



# State of New Jersey

## State Health Benefits Program

Plan Year 2024 Rate Setting Recommendation  
Analysis

State Employee Group

As Approved on July 31, 2023

# Table of Contents

<b>Subject</b>	<b>Page</b>
Executive Summary	3
Plan Year 2024 Overview	6
Trend Analysis	14
Financial Projections	16
Rate Setting Development	22
Exhibits	26
1 - Enrollment Projections	26
2 - Trend Assumption	31
3 - Aggregate Costs	33
4 - Plan Year 2024 Premiums	39
5 - Plan Year 2024 Plan Option Summary	47
About Aon	50

# Executive Summary

The purpose of this analysis is to recommend premium rates for the State Employee and Retiree Group of the State Health Benefits Program (SHBP) for January 1, 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 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 State Actives, Early Retirees, and Medicare Retirees is 4.3%. This reflects the following:
  - The recommended rate change for the State Actives is a 2.2% increase for medical and a 16.7% increase for the prescription drug premium rates, for a total increase of 4.3%
    - The recommended rate change for the State Active CWA Unity, CWA Unity 2019, NJDIRECT, and NJDIRECT 2019 plan options is a 1.9% increase for medical and an 15.1% increase for the prescription drug premium rates, for a total increase of 3.8%.
  - The recommended rate change for State Early Retirees is a 0.4% increase for medical and a 21.0% increase for the prescription drug premium rates, for a total increase of 3.5%
  - The Medicare Retirees medical decrease for Plan Year 2024 is 3.4%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change for Plan Year 2024 is a 10.3% increase.

# Recommended Premium Rate Changes

The recommended Plan Year 2024 premium rate changes are as follows: a 4.3% increase for Active Employees, a 3.5% increase for Early Retirees, and a 5.8% increase for Medicare Retirees. For all groups combined, the recommendation is an increase of 4.3%.

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

	Medical	Rx	Total
<b>Actives</b>			
PPO/HDHP	3.0%	23.9%	6.0%
HMO	3.0%	23.9%	6.1%
Tiered Network	2.5%	5.5%	2.9%
CWA Unity / NJ DIRECT PPO	1.9%	15.1%	3.8%
<b>Total</b>	<b>2.2%</b>	<b>16.7%</b>	<b>4.3%</b>
<b>Early Retirees</b>			
PPO	0.4%	21.0%	3.5%
HMO	0.4%	21.0%	3.8%
CWA Unity / NJ DIRECT PPO	0.4%	21.0%	3.5%
<b>Total</b>	<b>0.4%</b>	<b>21.0%</b>	<b>3.5%</b>
<b>Medicare Retirees</b>			
Total	<b>(3.4%)</b>	<b>10.3%</b>	<b>5.8%</b>
<b>Grand Total</b>	<b>2.1%</b>	<b>15.5%</b>	<b>4.3%</b>

The Medicare Retirees medical increases for Plan Year 2024 include both self-insured medical plans administered by Horizon and fully insured Medicare Advantage plans administered by Aetna.

## COVID-19

Aon’s current guidance is to project medical claims using 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.
- Step Therapy Changes: State Active employees who were not previously impacted by Step Therapy are now subject to this program. Step Therapy requires members to try a more cost-effective, clinically-equivalent drug before certain drugs will be covered.

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

- Urgent Care Copay: On September 14, 2022, the SHBP Plan Design Committee approved resolution 2022-7 which increases the urgent care copay for State Active members enrolled in the CWA Unity, CWA Unity 2019, NJDIRECT, NJDIRECT2019, HMO, and Tiered Network plan options to \$30 higher compared to the current PCP copay. The impact of this change is based on prorated estimates provided by Horizon.
- Specialist Copay: On September 14, 2022, the SHBP Plan Design Committee approved resolution 2022-6 which increases the specialist copay for State Active members enrolled in the CWA Unity, CWA Unity 2019, NJDIRECT, NJDIRECT2019, HMO, and Tiered Network plan options to \$15 higher compared to the current PCP copay. This change applies to all services currently subject to the specialist copay with the exception of obstetrics and gynecology specialist visits. The impact of this change is based on Aon's Actuarial Value model.
- 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. The fully-insured Medicare Advantage plans are administered solely by Aetna. 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 January 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:

<b>Plan Year</b>	<b>Out-of-Pocket Maximum (Single/Family)</b>
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 State Plan Costs and no adjustments were made to projected Plan Year 2024 costs and premiums.

## Eligibility Changes

### Chapter 375 Coverage of Adult Children

The number of State adult children covered under Chapter 375 as of April 2023 is 111. 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 88% of the Single Employee rate.

### Part-Time Coverage

Part-time Employees may enroll in any of the SHBP plans and as of April 2023, 172 State Part-time Employees participate. A rate load of 10% for Plan Year 2024 is recommended, which is

consistent with the rate load used in Plan Year 2023. The recommendation is based on the three-year average loss ratio for Part-time Employees from 2018, 2019, and 2022. 2020 and 2021 Part-Time Employee Loss Ratios were elevated, likely as a result of COVID-19's impact on utilization and were excluded from the analysis.

## Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2021 through 2023 and includes a projection of enrollment from 2023 to 2024. The enrollment for Plan Years 2021 and 2022 are based on actual Active and Retiree average monthly enrollment during each year as reported by the State. The Plan Year 2023 enrollment is based on actual census data provided by the State through April 2023. For Plan Year 2024, this projection assumes that State Active enrollment will decrease by 0.5% compared to Plan Year 2023; Early Retiree enrollment is projected to decrease 0.5% in Plan Year 2024; and Medicare Retiree enrollment is projected to increase 1.0% in Plan Year 2024.

Exhibit 1B reflects the distribution of projected Plan Year 2024 enrollment among benefit options. Approximately 16% of State Actives are assumed to be enrolled in the PPO15 plan and 66% of State Actives are assumed to be enrolled in the CWA Unity/NJDIRECT plans. Enrollment in the Tiered Network plan is projected to be approximately 9% of the total Active enrollment. Approximately, 74% of State Retirees are assumed to be enrolled in the PPO10 plan or the PPO15 plan.

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

Dependents per Subscriber reflect ratios using State 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

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

State Retiree Plans: Chapter 78 does not apply to existing retirees as of 7/1/2011 or to employees who had 20 or more years of service on 7/1/2011. For this reason, we are assuming no changes to retiree contributions for Plan Year 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.

## CWA Unity PPO & NJDIRECT PPO Enrollment

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

For Plan Year 2024, it is assumed that 2.5% of the total State Active population across all plans (except the Tiered Network plan) terminate coverage and are replaced by New Hires who enroll in the CWA Unity 2019 / NJDIRECT 2019 PPO Plan. It is also assumed that 1.0% of the State Active subscribers retire each year and enroll in the CWA Unity or the NJ DIRECT PPO Early Retiree plans.

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

## Tiered Network Enrollment

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

The Tiered Network Plan is offered by Horizon. Actual enrollment as of April 2023 will be assumed for Plan Year 2023. Additionally, 1.0% of State Active PPO 15 and Legacy HMO participants are assumed to migrate to the Tiered Network plan in Plan Year 2024.

## Active Demographic Changes

The Active Employee average age remained flat in Plan Year 2023 compared to Plan Year 2022. The average Legacy PPO Employee age increased by 0.5 from Plan Year 2022 to Plan Year 2023. The average HMO Employee age is 2.6 years younger than the average PPO Employee age. The average age of Employees enrolling in the Horizon New Plans decreased slightly from Plan Year 2022 to 2023, and is 9.8 years younger than Employees in the Legacy PPO Plans. Employees enrolled in the CWA Unity and NJDIRECT plan options (including new hire plans) are 2.0 years younger than employees enrolled in the Legacy PPO Plans.

### Average Employee Age

	<b>April 2022</b>	<b>April 2023</b>	<b>Change</b>
Legacy PPO	49.5	50.0	0.5
Legacy HMO	47.6	47.4	(0.2)
Horizon New Plans	40.3	40.2	(0.1)
CWA/NJDIRECT	47.9	48.0	0.1
<b>Total</b>	<b>47.3</b>	<b>47.3</b>	<b>0.0</b>

\* 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%

The Medicare Retiree medical 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%	8.62%	7.25%	9.25%
PPO Early Retirees	5.85%	7.50%	7.25%	9.25%
HMO Actives	6.10%	8.62%	7.25%	9.25%
Tiered Network Actives	6.04%	8.62%	7.25%	9.25%
Self-Insured Medicare Retirees	5.85%	5.69%	5.50%	9.25%

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

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

## Medical Trends:

- PPO Actives: The PPO Active medical trend is 6.50% in Plan Year 2023, a 0.5% increase from the 6.00% trend shown in the Plan Year 2023 Rate Setting Analysis. The recommended Active PPO 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 6.00% trend 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, 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 Active medical trend is 6.50%, which is no change from the Plan Year 2023 Rate Setting Analysis. The HMO Active trend assumption in Plan Year 2024 is 6.50%.
- HMO Early Retirees: The Plan Year 2023 HMO Early Retiree medical trend is 6.50%, which is a 0.50% increase over the 6.00% shown in the Plan Year 2023 Rate Setting Analysis. The HMO Early Retiree trend assumption in Plan Year 2024 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 recommended prescription drug trend has increased to 9.00% for State Actives, 9.00% for State Early Retirees, and 7.75% for Self-Insured Medicare Retirees in Plan Year 2023 from the 7.75% State Active, 7.50% Early Retiree, and 6.00% Self-Insured Medicare Retiree trends that were used in the Plan Year 2023 Rate Setting Analysis. The recommended prescription drug trend for Plan Year 2024 is 9.00% for State Actives, 9.00% for State Early Retirees, and 7.75% for Self-Insured Medicare Retirees.

