$48,000)	(\$2,210,000)	(\$757,000)	(\$396,000)
EGWP Credits	(\$1,011,000)	(\$66,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,703,000	\$169,000	\$228,000	\$72,000	\$15,000	\$1,516,000	\$251,000	\$218,000
Total Cost	\$84,016,000	\$4,449,000	\$3,055,000	\$934,000	\$351,000	\$25,359,000	\$8,061,000	\$4,631,000
Total Premium	\$92,249,000	\$5,504,000	\$5,226,000	\$1,125,000	\$360,000	\$28,516,000	\$8,887,000	\$5,587,000
Gain (Loss)	\$8,233,000	\$1,055,000	\$2,171,000	\$191,000	\$9,000	\$3,157,000	\$826,000	\$956,000
Employees								
Average Medical Members	6,782	N/A	583	121	43	3,323	740	526
Incurred Medical Claims	\$48,508,000	N/A	\$2,306,000	\$300,000	\$245,000	\$18,756,000	\$5,158,000	\$3,744,000
Capitation	\$1,965,000	N/A	\$66,000	\$34,000	\$13,000	\$967,000	\$339,000	\$25,000
Incurred Prescription Drug Claims	\$10,476,000	N/A	\$735,000	\$32,000	\$126,000	\$5,596,000	\$1,585,000	\$1,040,000
Prescription Drug Rebates	(\$3,986,000)	N/A	(\$280,000)	(\$12,000)	(\$48,000)	(\$2,129,000)	(\$603,000)	(\$396,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,003,000	N/A	\$228,000	\$49,000	\$15,000	\$1,488,000	\$206,000	\$218,000
Total Cost	\$58,966,000	N/A	\$3,055,000	\$403,000	\$351,000	\$24,678,000	\$6,685,000	\$4,631,000
Total Premium	\$64,768,000	N/A	\$5,226,000	\$709,000	\$360,000	\$27,839,000	\$7,337,000	\$5,587,000
Gain (Loss)	\$5,802,000	N/A	\$2,171,000	\$306,000	\$9,000	\$3,161,000	\$652,000	\$956,000
Early Retirees								
Average Medical Members	2,339	543	N/A	52	N/A	70	133	N/A
Incurred Medical Claims	\$19,175,000	\$3,098,000	N/A	\$403,000	N/A	\$498,000	\$1,035,000	N/A
Capitation	\$679,000	\$176,000	N/A	\$13,000	N/A	\$19,000	\$38,000	N/A
Incurred Prescription Drug Claims	\$4,816,000	\$1,240,000	N/A	\$146,000	N/A	\$217,000	\$412,000	N/A
Prescription Drug Rebates	(\$1,795,000)	(\$462,000)	N/A	(\$54,000)	N/A	(\$81,000)	(\$154,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$559,000	\$159,000	N/A	\$23,000	N/A	\$28,000	\$45,000	N/A
Total Cost	\$23,434,000	\$4,211,000	N/A	\$531,000	N/A	\$681,000	\$1,376,000	N/A
Total Premium	\$25,391,000	\$5,345,000	N/A	\$416,000	N/A	\$677,000	\$1,550,000	N/A
Gain (Loss)	\$1,957,000	\$1,134,000	N/A	(\$115,000)	N/A	(\$4,000)	\$174,000	N/A
Medicare Retirees								
Average Medical Members	378	25	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$967,000	\$113,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$10,000	\$2,000	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$2,063,000	\$245,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$554,000)	(\$66,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$1,011,000)	(\$66,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$141,000	\$10,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$1,616,000	\$238,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$2,090,000	\$159,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	\$474,000	(\$79,000)	N/A	N/A	N/A	N/A	N/A	N/A

* Numbers may not add due to rounding. Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