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**

State	Aetna Medicare Advantage Rates		
	2023	2024	\$ Change
PPO 10	\$ 113.53	\$ 109.25	\$ (4.28)
PPO 15	\$ 95.39	\$ 91.11	\$ (4.28)
HMO 10	\$ 176.28	\$ 172.00	\$ (4.28)
HMO 1525	\$ 140.85	\$ 136.57	\$ (4.28)

# Financial Projections

## Aggregate Financial Projections

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

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

	<b>CWA Unity/ NJ DIRECT</b>	<b>PPO 10</b>	<b>PPO 15</b>	<b>Legacy HMOs</b>	<b>New Plans*</b>	<b>Total</b>
<b>Plan Year 2022</b>						
Premium Rates x Enrollment	\$1,148.4	\$61.3	\$696.2	\$181.6	\$164.6	\$2,252.1
Incurred Claims	\$1,258.2	\$58.3	\$734.3	\$184.0	\$150.4	\$2,385.2
Administrative Charges	\$46.6	\$2.1	\$25.2	\$8.2	\$11.3	\$93.4
Net Gain (Loss)	(\$156.4)	\$0.9	(\$63.3)	(\$10.6)	\$2.9	(\$226.5)
<b>Plan Year 2023</b>						
Premium Rates x Enrollment	\$1,395.5	\$58.1	\$733.3	\$192.5	\$210.9	\$2,590.3
Incurred Claims	\$1,320.8	\$54.2	\$708.0	\$177.3	\$179.9	\$2,440.2
Administrative Charges	\$48.5	\$2.1	\$24.5	\$7.8	\$12.8	\$95.7
Net Gain (Loss)	\$26.2	\$1.8	\$0.8	\$7.4	\$18.2	\$54.4
<b>Plan Year 2024</b>						
Premium Rates x Enrollment	\$1,465.6	\$61.6	\$742.9	\$195.3	\$219.8	\$2,685.2
Incurred Claims	\$1,421.1	\$58.3	\$731.5	\$183.0	\$193.7	\$2,587.6
Administrative Charges	\$50.4	\$2.1	\$24.1	\$7.7	\$13.2	\$97.5
Net Gain (Loss)	(\$5.9)	\$1.2	(\$12.7)	\$4.6	\$12.9	\$0.1

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

The current Plan Year 2022 financial results project an improvement of \$51.4 million in the loss provided in the 2023 Rate Setting Analysis for Plan Year 2022.

The current Plan Year 2023 financial results project an improvement of approximately \$54.5 million in the total gain as compared to the Plan Year 2023 Rate Setting Analysis for Plan Year 2023.

The Plan Year 2024 rate setting premiums are projected to produce approximately no gain or loss for State Actives and Retirees. The Plan Year 2024 aggregate projected cost for the State Group is approximately \$2.7 billion: \$2.0 billion for Actives and \$0.7 billion for Retirees.

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



# Financial Gain/(Loss)

## Plan Year 2022

### Actives:

For Plan Year 2022, there was a 2.7% 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:

- There is a 3.0% decrease in projected 2022 active cost due to updated actual medical claims experience.
  - Aggregate 2022 medical claims are 3.6% lower compared to the Plan Year 2023 Rate Setting Analysis. Average 2022 medical membership decreased 0.7%, contributing partly to the reduction.
  - Calendar year 2022 medical claims experience shows PMPM trend of 2.0% for PPO claims, (4.5%) for HMO claims, and 2.7% for Tiered Network claims. This differed from the 6.0% PPO Medical trend and a 6.5% HMO and Tiered Network trend assumed in the Plan Year 2023 Rate Setting Analysis.
    - Horizon reporting of 2022 claims show the medical experience trends is driven by a 14% increase in outpatient PMPM trends particularly for emergency room (15% trend) and medical pharmacy (29% trend).
    - This increase is offset by a 9% decrease in overall inpatient service PMPM trends.
- There is a 1.1% increase in projected 2022 active cost due to updated prescription drug claims experience.
  - Aggregate Rx claims are 4.9% higher compared to the Plan Year 2023 Rate Setting Analysis, as a result of a 5.7% increase to projected PMPM Rx claims. This increase was partially offset by a 0.7% decrease in membership.
  - Calendar Year 2022 prescription drug claims experience shows a 14.0% PMPM trend, higher than the 7.75% prescription drug trend assumed in the Plan Year 2023 Rate Setting Analysis. Based on CY2022 Optum reporting:
    - Specialty drug trend was approximately 18%
    - The major cost drivers by disease states were inflammatory conditions (28% trend), diabetes (16% trend), and oncology (10% trend) disease states.
    - Drug mix contributed 7% towards the overall trend, which is higher than Optum's benchmark of 6%.

- Based on actual rebate information from the State, higher than expected Plan Year 2022 active prescription drug rebates reduced overall active cost by 0.9%.
- Active costs were higher than expected by 0.1% as a result of actual overhead costs provided by the State.

#### Retirees:

For Retirees, there was a 2.1% decrease in total retiree plan costs from the results shown in the Plan Year 2023 Rate Setting Analysis. This is a result of the following:

- There is a 2.4% decrease in projected 2022 retiree plan cost due to updated medical claims experience.
  - Projected aggregate medical claims and MA premiums have decreased 3.7% compared to the Plan Year 2023 Rate Setting Analysis. This is driven by favorable medical claims experience, as the projected PMPM medical claims have decreased 4.4% compared to the Plan Year 2023 Rate Setting Analysis. This was partially offset by a 0.7% increase in Plan Year 2022 average membership.
  - Calendar Year 2022 incurred claims shows an Early Retiree claims trend of 0.9% for the PPO plans and 2.1% for the HMO plans. These medical trends are lower than the estimated 2023 Rate Setting trend of 6.0%.
    - Horizon reporting shows the medical experience trend is driven by a 13% increase in outpatient services, including an emergency room trend of 10%, outpatient surgery trend of 14%, and medical pharmacy trend of 20%.
    - The increase in trend is offset by a 9% decrease in inpatient facility services
- There is a 2.7% increase in projected 2022 retiree plan cost due to updated prescription drug claims experience.
  - Aggregate prescription drug claims have increased 3.9% compared to the Plan Year 2023 Rate Setting Analysis. This is driven by a 3.1% increase in 2022 projected PMPM claims and a 0.7% increase in average membership.
  - Calendar Year 2022 Early Retiree prescription drug claims experience shows a 15.1% prescription drug trend, higher than the 7.5% prescription drug trend assumed in the Plan Year 2023 Rate Setting Analysis. Additionally, the Medicare Retiree prescription drug trend is 8.8%, higher than the 6.0% assumption in the Plan Year 2023 Rate Setting Analysis.
    - For Calendar Year 2022, Optum reports high Specialty prescription drug trend of 19% and 14%, respectively, for State Early Retirees and Medicare Retirees.

- The Optum reporting shows the top State Early Retiree disease states driving trends are inflammatory conditions (28% trend) and Oncology (17% trend).
- Based on actual rebate information from the State, higher than expected retiree prescription drug rebates reduced projected retiree costs by 2.7%.
- Retiree costs are 0.3% higher than expected as a result of actual overhead costs and administrative fees provided by the State.

### **Plan Year 2023**

#### Actives:

For Plan Year 2023, aggregate active medical and prescription drug costs are projected to decrease 4.1% compared to the results shown in the Plan Year 2023 Rate Setting Analysis.

- There is a 2.8% decrease in total active cost due to changes in projected enrollment.
- There is a 1.2% decrease in total active cost as a result of updated historical claims.
- Prescription drug rebates are projected to increase based on updated reporting provided by Optum, resulting in a 0.3% decrease in total 2023 projected active cost.
- Medical and prescription drug trend assumptions are higher compared to the PY2023 Rate Setting Analysis, resulting in an increase to projected active costs of 0.6%.
- Additional assumption changes, including tiered network credibility adjustments, are expected to reduce projected active costs by 0.6%.
- Projected active costs are expected to increase by 0.2% as a result of updated administrative and overhead fee projections.