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

Exhibit 3C – Plan Year 2024 Aggregate Costs

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	Legacy Plans							1525		
	Total	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
Employees and Retirees										
Average Medical Members	173,627	21,760	4,411	91,410	27,335	1,642	4,054	6,017	84	144
Incurred Medical Claims	\$1,411,331,000	\$38,695,000	\$6,926,000	\$911,931,000	\$245,985,000	\$3,396,000	\$35,578,000	\$47,847,000	\$139,000	\$1,024,000
Capitation	\$44,163,000	\$0	\$0	\$28,192,000	\$8,506,000	\$0	\$1,373,000	\$1,255,000	\$0	\$45,000
Incurred Prescription Drug Claims	\$579,822,000	\$167,379,000	\$34,727,000	\$229,555,000	\$61,746,000	\$15,001,000	\$11,041,000	\$26,263,000	\$440,000	\$309,000
Prescription Drug Rebates	(\$191,889,000)	(\$45,057,000)	(\$9,348,000)	(\$85,784,000)	(\$23,086,000)	(\$4,038,000)	(\$4,074,000)	(\$8,065,000)	(\$119,000)	(\$103,000)
EGWP Credits	(\$84,934,000)	(\$60,457,000)	(\$12,256,000)	N/A	N/A	(\$4,563,000)	(\$218,000)	(\$6,027,000)	(\$234,000)	(\$60,000)
Administrative Fees	\$48,806,000	\$3,592,000	\$726,000	\$26,680,000	\$8,220,000	\$272,000	\$1,475,000	\$2,019,000	\$13,000	\$43,000
Total Cost	\$1,807,299,000	\$104,152,000	\$20,775,000	\$1,110,574,000	\$301,371,000	\$10,068,000	\$45,175,000	\$63,292,000	\$239,000	\$1,258,000
Total Premium	\$1,863,284,000	\$108,075,000	\$20,964,000	\$1,128,036,000	\$320,758,000	\$9,425,000	\$47,295,000	\$58,086,000	\$400,000	\$1,453,000
Gain (Loss)	\$55,985,000	\$3,923,000	\$189,000	\$17,462,000	\$19,387,000	(\$643,000)	\$2,120,000	(\$5,206,000)	\$161,000	\$195,000
Employees										
Average Medical Members	111,045	N/A	N/A	69,969	22,374	N/A	2,674	2,798	N/A	N/A
Incurred Medical Claims	\$1,018,012,000	N/A	N/A	\$673,999,000	\$198,622,000	N/A	\$21,989,000	\$30,703,000	N/A	N/A
Capitation	\$34,349,000	N/A	N/A	\$21,778,000	\$7,007,000	N/A	\$922,000	\$855,000	N/A	N/A
Incurred Prescription Drug Claims	\$240,828,000	N/A	N/A	\$159,231,000	\$44,976,000	N/A	\$5,999,000	\$7,263,000	N/A	N/A
Prescription Drug Rebates	(\$90,374,000)	N/A	N/A	(\$59,753,000)	(\$16,878,000)	N/A	(\$2,251,000)	(\$2,726,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$34,592,000	N/A	N/A	\$21,056,000	\$6,856,000	N/A	\$1,007,000	\$891,000	N/A	N/A
Total Cost	\$1,237,407,000	N/A	N/A	\$816,311,000	\$240,583,000	N/A	\$27,666,000	\$36,986,000	N/A	N/A
Total Premium	\$1,275,818,000	N/A	N/A	\$829,325,000	\$255,294,000	N/A	\$29,850,000	\$30,965,000	N/A	N/A
Gain (Loss)	\$38,411,000	N/A	N/A	\$13,014,000	\$14,711,000	N/A	\$2,184,000	(\$6,021,000)	N/A	N/A
Early Retirees										
Average Medical Members	32,013	N/A	N/A	21,441	4,961	N/A	1,302	1,050	N/A	122
Incurred Medical Claims	\$336,507,000	N/A	N/A	\$237,932,000	\$47,363,000	N/A	\$13,383,000	\$10,920,000	N/A	\$945,000
Capitation	\$9,746,000	N/A	N/A	\$6,414,000	\$1,499,000	N/A	\$445,000	\$353,000	N/A	\$43,000
Incurred Prescription Drug Claims	\$101,610,000	N/A	N/A	\$70,324,000	\$16,770,000	N/A	\$4,611,000	\$2,217,000	N/A	\$191,000
Prescription Drug Rebates	(\$37,612,000)	N/A	N/A	(\$26,031,000)	(\$6,208,000)	N/A	(\$1,707,000)	(\$821,000)	N/A	(\$71,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,511,000	N/A	N/A	\$5,624,000	\$1,364,000	N/A	\$439,000	\$220,000	N/A	\$34,000
Total Cost	\$418,762,000	N/A	N/A	\$294,263,000	\$60,788,000	N/A	\$17,171,000	\$12,889,000	N/A	\$1,142,000
Total Premium	\$431,682,000	N/A	N/A	\$298,711,000	\$65,464,000	N/A	\$16,829,000	\$13,425,000	N/A	\$1,341,000
Gain (Loss)	\$12,920,000	N/A	N/A	\$4,448,000	\$4,676,000	N/A	(\$342,000)	\$536,000	N/A	\$199,000
Medicare Retirees										
Average Medical Members	30,569	21,760	4,411	N/A	N/A	1,642	78	2,169	84	22
Incurred Medical Claims	\$56,812,000	\$38,695,000	\$6,926,000	N/A	N/A	\$3,396,000	\$206,000	\$6,224,000	\$139,000	\$79,000
Capitation	\$68,000	\$0	\$0	N/A	N/A	\$0	\$6,000	\$47,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$237,384,000	\$167,379,000	\$34,727,000	N/A	N/A	\$15,001,000	\$431,000	\$16,783,000	\$440,000	\$118,000
Prescription Drug Rebates	(\$63,903,000)	(\$45,057,000)	(\$9,348,000)	N/A	N/A	(\$4,038,000)	(\$116,000)	(\$4,518,000)	(\$119,000)	(\$32,000)
EGWP Credits	(\$84,934,000)	(\$60,457,000)	(\$12,256,000)	N/A	N/A	(\$4,563,000)	(\$218,000)	(\$6,027,000)	(\$234,000)	(\$60,000)
Administrative Fees	\$5,703,000	\$3,592,000	\$726,000	N/A	N/A	\$272,000	\$29,000	\$908,000	\$13,000	\$9,000
Total Cost	\$151,130,000	\$104,152,000	\$20,775,000	N/A	N/A	\$10,068,000	\$338,000	\$13,417,000	\$239,000	\$116,000
Total Premium	\$155,784,000	\$108,075,000	\$20,964,000	N/A	N/A	\$9,425,000	\$616,000	\$13,696,000	\$400,000	\$112,000
Gain (Loss)	\$4,654,000	\$3,923,000	\$189,000	N/A	N/A	(\$643,000)	\$278,000	\$279,000	\$161,000	(\$4,000)

* Numbers may not add due to rounding. Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

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

Exhibit 3C – Projected Plan Year 2024 Aggregate Costs

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	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT	Horizon NJ DIRECT 2019
Employees and Retirees								
Average Medical Members	9,431	568	577	172	42	3,755	865	1,360
Incurred Medical Claims	\$73,093,000	\$3,443,000	\$2,448,000	\$751,000	\$259,000	\$22,811,000	\$6,586,000	\$10,419,000
Capitation	\$2,826,000	\$191,000	\$70,000	\$50,000	\$14,000	\$1,172,000	\$401,000	\$68,000
Incurred Prescription Drug Claims	\$19,245,000	\$1,627,000	\$764,000	\$187,000	\$108,000	\$6,896,000	\$1,874,000	\$2,660,000
Prescription Drug Rebates	(\$6,957,000)	(\$576,000)	(\$287,000)	(\$69,000)	(\$41,000)	(\$2,586,000)	(\$701,000)	(\$998,000)
EGWP Credits	(\$1,050,000)	(\$69,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,736,000	\$173,000	\$229,000	\$72,000	\$15,000	\$1,721,000	\$251,000	\$569,000
Total Cost	\$89,893,000	\$4,789,000	\$3,224,000	\$991,000	\$355,000	\$30,014,000	\$8,411,000	\$12,718,000
Total Premium	\$98,773,000	\$5,940,000	\$5,532,000	\$1,181,000	\$371,000	\$32,366,000	\$9,291,000	\$15,338,000
Gain (Loss)	\$8,880,000	\$1,151,000	\$2,308,000	\$190,000	\$16,000	\$2,352,000	\$880,000	\$2,620,000
Employees								
Average Medical Members	6,714	N/A	577	120	42	3,685	732	1,360
Incurred Medical Claims	\$51,501,000	N/A	\$2,448,000	\$319,000	\$259,000	\$22,277,000	\$5,476,000	\$10,419,000
Capitation	\$2,087,000	N/A	\$70,000	\$36,000	\$14,000	\$1,152,000	\$360,000	\$68,000
Incurred Prescription Drug Claims	\$11,721,000	N/A	\$764,000	\$27,000	\$108,000	\$6,657,000	\$1,422,000	\$2,660,000
Prescription Drug Rebates	(\$4,398,000)	N/A	(\$287,000)	(\$10,000)	(\$41,000)	(\$2,498,000)	(\$534,000)	(\$998,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,023,000	N/A	\$229,000	\$49,000	\$15,000	\$1,692,000	\$205,000	\$569,000
Total Cost	\$62,934,000	N/A	\$3,224,000	\$421,000	\$355,000	\$29,280,000	\$6,929,000	\$12,718,000
Total Premium	\$69,150,000	N/A	\$5,532,000	\$732,000	\$371,000	\$31,636,000	\$7,625,000	\$15,338,000
Gain (Loss)	\$6,216,000	N/A	\$2,308,000	\$311,000	\$16,000	\$2,356,000	\$696,000	\$2,620,000
Early Retirees								
Average Medical Members	2,339	543	N/A	52	N/A	70	133	N/A
Incurred Medical Claims	\$20,565,000	\$3,323,000	N/A	\$432,000	N/A	\$534,000	\$1,110,000	N/A
Capitation	\$728,000	\$189,000	N/A	\$14,000	N/A	\$20,000	\$41,000	N/A
Incurred Prescription Drug Claims	\$5,285,000	\$1,361,000	N/A	\$160,000	N/A	\$239,000	\$452,000	N/A
Prescription Drug Rebates	(\$1,956,000)	(\$504,000)	N/A	(\$59,000)	N/A	(\$88,000)	(\$167,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$569,000	\$163,000	N/A	\$23,000	N/A	\$29,000	\$46,000	N/A
Total Cost	\$25,191,000	\$4,532,000	N/A	\$570,000	N/A	\$734,000	\$1,482,000	N/A
Total Premium	\$27,303,000	\$5,764,000	N/A	\$449,000	N/A	\$730,000	\$1,666,000	N/A
Gain (Loss)	\$2,112,000	\$1,232,000	N/A	(\$121,000)	N/A	(\$4,000)	\$184,000	N/A
Medicare Retirees								
Average Medical Members	378	25	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$1,027,000	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$11,000	\$2,000	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$2,239,000	\$266,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$603,000)	(\$72,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$1,050,000)	(\$69,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$144,000	\$10,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$1,768,000	\$257,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$2,320,000	\$176,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	\$552,000	(\$81,000)	N/A	N/A	N/A	N/A	N/A	N/A

* Numbers may not add due to rounding. Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

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

Exhibit 4A – Plan Year 2024 Monthly Active Premiums

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	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Medical Coverage Only							
Single	\$1,112.43	\$1,059.33	\$1,028.87	\$1,027.59	N/A	\$965.89	N/A
Employee+Spouse	\$2,224.86	\$2,118.66	\$2,057.74	\$2,055.18	N/A	\$1,931.78	N/A
Family	\$3,103.68	\$2,955.53	\$2,870.55	\$2,866.98	N/A	\$2,694.83	N/A
Employee+Child(ren)	\$1,991.25	\$1,896.20	\$1,841.68	\$1,839.39	N/A	\$1,728.94	N/A
Adult Child Rate	\$896.40	\$853.61	\$829.07	\$828.04	N/A	\$778.31	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Rx Card							
Single	\$183.83	\$183.83	\$183.83	\$166.72	N/A	\$169.70	N/A
Employee+Spouse	\$367.66	\$367.66	\$367.66	\$333.44	N/A	\$339.40	N/A
Family	\$512.89	\$512.89	\$512.89	\$465.15	N/A	\$473.46	N/A
Employee+Child(ren)	\$329.06	\$329.06	\$329.06	\$298.43	N/A	\$303.76	N/A
Adult Child Rate	\$148.13	\$148.13	\$148.13	\$134.34	N/A	\$136.74	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Rx with Medical Coverage							
Single	\$1,283.82	\$1,229.11	\$1,203.34	\$1,182.53	N/A	\$1,123.07	N/A
Employee+Spouse	\$2,567.63	\$2,458.22	\$2,406.68	\$2,365.06	N/A	\$2,246.14	N/A
Family	\$3,581.85	\$3,429.21	\$3,357.32	\$3,299.26	N/A	\$3,133.36	N/A
Employee+Child(ren)	\$2,298.03	\$2,200.10	\$2,153.98	\$2,116.73	N/A	\$2,010.29	N/A
Adult Child Rate	\$1,034.49	\$990.41	\$969.65	\$952.88	N/A	\$904.96	N/A

Exhibit 4A – Plan Year 2024 Monthly Active Premiums

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	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
Medical Coverage Only						
Single	\$830.68	\$538.99	\$799.35	\$754.37	\$990.48	\$985.26
Employee+Spouse	\$1,661.36	\$1,077.98	\$1,598.70	\$1,508.74	\$1,980.96	\$1,970.53
Family	\$2,317.60	\$1,503.78	\$2,230.19	\$2,104.69	\$2,763.44	\$2,748.88
Employee+Child(ren)	\$1,486.92	\$964.79	\$1,430.84	\$1,350.32	\$1,772.96	\$1,763.62
Adult Child Rate	\$669.36	\$434.32	\$644.12	\$607.87	\$798.13	\$793.93
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
Rx Card						
Single	\$152.73	\$109.24	\$162.04	\$156.19	\$166.86	\$166.86
Employee+Spouse	\$305.46	\$218.48	\$324.08	\$312.38	\$333.72	\$333.72
Family	\$426.12	\$304.78	\$452.09	\$435.77	\$465.54	\$465.54
Employee+Child(ren)	\$273.39	\$195.54	\$290.05	\$279.58	\$298.68	\$298.68
Adult Child Rate	\$123.07	\$88.03	\$130.57	\$125.86	\$134.46	\$134.46
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
Rx with Medical Coverage						
Single	\$972.14	\$648.23	\$961.39	\$899.52	\$1,145.55	\$1,140.33
Employee+Spouse	\$1,944.27	\$1,296.46	\$1,922.78	\$1,799.05	\$2,291.10	\$2,280.66
Family	\$2,712.26	\$1,808.56	\$2,682.28	\$2,509.67	\$3,196.08	\$3,181.52
Employee+Child(ren)	\$1,740.13	\$1,160.33	\$1,720.89	\$1,610.15	\$2,050.53	\$2,041.19
Adult Child Rate	\$783.35	\$522.34	\$774.69	\$724.84	\$923.08	\$918.88