#### Retirees:

Total projected costs for retirees decreased approximately 3.3% from the Plan Year 2023 Rate Setting Analysis.

- Total retiree costs are projected to decrease 0.9% due to updated enrollment.
- Total retiree medical and prescription drug costs are projected to decrease 0.7% due to updated claims experience.
- Based on updated information provided by Optum, there is a 3.2% reduction in projected retiree cost due to increases in prescription drug rebates and EGWP credits.

- Updated projection assumptions including increased retiree medical and prescription drug trends are anticipated to increase projected retiree costs by 1.1%.
- Projected retiree costs are expected to increase by 0.4% as a result of updated administrative and overhead fee 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
<b>Actives and Early Retirees</b>				
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
<b>Medicare Retirees</b>				
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 Rate 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 were projected separately for each benefit plan, with the CWA Unity and NJDIRECT plans considered as one plan for legacy employees and separately for post-2019 hires. Cost are also projected separately for Actives, Early Retirees and Medicare Retirees, and separately for medical claims, prescription drug claims, administrative costs.

Plan Year 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	Premium increase reflects projected experience for the PPO15, HMO15, PPO1525, PPO2030, PPO2035, HD4000, HD1500, Tiered Network*
Active CWA Unity, CWA Unity 2019, NJDIRECT, NJDIRECT2019	Premium increase reflects projected experience for the CWA Unity, CWA Unity 2019, NJDIRECT, NJDIRECT2019
Early Retiree	Premium increase reflects projected experience for all self-insured plans
Self-Insured Medicare Retiree	Premium increase reflects projected experience for all self-insured plans

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

## Projection Assumptions

- Using 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. Claims were reviewed for abnormal high-cost claimants and adjusted based on this review.
- Capitation and other similar fixed claim charges were added to the incurred claims.
- 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 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 expected CMS per capita payments were provided by Optum. The Plan Year 2024 CMS per capita payment is assumed to be -\$4.58 Per Member Per Month (PMPM).
  - b. Coverage Gap Discount: Plan Years 2022, 2023, and 2024 expected coverage gap payments were provided by Optum. The Plan Year 2024 credits are assumed to be \$106.87 PMPM.
  - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2022 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 \$123.76 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 \$1.62 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. For State Active CWA Unity PPO, CWA Unity 2019 PPO, NJDIRECT PPO, and NJDIRECT 2019 PPO plans, the projected Plan Year 2023 claims are based on actual plan experience.
12. Plan Year 2023 State Active CWA Unity PPO, CWA Unity 2019 PPO, NJDIRECT PPO, and NJDIRECT 2019 PPO projected plan experience will be combined in the same experience pool for determining the premium rate increase. Tiered Network Active projected costs in Plan Year 2024 reflects 80% 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 \$10.5 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.

## Projected Premiums

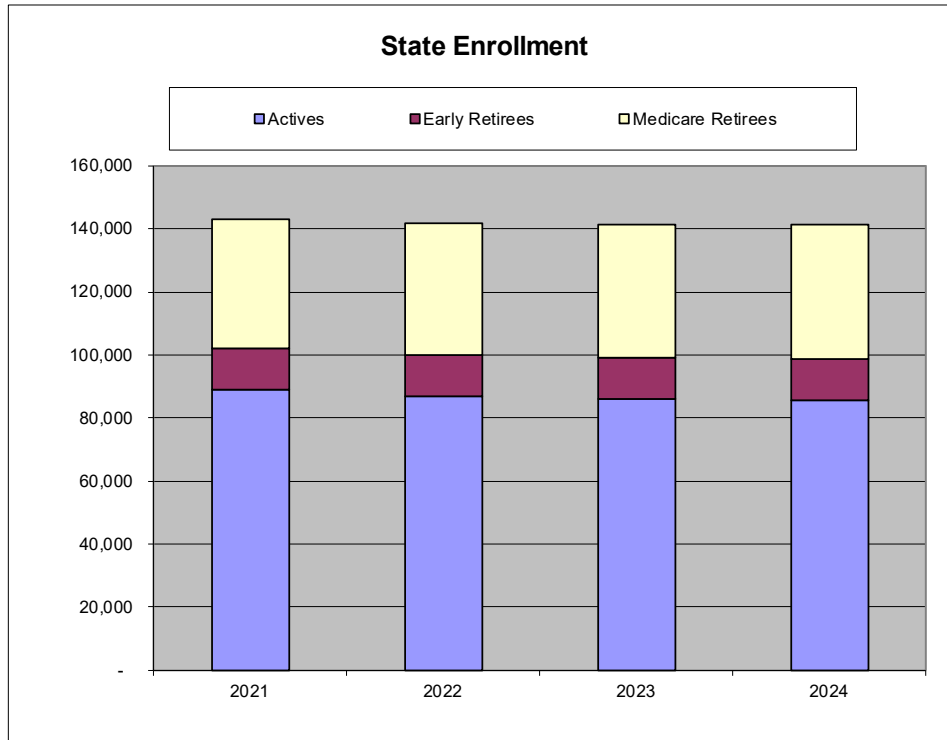
1. Plan Year 2024 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to Plan Year 2023 premium rates.
2. Aggregate Plan Year 2024 premiums are calculated by multiplying projected Plan Year 2024 enrollment and 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. Actual calendar year 2022 census data from the Division is used for the 2022 exposure units in the cost analysis.

## Exhibit 1A – Enrollment Projections

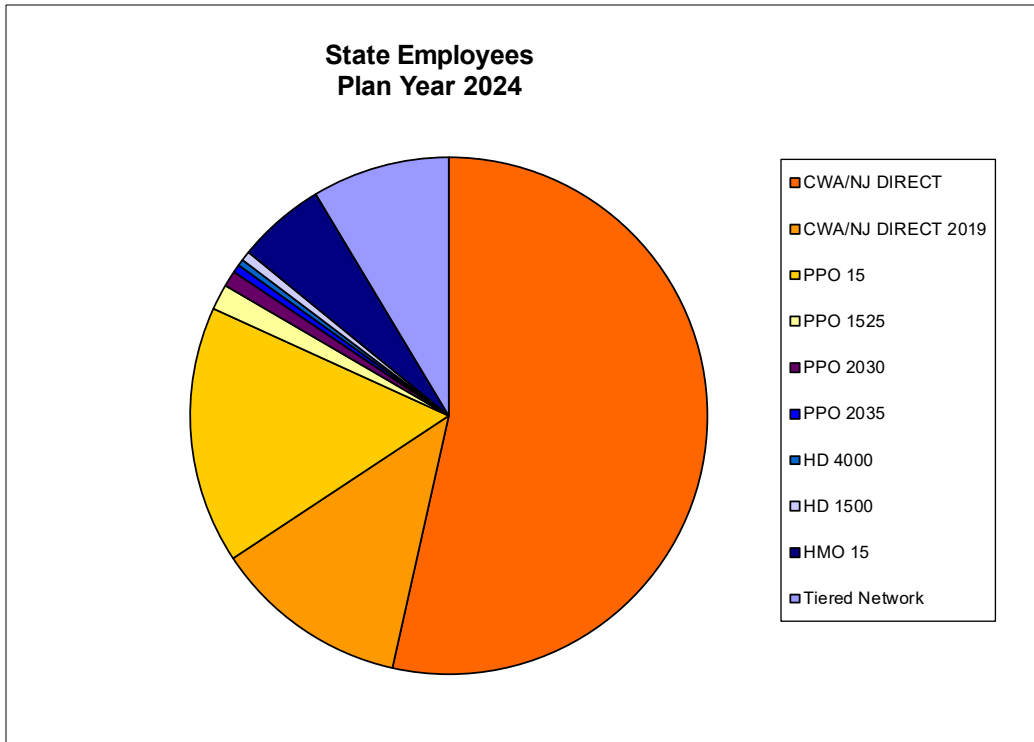


### Annual Change in Enrollment

	<u>Actual 2021 to 2022</u>	<u>Actual 2022 to 2023</u>	<u>Actual* 2023 to 2024</u>
Actives	(2.4%)	(0.9%)	(0.5%)
Early Retirees	(0.0%)	(0.9%)	(0.5%)
Medicare Retirees	2.2%	1.6%	1.0%

\*Actual 2023 enrollment for Active Employees and Retirees was assumed to be consistent with actual census data provided by the State through April 2023.