Exhibit 4B – Plan Year 2024 Annual Active Premiums

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	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Medical Coverage Only							
Single	\$13,349	\$12,712	\$12,346	\$12,331	N/A	\$11,591	N/A
Employee+Spouse	\$26,698	\$25,424	\$24,693	\$24,662	N/A	\$23,181	N/A
Family	\$37,244	\$35,466	\$34,447	\$34,404	N/A	\$32,338	N/A
Employee+Child(ren)	\$23,895	\$22,754	\$22,100	\$22,073	N/A	\$20,747	N/A
Adult Child Rate	\$10,757	\$10,243	\$9,949	\$9,936	N/A	\$9,340	N/A
Rx Card							
Single	\$2,206	\$2,206	\$2,206	\$2,001	N/A	\$2,036	N/A
Employee+Spouse	\$4,412	\$4,412	\$4,412	\$4,001	N/A	\$4,073	N/A
Family	\$6,155	\$6,155	\$6,155	\$5,582	N/A	\$5,682	N/A
Employee+Child(ren)	\$3,949	\$3,949	\$3,949	\$3,581	N/A	\$3,645	N/A
Adult Child Rate	\$1,778	\$1,778	\$1,778	\$1,612	N/A	\$1,641	N/A
Rx with Medical Coverage							
Single	\$15,406	\$14,749	\$14,440	\$14,190	N/A	\$13,477	N/A
Employee+Spouse	\$30,812	\$29,499	\$28,880	\$28,381	N/A	\$26,954	N/A
Family	\$42,982	\$41,151	\$40,288	\$39,591	N/A	\$37,600	N/A
Employee+Child(ren)	\$27,576	\$26,401	\$25,848	\$25,401	N/A	\$24,123	N/A
Adult Child Rate	\$12,414	\$11,885	\$11,636	\$11,435	N/A	\$10,860	N/A

Exhibit 4B – Plan Year 2024 Annual Active Premiums

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	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<u>Medical Coverage Only</u>						
Single	\$9,968	\$6,468	\$9,592	\$9,052	\$11,886	\$11,823
Employee+Spouse	\$19,936	\$12,936	\$19,184	\$18,105	\$23,772	\$23,646
Family	\$27,811	\$18,045	\$26,762	\$25,256	\$33,161	\$32,987
Employee+Child(ren)	\$17,843	\$11,577	\$17,170	\$16,204	\$21,276	\$21,163
Adult Child Rate	\$8,032	\$5,212	\$7,729	\$7,294	\$9,578	\$9,527
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<u>Rx Card</u>						
Single	\$1,833	\$1,311	\$1,944	\$1,874	\$2,002	\$2,002
Employee+Spouse	\$3,666	\$2,622	\$3,889	\$3,749	\$4,005	\$4,005
Family	\$5,113	\$3,657	\$5,425	\$5,229	\$5,586	\$5,586
Employee+Child(ren)	\$3,281	\$2,346	\$3,481	\$3,355	\$3,584	\$3,584
Adult Child Rate	\$1,477	\$1,056	\$1,567	\$1,510	\$1,614	\$1,614
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon HMO	Horizon PPO	Horizon PPO	Horizon PPO \$0	Horizon PPO \$100
<u>Rx with Medical Coverage</u>						
Single	\$11,666	\$7,779	\$11,537	\$10,794	\$13,747	\$13,684
Employee+Spouse	\$23,331	\$15,558	\$23,073	\$21,589	\$27,493	\$27,368
Family	\$32,547	\$21,703	\$32,187	\$30,116	\$38,353	\$38,178
Employee+Child(ren)	\$20,882	\$13,924	\$20,651	\$19,322	\$24,606	\$24,494
Adult Child Rate	\$9,400	\$6,268	\$9,296	\$8,698	\$11,077	\$11,027