Exhibit 1B Actives – Projected Plan Year 2024 Plan Distribution



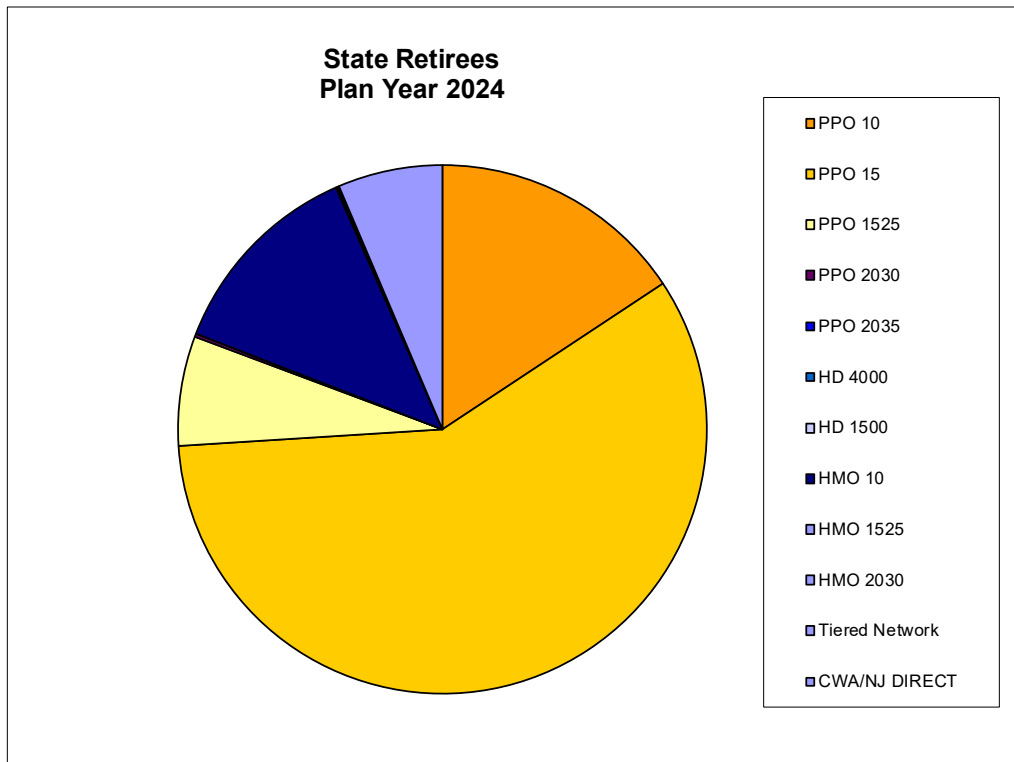
Assumes approximately 85% of Employees will enroll in the PPO plans, 6% in the HMO plan, 9% in the Tiered Network plan, and less than 1% in the High Deductible plans.

Assumes approximately 66% of Employees will enroll in the CWA plans, 22% in the PPO 15 and HMO 15, and approximately 13% in other benefit options.

Actives	Horizon
CWA/NJ DIRECT	53.5%
CWA/NJ DIRECT 2019	12.2%
PPO 15	16.1%
PPO 1525	1.6%
PPO 2030	1.0%
PPO 2035	0.5%
HD 4000	0.4%
HD 1500	0.6%
HMO 15	5.5%
Tiered Network	8.6%
<b>Total</b>	<b>100.0%</b>

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

Retirees	Horizon	Aetna*	Total
PPO 10	0.2%	15.5%	15.7%
PPO 15	13.3%	45.0%	58.3%
PPO 1525	6.7%	0.0%	6.7%
PPO 2030	0.2%	0.0%	0.2%
PPO 2035	0.0%	0.0%	0.0%
HD 4000	0.0%	0.0%	0.0%
HD 1500	0.0%	0.0%	0.0%
HMO 10	3.4%	9.1%	12.5%
HMO 1525	0.1%	0.0%	0.1%
HMO 2030	0.0%	0.0%	0.0%
Tiered Network	0.1%	0.0%	0.1%
CWA/NJ DIRECT	6.4%	0.0%	6.4%
<b>Total</b>	<b>30.4%</b>	<b>69.6%</b>	<b>100.0%</b>

\*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
<b>STATE - ACTIVE &amp; COBRA</b>					
<b><u>Medical Plans</u></b>					
NJ DIRECT15	5,321	2,693	4,608	1,745	14,367
NJ DIRECT1525	702	191	397	149	1,438
NJ DIRECT2030	451	96	254	78	880
NJ DIRECT2035	327	47	80	27	481
NJ DIRECT HD4000	243	24	59	26	351
NJ DIRECT HD1500	321	56	103	62	541
Horizon Legacy HMO (15)	2,159	636	1,191	907	4,893
Horizon OMNIA	4,119	706	1,547	835	7,206
CWA / NJDIRECT	14,709	7,393	17,553	7,656	47,311
CWA / NJDIRECT 2019	4,771	961	2,036	1,002	8,770
<b>Horizon Total</b>	<b>33,121</b>	<b>12,804</b>	<b>27,827</b>	<b>12,487</b>	<b>86,239</b>

\* 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
<b>STATE RETIREES</b>					
<b><u>Medical Plans</u></b>					
NJ DIRECT10	41	46	30	9	126
NJ DIRECT15	2,510	2,603	2,120	680	7,913
NJ DIRECT1525	1,978	1,490	148	94	3,710
NJ DIRECT2030	68	25	11	2	106
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	18	5	0	1	24
NJ DIRECT HD1500	2	1	1	2	6
Horizon Legacy HMO (10)	782	603	442	212	2,039
Horizon HMO 1525	20	10	9	4	43
Horizon HMO 2030	4	2	3	0	9
Horizon OMNIA	31	20	22	6	80
CWA / NJDIRECT	908	803	869	327	2,906
<b>Horizon Total</b>	<b>6,361</b>	<b>5,608</b>	<b>3,655</b>	<b>1,337</b>	<b>16,960</b>
MA PPO 10	5,391	2,993	82	63	8,529
MA PPO 15	13,432	9,816	908	539	24,695
MA HMO (10)	2,920	1,805	167	105	4,997
MA 1525 HMO	16	6	1	1	24
<b>Aetna Total</b>	<b>21,759</b>	<b>14,620</b>	<b>1,158</b>	<b>708</b>	<b>38,245</b>
<b>Total</b>	<b>28,119</b>	<b>20,228</b>	<b>4,813</b>	<b>2,045</b>	<b>55,205</b>

\* Numbers may not add due to rounding.

## Exhibit 2A – Medical Trend Assumption

The chart below shows the rolling 12-month medical claims experience trends for the Active and Early Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 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
<b><u>PPO Active</u></b>			
12 Months through 12/2021 vs 12/2020	17.0%	(4.9%)	21.9%
12 Months through 12/2022 vs 12/2021	2.0%	0.0%	2.0%
Recommended 2024 Trend Assumption			<b>6.5%</b>
<b><u>PPO Early Retiree</u></b>			
12 Months through 12/2021 vs 12/2020	16.2%	(4.8%)	21.0%
12 Months through 12/2022 vs 12/2021	0.9%	0.0%	0.9%
Recommended 2024 Trend Assumption			<b>6.5%</b>
<b><u>HMO Active</u></b>			
12 Months through 12/2021 vs 12/2020	32.5%	(5.1%)	37.6%
12 Months through 12/2022 vs 12/2021	(4.5%)	0.0%	(4.5%)
Recommended 2024 Trend Assumption			<b>6.5%</b>
<b><u>HMO Early Retiree</u></b>			
12 Months through 12/2021 vs 12/2020	9.9%	(4.2%)	14.1%
12 Months through 12/2022 vs 12/2021	2.1%	0.0%	2.1%
Recommended 2024 Trend Assumption			<b>6.5%</b>
<b><u>Tiered Network Active</u></b>			
12 Months through 12/2021 vs 12/2020	14.5%	(4.4%)	18.9%
12 Months through 12/2022 vs 12/2021	2.7%	0.0%	2.7%
Recommended 2024 Trend Assumption			<b>6.5%</b>

### 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
<b>Active Rx</b>			
12 Months through 12/2021 vs 12/2020	6.4%	0.0%	6.4%
12 Months through 12/2022 vs 12/2021	14.0%	0.0%	14.0%
Recommended 2024 Trend Assumption			<b>9.0%</b>
<b>Early Retiree Rx</b>			
12 Months through 12/2021 vs 12/2020	2.6%	0.0%	2.6%
12 Months through 12/2022 vs 12/2021	15.1%	0.0%	15.1%
Recommended 2024 Trend Assumption			<b>9.0%</b>
<b>EGWP Retiree Rx</b>			
12 Months through 12/2021 vs 12/2020	1.4%	0.0%	1.4%
12 Months through 12/2022 vs 12/2021	8.8%	0.0%	8.8%
Recommended 2024 Trend Assumption			<b>7.75%</b>

Normalizing Adjustments

None



Exhibit 3A – Plan Year 2022 Aggregate Costs

Page 1 of 2

	CWA Unity/NJ DIRECT			Legacy Plans					
	Total	Horizon CWA/NJ DIRECT	Horizon CWA/NJ DIRECT 2019	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	295,455	126,845	13,572	11,940	33,065	750	60,706	6,829	16,876
Incurred Medical Claims	\$1,825,196,000	\$946,978,000	\$77,723,000	\$18,980,000	\$45,363,000	\$8,013,000	\$482,893,000	\$15,999,000	\$114,513,000
Capitation	\$66,226,000	\$38,242,000	\$736,000	\$0	\$0	\$178,000	\$16,492,000	\$0	\$4,938,000
Incurred Prescription Drug Claims	\$924,835,000	\$283,770,000	\$19,450,000	\$78,850,000	\$226,076,000	\$2,377,000	\$159,995,000	\$52,993,000	\$41,430,000
Prescription Drug Rebates	(\$295,862,000)	(\$101,674,000)	(\$6,958,000)	(\$20,931,000)	(\$60,014,000)	(\$875,000)	(\$57,927,000)	(\$14,067,000)	(\$14,828,000)
EGWP Credits	(\$135,141,000)	N/A	N/A	(\$28,367,000)	(\$78,554,000)	\$0	\$0	(\$16,225,000)	(\$684,000)
Administrative Fees	\$93,383,000	\$41,049,000	\$5,570,000	\$2,023,000	\$5,507,000	\$113,000	\$19,738,000	\$1,156,000	\$7,020,000
Total Cost	\$2,478,637,000	\$1,208,365,000	\$96,521,000	\$50,555,000	\$138,378,000	\$9,806,000	\$621,191,000	\$39,856,000	\$152,389,000
Total Premium	\$2,252,091,000	\$1,034,052,000	\$114,395,000	\$53,853,000	\$141,936,000	\$7,441,000	\$554,291,000	\$38,978,000	\$142,629,000
Gain (Loss)	(\$226,546,000)	(\$174,313,000)	\$17,874,000	\$3,298,000	\$3,558,000	(\$2,365,000)	(\$66,900,000)	(\$878,000)	(\$9,760,000)
<b>Employees</b>									
Average Medical Members	204,866	122,492	13,572	N/A	N/A	N/A	38,242	N/A	11,574
Incurred Medical Claims	\$1,427,091,000	\$905,433,000	\$77,723,000	N/A	N/A	N/A	\$276,150,000	N/A	\$74,370,000
Capitation	\$57,162,000	\$37,130,000	\$736,000	N/A	N/A	N/A	\$10,694,000	N/A	\$3,427,000
Incurred Prescription Drug Claims	\$431,009,000	\$268,627,000	\$19,450,000	N/A	N/A	N/A	\$92,236,000	N/A	\$25,004,000
Prescription Drug Rebates	(\$154,195,000)	(\$96,103,000)	(\$6,958,000)	N/A	N/A	N/A	(\$32,998,000)	N/A	(\$8,945,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$71,853,000	\$39,504,000	\$5,570,000	N/A	N/A	N/A	\$13,016,000	N/A	\$5,019,000
Total Cost	\$1,832,920,000	\$1,154,591,000	\$96,521,000	N/A	N/A	N/A	\$359,098,000	N/A	\$98,875,000
Total Premium	\$1,630,118,000	\$989,378,000	\$114,395,000	N/A	N/A	N/A	\$308,162,000	N/A	\$90,278,000
Gain (Loss)	(\$202,802,000)	(\$165,213,000)	\$17,874,000	N/A	N/A	N/A	(\$50,936,000)	N/A	(\$8,597,000)
<b>Early Retirees</b>									
Average Medical Members	33,706	4,353	N/A	N/A	N/A	750	22,464	N/A	5,014
Incurred Medical Claims	\$305,055,000	\$41,545,000	N/A	N/A	N/A	\$8,013,000	\$206,743,000	N/A	\$39,532,000
Capitation	\$8,967,000	\$1,112,000	N/A	N/A	N/A	\$178,000	\$5,798,000	N/A	\$1,494,000
Incurred Prescription Drug Claims	\$103,245,000	\$15,143,000	N/A	N/A	N/A	\$2,377,000	\$67,759,000	N/A	\$14,859,000
Prescription Drug Rebates	(\$37,985,000)	(\$5,571,000)	N/A	N/A	N/A	(\$875,000)	(\$24,929,000)	N/A	(\$5,467,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$10,503,000	\$1,545,000	N/A	N/A	N/A	\$113,000	\$6,722,000	N/A	\$1,859,000
Total Cost	\$389,785,000	\$53,774,000	N/A	N/A	N/A	\$9,806,000	\$262,093,000	N/A	\$52,277,000
Total Premium	\$357,760,000	\$44,674,000	N/A	N/A	N/A	\$7,441,000	\$246,129,000	N/A	\$50,182,000
Gain (Loss)	(\$32,025,000)	(\$9,100,000)	N/A	N/A	N/A	(\$2,365,000)	(\$15,964,000)	N/A	(\$2,095,000)
<b>Medicare Retirees</b>									
Average Medical Members	56,883	N/A	N/A	11,940	33,065	N/A	N/A	6,829	288
Incurred Medical Claims	\$93,050,000	N/A	N/A	\$18,980,000	\$45,363,000	N/A	N/A	\$15,999,000	\$611,000
Capitation	\$97,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$17,000
Incurred Prescription Drug Claims	\$390,581,000	N/A	N/A	\$78,850,000	\$226,076,000	N/A	N/A	\$52,993,000	\$1,567,000
Prescription Drug Rebates	(\$103,682,000)	N/A	N/A	(\$20,931,000)	(\$60,014,000)	N/A	N/A	(\$14,067,000)	(\$416,000)
EGWP Credits	(\$135,141,000)	N/A	N/A	(\$28,367,000)	(\$78,554,000)	N/A	N/A	(\$16,225,000)	(\$684,000)
Administrative Fees	\$11,027,000	N/A	N/A	\$2,023,000	\$5,507,000	N/A	N/A	\$1,156,000	\$142,000
Total Cost	\$255,932,000	N/A	N/A	\$50,555,000	\$138,378,000	N/A	N/A	\$39,856,000	\$1,237,000
Total Premium	\$264,213,000	N/A	N/A	\$53,853,000	\$141,936,000	N/A	N/A	\$38,978,000	\$2,169,000
Gain (Loss)	\$8,281,000	N/A	N/A	\$3,298,000	\$3,558,000	N/A	N/A	(\$878,000)	\$932,000