Exhibit 4C – Plan Year 2024 Monthly Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
Total Premium										
Single - 0 Medicare	\$1,531.14	N/A	\$1,531.14	\$1,453.52	N/A	\$1,453.52	\$1,411.29	N/A	\$1,411.29	\$1,411.29
Single - 1 Medicare	N/A	\$416.97	\$416.97	N/A	\$399.10	\$399.10	N/A	\$481.84	\$481.84	\$657.72
EE+Spouse - 0 Medicare	\$3,337.99	N/A	\$3,337.99	\$3,168.76	N/A	\$3,168.76	\$3,077.06	N/A	\$3,077.06	\$3,077.06
EE+Spouse - 1 Medicare	\$1,806.85	\$416.97	\$2,223.82	\$1,715.24	\$399.10	\$2,114.34	\$1,665.77	\$481.84	\$2,147.61	\$2,323.49
EE+Spouse - 2 Medicare	N/A	\$833.98	\$833.98	N/A	\$798.24	\$798.24	N/A	\$963.66	\$963.66	\$1,315.42
Family - 0 Medicare	\$3,797.32	N/A	\$3,797.32	\$3,604.80	N/A	\$3,604.80	\$3,500.86	N/A	\$3,500.86	\$3,500.86
Family - 1 Medicare	\$2,266.18	\$416.97	\$2,683.15	\$2,151.28	\$399.10	\$2,550.38	\$2,089.57	\$481.84	\$2,571.41	\$2,747.29
Family - 2 Medicare	\$734.99	\$833.98	\$1,568.97	\$697.71	\$798.24	\$1,495.95	\$678.30	\$963.66	\$1,641.96	\$1,993.72
EE+Ch - 0 Medicare	\$2,143.63	N/A	\$2,143.63	\$2,034.96	N/A	\$2,034.96	\$1,976.30	N/A	\$1,976.30	\$1,976.30
EE+Ch - 1 Medicare	\$612.49	\$416.97	\$1,029.46	\$581.44	\$399.10	\$980.54	\$565.01	\$481.84	\$1,046.85	\$1,222.73
Medical Premium										
Single - 0 Medicare	\$1,300.63	N/A	\$1,300.63	\$1,223.01	N/A	\$1,223.01	\$1,187.23	N/A	\$1,187.23	\$1,187.23
Single - 1 Medicare	N/A	\$152.64	\$152.64	N/A	\$134.77	\$134.77	N/A	\$177.49	\$177.49	\$353.37
EE+Spouse - 0 Medicare	\$2,835.39	N/A	\$2,835.39	\$2,666.16	N/A	\$2,666.16	\$2,588.16	N/A	\$2,588.16	\$2,588.16
EE+Spouse - 1 Medicare	\$1,534.76	\$152.64	\$1,687.40	\$1,443.15	\$134.77	\$1,577.92	\$1,400.93	\$177.49	\$1,578.42	\$1,754.30
EE+Spouse - 2 Medicare	N/A	\$305.28	\$305.28	N/A	\$269.54	\$269.54	N/A	\$354.98	\$354.98	\$706.74
Family - 0 Medicare	\$3,225.58	N/A	\$3,225.58	\$3,033.06	N/A	\$3,033.06	\$2,944.36	N/A	\$2,944.36	\$2,944.36
Family - 1 Medicare	\$1,924.95	\$152.64	\$2,077.59	\$1,810.05	\$134.77	\$1,944.82	\$1,757.13	\$177.49	\$1,934.62	\$2,110.50
Family - 2 Medicare	\$624.31	\$305.28	\$929.59	\$587.03	\$269.54	\$856.57	\$569.90	\$354.98	\$924.88	\$1,276.64
EE+Ch - 0 Medicare	\$1,820.89	N/A	\$1,820.89	\$1,712.22	N/A	\$1,712.22	\$1,662.13	N/A	\$1,662.13	\$1,662.13
EE+Ch - 1 Medicare	\$520.26	\$152.64	\$672.90	\$489.21	\$134.77	\$623.98	\$474.90	\$177.49	\$652.39	\$828.27
Rx Premium										
Single - 0 Medicare	\$230.51	N/A	\$230.51	\$230.51	N/A	\$230.51	\$224.06	N/A	\$224.06	\$224.06
Single - 1 Medicare	N/A	\$264.33	\$264.33	N/A	\$264.33	\$264.33	N/A	\$304.35	\$304.35	\$304.35
EE+Spouse - 0 Medicare	\$502.60	N/A	\$502.60	\$502.60	N/A	\$502.60	\$488.90	N/A	\$488.90	\$488.90
EE+Spouse - 1 Medicare	\$272.09	\$264.33	\$536.42	\$272.09	\$264.33	\$536.42	\$264.84	\$304.35	\$569.19	\$569.19
EE+Spouse - 2 Medicare	N/A	\$528.70	\$528.70	N/A	\$528.70	\$528.70	N/A	\$608.68	\$608.68	\$608.68
Family - 0 Medicare	\$571.74	N/A	\$571.74	\$571.74	N/A	\$571.74	\$556.50	N/A	\$556.50	\$556.50
Family - 1 Medicare	\$341.23	\$264.33	\$605.56	\$341.23	\$264.33	\$605.56	\$332.44	\$304.35	\$636.79	\$636.79
Family - 2 Medicare	\$110.68	\$528.70	\$639.38	\$110.68	\$528.70	\$639.38	\$108.40	\$608.68	\$717.08	\$717.08
EE+Ch - 0 Medicare	\$322.74	N/A	\$322.74	\$322.74	N/A	\$322.74	\$314.17	N/A	\$314.17	\$314.17
EE+Ch - 1 Medicare	\$92.23	\$264.33	\$356.56	\$92.23	\$264.33	\$356.56	\$90.11	\$304.35	\$394.46	\$394.46

Exhibit 4C – Plan Year 2024 Monthly Retiree Premiums

	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO			Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium			
Total Premium							
Single - 0 Medicare	\$1,391.51	\$1,281.91	N/A	\$1,281.91	\$1,281.91	\$1,324.78	\$1,220.06
Single - 1 Medicare	\$529.17	N/A	\$398.24	\$398.24	\$433.09	\$514.59	\$594.54
EE+Spouse - 0 Medicare	\$3,033.60	\$2,794.60	N/A	\$2,794.60	\$2,794.60	\$2,888.10	\$2,659.81
EE+Spouse - 1 Medicare	\$2,171.26	\$1,512.69	\$398.24	\$1,910.93	\$1,945.78	\$2,077.91	\$2,034.29
EE+Spouse - 2 Medicare	\$1,058.34	N/A	\$796.48	\$796.48	\$866.18	\$1,029.20	\$1,189.10
Family - 0 Medicare	\$3,451.03	\$3,179.17	N/A	\$3,179.17	\$3,179.17	\$3,285.52	\$3,025.81
Family - 1 Medicare	\$2,588.69	\$1,897.26	\$398.24	\$2,295.50	\$2,330.35	\$2,475.33	\$2,400.29
Family - 2 Medicare	\$1,726.35	\$615.35	\$796.48	\$1,411.83	\$1,481.53	\$1,665.14	\$1,774.77
EE+Ch - 0 Medicare	\$1,948.19	\$1,794.71	N/A	\$1,794.71	\$1,794.71	\$1,854.72	\$1,708.13
EE+Ch - 1 Medicare	\$1,085.85	\$512.80	\$398.24	\$911.04	\$945.89	\$1,044.53	\$1,082.61
Medical Premium							
Single - 0 Medicare	\$1,168.13	\$1,048.45	N/A	\$1,048.45	\$1,048.45	\$1,099.28	\$984.40
Single - 1 Medicare	\$272.99	N/A	\$142.06	\$142.06	\$176.91	\$255.99	\$335.94
EE+Spouse - 0 Medicare	\$2,546.55	\$2,285.63	N/A	\$2,285.63	\$2,285.63	\$2,396.42	\$2,145.98
EE+Spouse - 1 Medicare	\$1,651.41	\$1,237.18	\$142.06	\$1,379.24	\$1,414.09	\$1,553.13	\$1,497.52
EE+Spouse - 2 Medicare	\$545.98	N/A	\$284.12	\$284.12	\$353.82	\$511.98	\$671.88
Family - 0 Medicare	\$2,896.99	\$2,600.17	N/A	\$2,600.17	\$2,600.17	\$2,726.21	\$2,441.31
Family - 1 Medicare	\$2,001.85	\$1,551.72	\$142.06	\$1,693.78	\$1,728.63	\$1,882.92	\$1,792.85
Family - 2 Medicare	\$1,106.71	\$503.27	\$284.12	\$787.39	\$857.09	\$1,039.63	\$1,144.39
EE+Ch - 0 Medicare	\$1,635.41	\$1,467.85	N/A	\$1,467.85	\$1,467.85	\$1,538.99	\$1,378.15
EE+Ch - 1 Medicare	\$740.27	\$419.40	\$142.06	\$561.46	\$596.31	\$695.70	\$729.69
Rx Premium							
Single - 0 Medicare	\$223.38	\$233.46	N/A	\$233.46	\$233.46	\$225.50	\$235.66
Single - 1 Medicare	\$256.18	N/A	\$256.18	\$256.18	\$256.18	\$258.60	\$258.60
EE+Spouse - 0 Medicare	\$487.05	\$508.97	N/A	\$508.97	\$508.97	\$491.68	\$513.83
EE+Spouse - 1 Medicare	\$519.85	\$275.51	\$256.18	\$531.69	\$531.69	\$524.78	\$536.77
EE+Spouse - 2 Medicare	\$512.36	N/A	\$512.36	\$512.36	\$512.36	\$517.22	\$517.22
Family - 0 Medicare	\$554.04	\$579.00	N/A	\$579.00	\$579.00	\$559.31	\$584.50
Family - 1 Medicare	\$586.84	\$345.54	\$256.18	\$601.72	\$601.72	\$592.41	\$607.44
Family - 2 Medicare	\$619.64	\$112.08	\$512.36	\$624.44	\$624.44	\$625.51	\$630.38
EE+Ch - 0 Medicare	\$312.78	\$326.86	N/A	\$326.86	\$326.86	\$315.73	\$329.98
EE+Ch - 1 Medicare	\$345.58	\$93.40	\$256.18	\$349.58	\$349.58	\$348.83	\$352.92

Exhibit 4C – Plan Year 2024 Monthly Retiree Premiums

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	HD 4000	NJ DIRECT PPO	2035	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO \$0	Horizon PPO	Horizon PPO	Horizon HMO
Total Premium					
Single - 0 Medicare	\$766.57	\$1,327.53	N/A	\$1,118.41	\$1,118.11
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,671.13	\$2,894.12	N/A	\$2,438.14	\$2,437.53
EE+Spouse - 1 Medicare	\$904.56	\$1,566.59	N/A	\$1,319.73	\$1,319.42
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,901.09	\$3,292.41	N/A	\$2,773.67	\$2,772.98
Family - 1 Medicare	\$1,134.52	\$1,964.88	N/A	\$1,655.26	\$1,654.87
Family - 2 Medicare	\$367.95	\$637.35	N/A	\$536.85	\$536.76
EE+Ch - 0 Medicare	\$1,073.21	\$1,858.59	N/A	\$1,565.79	\$1,565.39
EE+Ch - 1 Medicare	\$306.64	\$531.06	N/A	\$447.38	\$447.28
Medical Premium					
Single - 0 Medicare	\$619.05	\$1,102.82	N/A	\$917.00	\$910.84
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,349.53	\$2,404.18	N/A	\$1,999.03	\$1,985.66
EE+Spouse - 1 Medicare	\$730.48	\$1,301.36	N/A	\$1,082.03	\$1,074.82
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,535.25	\$2,735.05	N/A	\$2,274.13	\$2,258.93
Family - 1 Medicare	\$916.20	\$1,632.23	N/A	\$1,357.13	\$1,348.09
Family - 2 Medicare	\$297.15	\$529.41	N/A	\$440.13	\$437.25
EE+Ch - 0 Medicare	\$866.68	\$1,543.97	N/A	\$1,283.79	\$1,275.20
EE+Ch - 1 Medicare	\$247.63	\$441.15	N/A	\$366.79	\$364.36
Rx Premium					
Single - 0 Medicare	\$147.52	\$224.71	N/A	\$201.41	\$207.27
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$321.60	\$489.94	N/A	\$439.11	\$451.87
EE+Spouse - 1 Medicare	\$174.08	\$265.23	N/A	\$237.70	\$244.60
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$365.84	\$557.36	N/A	\$499.54	\$514.05
Family - 1 Medicare	\$218.32	\$332.65	N/A	\$298.13	\$306.78
Family - 2 Medicare	\$70.80	\$107.94	N/A	\$96.72	\$99.51
EE+Ch - 0 Medicare	\$206.53	\$314.62	N/A	\$282.00	\$290.19
EE+Ch - 1 Medicare	\$59.01	\$89.91	N/A	\$80.59	\$82.92

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

Exhibit 4D – Plan Year 2024 Annual Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
Total Premium										
Single - 0 Medicare	\$18,374	N/A	\$18,374	\$17,442	N/A	\$17,442	\$16,935	N/A	\$16,935	\$16,935
Single - 1 Medicare	N/A	\$5,004	\$5,004	N/A	\$4,789	\$4,789	N/A	\$5,782	\$5,782	\$7,893
EE+Spouse - 0 Medicare	\$40,056	N/A	\$40,056	\$38,025	N/A	\$38,025	\$36,925	N/A	\$36,925	\$36,925
EE+Spouse - 1 Medicare	\$21,682	\$5,004	\$26,686	\$20,583	\$4,789	\$25,372	\$19,989	\$5,782	\$25,771	\$27,882
EE+Spouse - 2 Medicare	N/A	\$10,008	\$10,008	N/A	\$9,579	\$9,579	N/A	\$11,564	\$11,564	\$15,785
Family - 0 Medicare	\$45,568	N/A	\$45,568	\$43,258	N/A	\$43,258	\$42,010	N/A	\$42,010	\$42,010
Family - 1 Medicare	\$27,194	\$5,004	\$32,198	\$25,815	\$4,789	\$30,605	\$25,075	\$5,782	\$30,857	\$32,967
Family - 2 Medicare	\$8,820	\$10,008	\$18,828	\$8,373	\$9,579	\$17,951	\$8,140	\$11,564	\$19,704	\$23,925
EE+Ch - 0 Medicare	\$25,724	N/A	\$25,724	\$24,420	N/A	\$24,420	\$23,716	N/A	\$23,716	\$23,716
EE+Ch - 1 Medicare	\$7,350	\$5,004	\$12,354	\$6,977	\$4,789	\$11,766	\$6,780	\$5,782	\$12,562	\$14,673
Medical Premium										
Single - 0 Medicare	\$15,608	N/A	\$15,608	\$14,676	N/A	\$14,676	\$14,247	N/A	\$14,247	\$14,247
Single - 1 Medicare	N/A	\$1,832	\$1,832	N/A	\$1,617	\$1,617	N/A	\$2,130	\$2,130	\$4,240
EE+Spouse - 0 Medicare	\$34,025	N/A	\$34,025	\$31,994	N/A	\$31,994	\$31,058	N/A	\$31,058	\$31,058
EE+Spouse - 1 Medicare	\$18,417	\$1,832	\$20,249	\$17,318	\$1,617	\$18,935	\$16,811	\$2,130	\$18,941	\$21,052
EE+Spouse - 2 Medicare	N/A	\$3,663	\$3,663	N/A	\$3,234	\$3,234	N/A	\$4,260	\$4,260	\$8,481
Family - 0 Medicare	\$38,707	N/A	\$38,707	\$36,397	N/A	\$36,397	\$35,332	N/A	\$35,332	\$35,332
Family - 1 Medicare	\$23,099	\$1,832	\$24,931	\$21,721	\$1,617	\$23,338	\$21,086	\$2,130	\$23,215	\$25,326
Family - 2 Medicare	\$7,492	\$3,663	\$11,155	\$7,044	\$3,234	\$10,279	\$6,839	\$4,260	\$11,099	\$15,320
EE+Ch - 0 Medicare	\$21,851	N/A	\$21,851	\$20,547	N/A	\$20,547	\$19,946	N/A	\$19,946	\$19,946
EE+Ch - 1 Medicare	\$6,243	\$1,832	\$8,075	\$5,871	\$1,617	\$7,488	\$5,699	\$2,130	\$7,829	\$9,939
Rx Premium										
Single - 0 Medicare	\$2,766	N/A	\$2,766	\$2,766	N/A	\$2,766	\$2,689	N/A	\$2,689	\$2,689
Single - 1 Medicare	N/A	\$3,172	\$3,172	N/A	\$3,172	\$3,172	N/A	\$3,652	\$3,652	\$3,652
EE+Spouse - 0 Medicare	\$6,031	N/A	\$6,031	\$6,031	N/A	\$6,031	\$5,867	N/A	\$5,867	\$5,867
EE+Spouse - 1 Medicare	\$3,265	\$3,172	\$6,437	\$3,265	\$3,172	\$6,437	\$3,178	\$3,652	\$6,830	\$6,830
EE+Spouse - 2 Medicare	N/A	\$6,344	\$6,344	N/A	\$6,344	\$6,344	N/A	\$7,304	\$7,304	\$7,304
Family - 0 Medicare	\$6,861	N/A	\$6,861	\$6,861	N/A	\$6,861	\$6,678	N/A	\$6,678	\$6,678
Family - 1 Medicare	\$4,095	\$3,172	\$7,267	\$4,095	\$3,172	\$7,267	\$3,989	\$3,652	\$7,641	\$7,641
Family - 2 Medicare	\$1,328	\$6,344	\$7,673	\$1,328	\$6,344	\$7,673	\$1,301	\$7,304	\$8,605	\$8,605
EE+Ch - 0 Medicare	\$3,873	N/A	\$3,873	\$3,873	N/A	\$3,873	\$3,770	N/A	\$3,770	\$3,770
EE+Ch - 1 Medicare	\$1,107	\$3,172	\$4,279	\$1,107	\$3,172	\$4,279	\$1,081	\$3,652	\$4,734	\$4,734