\*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

Page 2 of 2

	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	8,714	27	73	2,187	17	943	567	887	11,457
Incurred Medical Claims	\$39,141,000	\$51,000	\$494,000	\$10,913,000	\$38,000	\$3,350,000	\$1,307,000	\$3,607,000	\$55,833,000
Capitation	\$1,259,000	\$0	\$13,000	\$569,000	\$4,000	\$249,000	\$140,000	\$213,000	\$3,193,000
Incurred Prescription Drug Claims	\$37,735,000	\$211,000	\$203,000	\$3,297,000	\$8,000	\$1,037,000	\$313,000	\$972,000	\$16,118,000
Prescription Drug Rebates	(\$10,742,000)	(\$56,000)	(\$60,000)	(\$1,125,000)	(\$3,000)	(\$371,000)	(\$112,000)	(\$348,000)	(\$5,771,000)
EGWP Credits	(\$10,969,000)	(\$63,000)	(\$74,000)	(\$204,000)	(\$1,000)	\$0	N/A	N/A	N/A
Administrative Fees	\$3,527,000	\$5,000	\$32,000	\$844,000	\$8,000	\$454,000	\$263,000	\$371,000	\$5,703,000
Total Cost	\$59,951,000	\$148,000	\$608,000	\$14,294,000	\$54,000	\$4,719,000	\$1,911,000	\$4,815,000	\$75,076,000
Total Premium	\$58,914,000	\$130,000	\$573,000	\$16,422,000	\$176,000	\$6,499,000	\$2,615,000	\$5,765,000	\$73,422,000
Gain (Loss)	(\$1,037,000)	(\$18,000)	(\$35,000)	\$2,128,000	\$122,000	\$1,780,000	\$704,000	\$950,000	(\$1,654,000)
<b>Employees</b>									
Average Medical Members	3,253	N/A	N/A	2,029	N/A	943	535	879	11,347
Incurred Medical Claims	\$19,616,000	N/A	N/A	\$10,137,000	N/A	\$3,350,000	\$1,282,000	\$3,605,000	\$55,425,000
Capitation	\$871,000	N/A	N/A	\$547,000	N/A	\$249,000	\$132,000	\$211,000	\$3,165,000
Incurred Prescription Drug Claims	\$5,136,000	N/A	N/A	\$2,622,000	N/A	\$1,037,000	\$293,000	\$968,000	\$15,636,000
Prescription Drug Rebates	(\$1,837,000)	N/A	N/A	(\$938,000)	N/A	(\$371,000)	(\$105,000)	(\$346,000)	(\$5,594,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,248,000	N/A	N/A	\$778,000	N/A	\$454,000	\$243,000	\$368,000	\$5,653,000
Total Cost	\$25,034,000	N/A	N/A	\$13,146,000	N/A	\$4,719,000	\$1,845,000	\$4,806,000	\$74,285,000
Total Premium	\$25,703,000	N/A	N/A	\$15,215,000	N/A	\$6,499,000	\$2,373,000	\$5,702,000	\$72,413,000
Gain (Loss)	\$669,000	N/A	N/A	\$2,069,000	N/A	\$1,780,000	\$528,000	\$896,000	(\$1,872,000)
<b>Early Retirees</b>									
Average Medical Members	844	N/A	42	72	17	N/A	32	8	110
Incurred Medical Claims	\$7,790,000	N/A	\$422,000	\$537,000	\$38,000	N/A	\$25,000	\$2,000	\$408,000
Capitation	\$311,000	N/A	\$12,000	\$20,000	\$4,000	N/A	\$8,000	\$2,000	\$28,000
Incurred Prescription Drug Claims	\$2,458,000	N/A	\$62,000	\$73,000	\$8,000	N/A	\$20,000	\$4,000	\$482,000
Prescription Drug Rebates	(\$904,000)	N/A	(\$23,000)	(\$27,000)	(\$3,000)	N/A	(\$7,000)	(\$2,000)	(\$177,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$146,000	N/A	\$14,000	\$23,000	\$8,000	N/A	\$20,000	\$3,000	\$50,000
Total Cost	\$9,801,000	N/A	\$487,000	\$626,000	\$55,000	N/A	\$66,000	\$9,000	\$791,000
Total Premium	\$6,765,000	N/A	\$353,000	\$728,000	\$174,000	N/A	\$242,000	\$63,000	\$1,009,000
Gain (Loss)	(\$3,036,000)	N/A	(\$134,000)	\$102,000	\$119,000	N/A	\$176,000	\$54,000	\$218,000
<b>Medicare Retirees</b>									
Average Medical Members	4,617	27	31	86	-	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$11,735,000	\$51,000	\$72,000	\$239,000	\$0	N/A	N/A	N/A	N/A
Capitation	\$77,000	\$0	\$1,000	\$2,000	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$30,141,000	\$211,000	\$141,000	\$602,000	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$8,001,000)	(\$56,000)	(\$37,000)	(\$160,000)	\$0	N/A	N/A	N/A	N/A
EGWP Credits	(\$10,969,000)	(\$63,000)	(\$74,000)	(\$204,000)	(\$1,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$2,133,000	\$5,000	\$18,000	\$43,000	\$0	N/A	N/A	N/A	N/A
Total Cost	\$25,116,000	\$148,000	\$121,000	\$522,000	(\$1,000)	N/A	N/A	N/A	N/A
Total Premium	\$26,446,000	\$130,000	\$220,000	\$479,000	\$2,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$1,330,000	(\$18,000)	\$99,000	(\$43,000)	\$3,000	N/A	N/A	N/A	N/A

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

## Exhibit 3B – Plan Year 2023 Aggregate Costs

Page 1 of 2

	CWA Unity/NJ DIRECT			Legacy Plans					
	Total	Horizon CWA/NJ DIRECT	Horizon CWA/NJ DIRECT 2019	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	292,280	124,945	17,357	11,425	34,539	639	54,059	6,610	15,396
Incurred Medical Claims	\$1,854,111,000	\$967,053,000	\$104,595,000	\$15,564,000	\$39,536,000	\$7,268,000	\$459,180,000	\$13,983,000	\$110,016,000
Capitation	\$68,255,000	\$40,025,000	\$1,002,000	\$0	\$0	\$161,000	\$15,627,000	\$0	\$4,784,000
Incurred Prescription Drug Claims	\$996,035,000	\$305,714,000	\$27,112,000	\$81,294,000	\$254,463,000	\$2,207,000	\$155,682,000	\$55,268,000	\$41,374,000
Prescription Drug Rebates	(\$325,508,000)	(\$114,497,000)	(\$10,142,000)	(\$21,343,000)	(\$66,806,000)	(\$839,000)	(\$58,653,000)	(\$14,510,000)	(\$15,359,000)
EGWP Credits	(\$152,737,000)	N/A	N/A	(\$30,130,000)	(\$91,091,000)	N/A	N/A	(\$17,434,000)	(\$842,000)
Administrative Fees	\$95,748,000	\$41,251,000	\$7,259,000	\$1,960,000	\$5,816,000	\$146,000	\$18,683,000	\$1,132,000	\$6,716,000
<b>Total Cost</b>	<b>\$2,535,904,000</b>	<b>\$1,239,546,000</b>	<b>\$129,826,000</b>	<b>\$47,345,000</b>	<b>\$141,918,000</b>	<b>\$8,943,000</b>	<b>\$590,519,000</b>	<b>\$38,439,000</b>	<b>\$146,689,000</b>
<b>Total Premium</b>	<b>\$2,590,322,000</b>	<b>\$1,220,506,000</b>	<b>\$175,034,000</b>	<b>\$49,523,000</b>	<b>\$142,202,000</b>	<b>\$8,580,000</b>	<b>\$591,067,000</b>	<b>\$36,619,000</b>	<b>\$155,870,000</b>
<b>Gain (Loss)</b>	<b>\$54,418,000</b>	<b>(\$19,040,000)</b>	<b>\$45,208,000</b>	<b>\$2,178,000</b>	<b>\$284,000</b>	<b>(\$363,000)</b>	<b>\$548,000</b>	<b>(\$1,820,000)</b>	<b>\$9,181,000</b>
<b>Employees</b>									
Average Medical Members	201,304	118,850	17,357	N/A	N/A	N/A	33,471	N/A	10,513
Incurred Medical Claims	\$1,455,529,000	\$910,034,000	\$104,595,000	N/A	N/A	N/A	\$257,391,000	N/A	\$70,975,000
Capitation	\$58,795,000	\$38,367,000	\$1,002,000	N/A	N/A	N/A	\$9,968,000	N/A	\$3,315,000
Incurred Prescription Drug Claims	\$458,078,000	\$284,098,000	\$27,112,000	N/A	N/A	N/A	\$87,993,000	N/A	\$24,756,000
Prescription Drug Rebates	(\$171,364,000)	(\$106,279,000)	(\$10,142,000)	N/A	N/A	N/A	(\$32,918,000)	N/A	(\$9,261,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$73,333,000	\$39,082,000	\$7,259,000	N/A	N/A	N/A	\$11,873,000	N/A	\$4,701,000
<b>Total Cost</b>	<b>\$1,874,371,000</b>	<b>\$1,165,302,000</b>	<b>\$129,826,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$334,307,000</b>	<b>N/A</b>	<b>\$94,486,000</b>
<b>Total Premium</b>	<b>\$1,910,051,000</b>	<b>\$1,148,632,000</b>	<b>\$175,034,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$321,633,000</b>	<b>N/A</b>	<b>\$97,429,000</b>
<b>Gain (Loss)</b>	<b>\$35,680,000</b>	<b>(\$16,670,000)</b>	<b>\$45,208,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$12,674,000)</b>	<b>N/A</b>	<b>\$2,943,000</b>
<b>Early Retirees</b>									
Average Medical Members	33,061	6,095	N/A	N/A	N/A	639	20,588	N/A	4,564
Incurred Medical Claims	\$315,333,000	\$57,019,000	N/A	N/A	N/A	\$7,268,000	\$201,789,000	N/A	\$38,325,000
Capitation	\$9,351,000	\$1,658,000	N/A	N/A	N/A	\$161,000	\$5,659,000	N/A	\$1,449,000
Incurred Prescription Drug Claims	\$109,734,000	\$21,616,000	N/A	N/A	N/A	\$2,207,000	\$67,689,000	N/A	\$14,744,000
Prescription Drug Rebates	(\$41,719,000)	(\$8,218,000)	N/A	N/A	N/A	(\$839,000)	(\$25,735,000)	N/A	(\$5,606,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$11,327,000	\$2,169,000	N/A	N/A	N/A	\$146,000	\$6,810,000	N/A	\$1,907,000
<b>Total Cost</b>	<b>\$404,026,000</b>	<b>\$74,244,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$8,943,000</b>	<b>\$256,212,000</b>	<b>N/A</b>	<b>\$50,819,000</b>
<b>Total Premium</b>	<b>\$419,413,000</b>	<b>\$71,874,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$8,580,000</b>	<b>\$269,434,000</b>	<b>N/A</b>	<b>\$55,925,000</b>
<b>Gain (Loss)</b>	<b>\$15,387,000</b>	<b>(\$2,370,000)</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$363,000)</b>	<b>\$13,222,000</b>	<b>N/A</b>	<b>\$5,106,000</b>
<b>Medicare Retirees</b>									
Average Medical Members	57,915	N/A	N/A	11,425	34,539	N/A	N/A	6,610	319
Incurred Medical Claims	\$83,249,000	N/A	N/A	\$15,564,000	\$39,536,000	N/A	N/A	\$13,983,000	\$716,000
Capitation	\$109,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$20,000
Incurred Prescription Drug Claims	\$428,223,000	N/A	N/A	\$81,294,000	\$254,463,000	N/A	N/A	\$55,268,000	\$1,874,000
Prescription Drug Rebates	(\$112,425,000)	N/A	N/A	(\$21,343,000)	(\$66,806,000)	N/A	N/A	(\$14,510,000)	(\$492,000)
EGWP Credits	(\$152,737,000)	N/A	N/A	(\$30,130,000)	(\$91,091,000)	N/A	N/A	(\$17,434,000)	(\$842,000)
Administrative Fees	\$11,088,000	N/A	N/A	\$1,960,000	\$5,816,000	N/A	N/A	\$1,132,000	\$108,000
<b>Total Cost</b>	<b>\$257,507,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$47,345,000</b>	<b>\$141,918,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$38,439,000</b>	<b>\$1,384,000</b>
<b>Total Premium</b>	<b>\$260,858,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$49,523,000</b>	<b>\$142,202,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$36,619,000</b>	<b>\$2,516,000</b>
<b>Gain (Loss)</b>	<b>\$3,351,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$2,178,000</b>	<b>\$284,000</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$1,820,000)</b>	<b>\$1,132,000</b>

\*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

Page 2 of 2

	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	8,729	28	87	2,016	19	807	618	1,014	13,992
Incurred Medical Claims	\$40,705,000	\$47,000	\$600,000	\$10,681,000	\$46,000	\$3,054,000	\$1,753,000	\$4,488,000	\$75,542,000
Capitation	\$1,278,000	\$0	\$16,000	\$553,000	\$5,000	\$227,000	\$162,000	\$259,000	\$4,156,000
Incurred Prescription Drug Claims	\$42,043,000	\$238,000	\$269,000	\$3,392,000	\$17,000	\$968,000	\$439,000	\$1,243,000	\$24,312,000
Prescription Drug Rebates	(\$11,931,000)	(\$62,000)	(\$80,000)	(\$1,191,000)	(\$6,000)	(\$362,000)	(\$164,000)	(\$465,000)	(\$9,098,000)
EGWP Credits	(\$12,814,000)	(\$73,000)	(\$106,000)	(\$247,000)	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$3,345,000	\$5,000	\$29,000	\$793,000	\$9,000	\$399,000	\$320,000	\$468,000	\$7,417,000
<b>Total Cost</b>	<b>\$62,626,000</b>	<b>\$155,000</b>	<b>\$728,000</b>	<b>\$13,981,000</b>	<b>\$71,000</b>	<b>\$4,286,000</b>	<b>\$2,510,000</b>	<b>\$5,993,000</b>	<b>\$102,329,000</b>
Total Premium	\$67,556,000	\$131,000	\$748,000	\$17,823,000	\$206,000	\$6,572,000	\$3,387,000	\$7,863,000	\$106,635,000
Gain (Loss)	\$4,930,000	(\$24,000)	\$20,000	\$3,842,000	\$135,000	\$2,286,000	\$877,000	\$1,870,000	\$4,306,000
<b>Employees</b>									
Average Medical Members	3,039	N/A	N/A	1,852	N/A	807	589	1,001	13,825
Incurred Medical Claims	\$19,513,000	N/A	N/A	\$9,852,000	N/A	\$3,054,000	\$1,503,000	\$4,371,000	\$74,241,000
Capitation	\$867,000	N/A	N/A	\$531,000	N/A	\$227,000	\$155,000	\$256,000	\$4,107,000
Incurred Prescription Drug Claims	\$5,229,000	N/A	N/A	\$2,608,000	N/A	\$968,000	\$351,000	\$1,202,000	\$23,761,000
Prescription Drug Rebates	(\$1,956,000)	N/A	N/A	(\$976,000)	N/A	(\$362,000)	(\$131,000)	(\$450,000)	(\$8,889,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,190,000	N/A	N/A	\$728,000	N/A	\$399,000	\$300,000	\$463,000	\$7,338,000
<b>Total Cost</b>	<b>\$24,843,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$12,743,000</b>	<b>N/A</b>	<b>\$4,286,000</b>	<b>\$2,178,000</b>	<b>\$5,842,000</b>	<b>\$100,558,000</b>
Total Premium	\$28,467,000	N/A	N/A	\$16,449,000	N/A	\$6,572,000	\$3,141,000	\$7,745,000	\$104,949,000
Gain (Loss)	\$3,624,000	N/A	N/A	\$3,706,000	N/A	\$2,286,000	\$963,000	\$1,903,000	\$4,391,000
<b>Early Retirees</b>									
Average Medical Members	831	N/A	47	70	18	N/A	29	13	167
Incurred Medical Claims	\$8,163,000	N/A	\$503,000	\$554,000	\$44,000	N/A	\$250,000	\$117,000	\$1,301,000
Capitation	\$326,000	N/A	\$14,000	\$20,000	\$5,000	N/A	\$7,000	\$3,000	\$49,000
Incurred Prescription Drug Claims	\$2,636,000	N/A	\$75,000	\$77,000	\$10,000	N/A	\$88,000	\$41,000	\$551,000
Prescription Drug Rebates	(\$1,002,000)	N/A	(\$29,000)	(\$29,000)	(\$4,000)	N/A	(\$33,000)	(\$15,000)	(\$209,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$149,000	N/A	\$12,000	\$22,000	\$8,000	N/A	\$20,000	\$5,000	\$79,000
<b>Total Cost</b>	<b>\$10,272,000</b>	<b>N/A</b>	<b>\$575,000</b>	<b>\$644,000</b>	<b>\$63,000</b>	<b>N/A</b>	<b>\$332,000</b>	<b>\$151,000</b>	<b>\$1,771,000</b>
Total Premium	\$10,069,000	N/A	\$452,000	\$830,000	\$199,000	N/A	\$246,000	\$118,000	\$1,686,000
Gain (Loss)	(\$203,000)	N/A	(\$123,000)	\$186,000	\$136,000	N/A	(\$86,000)	(\$33,000)	(\$85,000)
<b>Medicare Retirees</b>									
Average Medical Members	4,859	28	40	94	1	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$13,029,000	\$47,000	\$97,000	\$275,000	\$2,000	N/A	N/A	N/A	N/A
Capitation	\$85,000	\$0	\$2,000	\$2,000	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$34,178,000	\$238,000	\$194,000	\$707,000	\$7,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$8,973,000)	(\$62,000)	(\$51,000)	(\$186,000)	(\$2,000)	N/A	N/A	N/A	N/A
EGWP Credits	(\$12,814,000)	(\$73,000)	(\$106,000)	(\$247,000)	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$2,006,000	\$5,000	\$17,000	\$43,000	\$1,000	N/A	N/A	N/A	N/A
<b>Total Cost</b>	<b>\$27,511,000</b>	<b>\$155,000</b>	<b>\$153,000</b>	<b>\$594,000</b>	<b>\$8,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Total Premium	\$29,020,000	\$131,000	\$296,000	\$544,000	\$7,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$1,509,000	(\$24,000)	\$143,000	(\$50,000)	(\$1,000)	N/A	N/A	N/A	N/A