Exhibit 4D – Plan Year 2024 Annual Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon HMO	Horizon PPO	Horizon HMO
Total Premium							
Single - 0 Medicare	\$16,698	\$15,383	N/A	\$15,383	\$15,383	\$15,897	\$14,641
Single - 1 Medicare	\$6,350	N/A	\$4,779	\$4,779	\$5,197	\$6,175	\$7,134
EE+Spouse - 0 Medicare	\$36,403	\$33,535	N/A	\$33,535	\$33,535	\$34,657	\$31,918
EE+Spouse - 1 Medicare	\$26,055	\$18,152	\$4,779	\$22,931	\$23,349	\$24,935	\$24,411
EE+Spouse - 2 Medicare	\$12,700	N/A	\$9,558	\$9,558	\$10,394	\$12,350	\$14,269
Family - 0 Medicare	\$41,412	\$38,150	N/A	\$38,150	\$38,150	\$39,426	\$36,310
Family - 1 Medicare	\$31,064	\$22,767	\$4,779	\$27,546	\$27,964	\$29,704	\$28,803
Family - 2 Medicare	\$20,716	\$7,384	\$9,558	\$16,942	\$17,778	\$19,982	\$21,297
EE+Ch - 0 Medicare	\$23,378	\$21,537	N/A	\$21,537	\$21,537	\$22,257	\$20,498
EE+Ch - 1 Medicare	\$13,030	\$6,154	\$4,779	\$10,932	\$11,351	\$12,534	\$12,991
Medical Premium							
Single - 0 Medicare	\$14,018	\$12,581	N/A	\$12,581	\$12,581	\$13,191	\$11,813
Single - 1 Medicare	\$3,276	N/A	\$1,705	\$1,705	\$2,123	\$3,072	\$4,031
EE+Spouse - 0 Medicare	\$30,559	\$27,428	N/A	\$27,428	\$27,428	\$28,757	\$25,752
EE+Spouse - 1 Medicare	\$19,817	\$14,846	\$1,705	\$16,551	\$16,969	\$18,638	\$17,970
EE+Spouse - 2 Medicare	\$6,552	N/A	\$3,409	\$3,409	\$4,246	\$6,144	\$8,063
Family - 0 Medicare	\$34,764	\$31,202	N/A	\$31,202	\$31,202	\$32,715	\$29,296
Family - 1 Medicare	\$24,022	\$18,621	\$1,705	\$20,325	\$20,744	\$22,595	\$21,514
Family - 2 Medicare	\$13,281	\$6,039	\$3,409	\$9,449	\$10,285	\$12,476	\$13,733
EE+Ch - 0 Medicare	\$19,625	\$17,614	N/A	\$17,614	\$17,614	\$18,468	\$16,538
EE+Ch - 1 Medicare	\$8,883	\$5,033	\$1,705	\$6,738	\$7,156	\$8,348	\$8,756
Rx Premium							
Single - 0 Medicare	\$2,681	\$2,802	N/A	\$2,802	\$2,802	\$2,706	\$2,828
Single - 1 Medicare	\$3,074	N/A	\$3,074	\$3,074	\$3,074	\$3,103	\$3,103
EE+Spouse - 0 Medicare	\$5,845	\$6,108	N/A	\$6,108	\$6,108	\$5,900	\$6,166
EE+Spouse - 1 Medicare	\$6,238	\$3,306	\$3,074	\$6,380	\$6,380	\$6,297	\$6,441
EE+Spouse - 2 Medicare	\$6,148	N/A	\$6,148	\$6,148	\$6,148	\$6,207	\$6,207
Family - 0 Medicare	\$6,648	\$6,948	N/A	\$6,948	\$6,948	\$6,712	\$7,014
Family - 1 Medicare	\$7,042	\$4,146	\$3,074	\$7,221	\$7,221	\$7,109	\$7,289
Family - 2 Medicare	\$7,436	\$1,345	\$6,148	\$7,493	\$7,493	\$7,506	\$7,565
EE+Ch - 0 Medicare	\$3,753	\$3,922	N/A	\$3,922	\$3,922	\$3,789	\$3,960
EE+Ch - 1 Medicare	\$4,147	\$1,121	\$3,074	\$4,195	\$4,195	\$4,186	\$4,235

Exhibit 4D – Plan Year 2024 Annual Retiree Premiums

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	HD 4000	NJ DIRECT PPO	2035	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO \$0	Horizon PPO	Horizon PPO	Horizon PPO
Total Premium					
Single - 0 Medicare	\$9,199	\$15,930	N/A	\$13,421	\$13,417
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$20,054	\$34,729	N/A	\$29,258	\$29,250
EE+Spouse - 1 Medicare	\$10,855	\$18,799	N/A	\$15,837	\$15,833
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$22,813	\$39,509	N/A	\$33,284	\$33,276
Family - 1 Medicare	\$13,614	\$23,579	N/A	\$19,863	\$19,858
Family - 2 Medicare	\$4,415	\$7,648	N/A	\$6,442	\$6,441
EE+Ch - 0 Medicare	\$12,879	\$22,303	N/A	\$18,789	\$18,785
EE+Ch - 1 Medicare	\$3,680	\$6,373	N/A	\$5,369	\$5,367
Medical Premium					
Single - 0 Medicare	\$7,429	\$13,234	N/A	\$11,004	\$10,930
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$16,194	\$28,850	N/A	\$23,988	\$23,828
EE+Spouse - 1 Medicare	\$8,766	\$15,616	N/A	\$12,984	\$12,898
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$18,423	\$32,821	N/A	\$27,290	\$27,107
Family - 1 Medicare	\$10,994	\$19,587	N/A	\$16,286	\$16,177
Family - 2 Medicare	\$3,566	\$6,353	N/A	\$5,282	\$5,247
EE+Ch - 0 Medicare	\$10,400	\$18,528	N/A	\$15,405	\$15,302
EE+Ch - 1 Medicare	\$2,972	\$5,294	N/A	\$4,401	\$4,372
Rx Premium					
Single - 0 Medicare	\$1,770	\$2,697	N/A	\$2,417	\$2,487
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,859	\$5,879	N/A	\$5,269	\$5,422
EE+Spouse - 1 Medicare	\$2,089	\$3,183	N/A	\$2,852	\$2,935
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$4,390	\$6,688	N/A	\$5,994	\$6,169
Family - 1 Medicare	\$2,620	\$3,992	N/A	\$3,578	\$3,681
Family - 2 Medicare	\$850	\$1,295	N/A	\$1,161	\$1,194
EE+Ch - 0 Medicare	\$2,478	\$3,775	N/A	\$3,384	\$3,482
EE+Ch - 1 Medicare	\$708	\$1,079	N/A	\$967	\$995

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

Exhibit 5A – Plan Year 2024 Employee Plan Option Summary

	Government Actives										
	NJDIRECT PPO Plan	NJDIRECT 2019 PPO Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
In-Network											
Deductible (Single/Family) ¹	None	\$100	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,600/\$3,200	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$7,560/\$15,120	\$7,560/\$15,120	\$400/\$1,000	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$15 Copay	\$10 Copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network											
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30%	30%	20%	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Prescription Drug											
OOP Maximum (Single/Family)	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780	\$1,890/\$3,780		\$1,890/\$3,780
Retail - Generic	\$7	\$7	\$3	\$3	\$3	\$7	\$3	\$7	\$7		\$7
Retail - Preferred Brand	\$16	\$16	\$10	\$10	\$10	\$16	\$18	\$21			\$16
Retail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$10	\$10	\$10	\$35	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference
Mail- Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Mail - Preferred Brand	\$40	\$40	\$15	\$15	\$15	\$40	\$36	\$52			\$40
Mail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$15	\$15	\$15	\$88	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference

¹ For all HDHP plans the in-network and out-of-network OOP Maximum and the in-network Deductible for Medical and Prescription Drug are integrated.
 Note: Local government employers can select from the SHBP's Prescription Drug Plans, purchase their own prescription drug coverage plan, or receive prescription drug coverage through the SHBP medical plan. Copayments shown apply to the plans when coverage is through the SHBP's Prescription Drug Plans. If prescription drug coverage is through the medical plan: Coinsurance is 10% for NJ DIRECT10 and NJ DIRECT15; Coinsurance is 15% for NJ DIRECT1525 and NJ DIRECT2030; Coinsurance is 20% for NJ DIRECT2035. Copayments for Aetna Freedom10, Aetna Freedom15, Aetna HMO, and Horizon HMO are \$5, \$10, \$20 (Retail 30-day supply) and \$5, \$15, \$25 (Mail Order 90-day supply); Copayments for Aetna Freedom2030, Aetna Freedom2035, Aetna Liberty, and Horizon OMNIA are shown in chart above. For High Deductible Health Plans, prescription drug coverage must be through the SHBP medical plan and are subject to the plan's deductible and coinsurance amounts.

² On Select Services

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

Exhibit 5B – Plan Year 2024 Early Retiree Plan Option Summary

	Government Early Retirees										
	NJDIRECT PPO Early Retiree Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	HDHP 4000	HDHP 1500	Tiered Network
In-Network											
Deductible (Single/Family) ¹	\$0	None	None	None	None	None	None	None	\$4,000/\$8,000	\$1,600/\$3,200	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$8,099/\$16,198	\$400/\$1,000	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network											
Deductible (Single/Family)	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	Combined with In- Network Deductible	Combined with In- Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	Not covered
Prescription Drug											
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$1,351/\$2,702
Retail - Generic	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3			\$7
Retail - Preferred Brand	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18			\$16
Retail - Non-Preferred Brand	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference			Member Pays the Difference
Mail - Generic	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36			\$40
Mail - Non-Preferred Brand	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference			Member Pays the Difference

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

² On Select Services

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

Exhibit 5C – Plan Year 2024 Medicare Retiree Plan Option Summary

	Government Medicare Advantage ²				Government Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
In-Network									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) ¹	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198	\$8,099/\$16,198
Overall Coinsurance	None	None	None	None	10% ⁵	10% ⁵	10% ⁵	10% ⁵	10% ⁵
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Out-of-Network									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) ¹	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
Prescription Drug⁴									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic ³	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand ³	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand ³	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

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

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

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

⁵ On Select Services

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

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