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

Exhibit 3C – Projected Plan Year 2024 Aggregate Costs

Page 1 of 2

	CWA Unity/NJ DIRECT			Legacy Plans					
	Total	Horizon CWA/NJ DIRECT	Horizon CWA/NJ DIRECT 2019	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	290,960	122,832	20,719	11,537	34,867	625	51,610	6,670	14,706
Incurred Medical Claims	\$1,946,957,000	\$1,015,289,000	\$132,976,000	\$15,126,000	\$38,121,000	\$7,572,000	\$466,444,000	\$13,767,000	\$111,745,000
Capitation	\$71,128,000	\$41,824,000	\$1,274,000	\$0	\$0	\$168,000	\$15,894,000	\$0	\$4,863,000
Incurred Prescription Drug Claims	\$1,076,877,000	\$329,538,000	\$35,277,000	\$88,459,000	\$276,786,000	\$2,353,000	\$161,870,000	\$60,091,000	\$43,021,000
Prescription Drug Rebates	(\$347,697,000)	(\$121,968,000)	(\$13,036,000)	(\$22,992,000)	(\$71,941,000)	(\$886,000)	(\$60,288,000)	(\$15,619,000)	(\$15,783,000)
EGWP Credits	(\$159,690,000)	N/A	N/A	(\$31,519,000)	(\$95,252,000)	N/A	N/A	(\$18,222,000)	(\$857,000)
Administrative Fees	\$97,490,000	\$41,544,000	\$8,863,000	\$1,981,000	\$5,876,000	\$143,000	\$18,182,000	\$1,144,000	\$6,574,000
<b>Total Cost</b>	<b>\$2,685,065,000</b>	<b>\$1,306,227,000</b>	<b>\$165,354,000</b>	<b>\$51,055,000</b>	<b>\$153,590,000</b>	<b>\$9,350,000</b>	<b>\$602,102,000</b>	<b>\$41,161,000</b>	<b>\$149,563,000</b>
Total Premium	\$2,685,176,000	\$1,248,724,000	\$216,910,000	\$52,948,000	\$152,424,000	\$8,647,000	\$590,522,000	\$38,959,000	\$156,372,000
Gain (Loss)	\$111,000	(\$57,503,000)	\$51,556,000	\$1,893,000	(\$1,166,000)	(\$703,000)	(\$11,580,000)	(\$2,202,000)	\$6,809,000
<b>Employees</b>									
Average Medical Members	199,454	115,299	20,719	N/A	N/A	N/A	32,146	N/A	10,097
Incurred Medical Claims	\$1,529,406,000	\$940,232,000	\$132,976,000	N/A	N/A	N/A	\$263,272,000	N/A	\$72,597,000
Capitation	\$61,073,000	\$39,641,000	\$1,274,000	N/A	N/A	N/A	\$10,196,000	N/A	\$3,391,000
Incurred Prescription Drug Claims	\$491,138,000	\$300,416,000	\$35,277,000	N/A	N/A	N/A	\$92,117,000	N/A	\$25,916,000
Prescription Drug Rebates	(\$181,484,000)	(\$111,009,000)	(\$13,036,000)	N/A	N/A	N/A	(\$34,039,000)	N/A	(\$9,577,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$74,699,000	\$38,776,000	\$8,863,000	N/A	N/A	N/A	\$11,662,000	N/A	\$4,635,000
<b>Total Cost</b>	<b>\$1,974,832,000</b>	<b>\$1,208,056,000</b>	<b>\$165,354,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$343,208,000</b>	<b>N/A</b>	<b>\$96,962,000</b>
Total Premium	\$1,974,864,000	\$1,156,694,000	\$216,910,000	N/A	N/A	N/A	\$327,444,000	N/A	\$99,293,000
Gain (Loss)	\$32,000	(\$51,362,000)	\$51,556,000	N/A	N/A	N/A	(\$15,764,000)	N/A	\$2,331,000
<b>Early Retirees</b>									
Average Medical Members	33,052	7,533	N/A	N/A	N/A	625	19,464	N/A	4,295
Incurred Medical Claims	\$335,483,000	\$75,057,000	N/A	N/A	N/A	\$7,572,000	\$203,172,000	N/A	\$38,406,000
Capitation	\$9,940,000	\$2,183,000	N/A	N/A	N/A	\$168,000	\$5,698,000	N/A	\$1,452,000
Incurred Prescription Drug Claims	\$120,019,000	\$29,122,000	N/A	N/A	N/A	\$2,353,000	\$69,753,000	N/A	\$15,122,000
Prescription Drug Rebates	(\$45,165,000)	(\$10,959,000)	N/A	N/A	N/A	(\$886,000)	(\$26,249,000)	N/A	(\$5,691,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$11,541,000	\$2,768,000	N/A	N/A	N/A	\$143,000	\$6,520,000	N/A	\$1,829,000
<b>Total Cost</b>	<b>\$431,818,000</b>	<b>\$98,171,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$9,350,000</b>	<b>\$258,894,000</b>	<b>N/A</b>	<b>\$51,118,000</b>
Total Premium	\$431,869,000	\$92,030,000	N/A	N/A	N/A	\$8,647,000	\$263,078,000	N/A	\$54,519,000
Gain (Loss)	\$51,000	(\$6,141,000)	N/A	N/A	N/A	(\$703,000)	\$4,184,000	N/A	\$3,401,000
<b>Medicare Retirees</b>									
Average Medical Members	58,454	N/A	N/A	11,537	34,867	N/A	N/A	6,670	314
Incurred Medical Claims	\$82,068,000	N/A	N/A	\$15,126,000	\$38,121,000	N/A	N/A	\$13,767,000	\$742,000
Capitation	\$115,000	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$20,000
Incurred Prescription Drug Claims	\$465,720,000	N/A	N/A	\$88,459,000	\$276,786,000	N/A	N/A	\$60,091,000	\$1,983,000
Prescription Drug Rebates	(\$121,048,000)	N/A	N/A	(\$22,992,000)	(\$71,941,000)	N/A	N/A	(\$15,619,000)	(\$515,000)
EGWP Credits	(\$159,690,000)	N/A	N/A	(\$31,519,000)	(\$95,252,000)	N/A	N/A	(\$18,222,000)	(\$857,000)
Administrative Fees	\$11,250,000	N/A	N/A	\$1,981,000	\$5,876,000	N/A	N/A	\$1,144,000	\$110,000
<b>Total Cost</b>	<b>\$278,415,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$51,055,000</b>	<b>\$153,590,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$41,161,000</b>	<b>\$1,483,000</b>
Total Premium	\$278,443,000	N/A	N/A	\$52,948,000	\$152,424,000	N/A	N/A	\$38,959,000	\$2,560,000
Gain (Loss)	\$28,000	N/A	N/A	\$1,893,000	(\$1,166,000)	N/A	N/A	(\$2,202,000)	\$1,077,000

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

Exhibit 3C – Projected Plan Year 2024 Aggregate Costs

Page 2 of 2

	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	8,664	28	85	1,956	18	783	599	983	14,278
Incurred Medical Claims	\$42,545,000	\$46,000	\$617,000	\$11,024,000	\$46,000	\$3,155,000	\$1,799,000	\$4,622,000	\$82,063,000
Capitation	\$1,327,000	\$0	\$16,000	\$571,000	\$5,000	\$235,000	\$167,000	\$267,000	\$4,517,000
Incurred Prescription Drug Claims	\$45,497,000	\$259,000	\$291,000	\$3,605,000	\$18,000	\$1,024,000	\$461,000	\$1,310,000	\$27,017,000
Prescription Drug Rebates	(\$12,759,000)	(\$67,000)	(\$85,000)	(\$1,248,000)	(\$6,000)	(\$378,000)	(\$170,000)	(\$484,000)	(\$9,987,000)
EGWP Credits	(\$13,391,000)	(\$76,000)	(\$111,000)	(\$259,000)	(\$3,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$3,392,000	\$5,000	\$30,000	\$789,000	\$8,000	\$396,000	\$317,000	\$465,000	\$7,781,000
Total Cost	\$66,611,000	\$167,000	\$758,000	\$14,482,000	\$68,000	\$4,432,000	\$2,574,000	\$6,180,000	\$111,391,000
Total Premium	\$69,916,000	\$140,000	\$758,000	\$18,299,000	\$201,000	\$6,768,000	\$3,483,000	\$8,115,000	\$111,990,000
Gain (Loss)	\$3,305,000	(\$27,000)	\$0	\$3,817,000	\$133,000	\$2,336,000	\$909,000	\$1,935,000	\$599,000
<b>Employees</b>									
Average Medical Members	2,948	N/A	N/A	1,796	N/A	783	572	971	14,123
Incurred Medical Claims	\$20,161,000	N/A	N/A	\$10,179,000	N/A	\$3,155,000	\$1,552,000	\$4,507,000	\$80,775,000
Capitation	\$895,000	N/A	N/A	\$549,000	N/A	\$235,000	\$160,000	\$264,000	\$4,468,000
Incurred Prescription Drug Claims	\$5,530,000	N/A	N/A	\$2,758,000	N/A	\$1,024,000	\$372,000	\$1,269,000	\$26,459,000
Prescription Drug Rebates	(\$2,043,000)	N/A	N/A	(\$1,019,000)	N/A	(\$378,000)	(\$137,000)	(\$469,000)	(\$9,777,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,180,000	N/A	N/A	\$723,000	N/A	\$396,000	\$298,000	\$460,000	\$7,706,000
Total Cost	\$25,723,000	N/A	N/A	\$13,190,000	N/A	\$4,432,000	\$2,245,000	\$6,031,000	\$109,631,000
Total Premium	\$29,227,000	N/A	N/A	\$16,920,000	N/A	\$6,768,000	\$3,245,000	\$8,001,000	\$110,362,000
Gain (Loss)	\$3,504,000	N/A	N/A	\$3,730,000	N/A	\$2,336,000	\$1,000,000	\$1,970,000	\$731,000
<b>Early Retirees</b>									
Average Medical Members	814	N/A	45	65	17	N/A	27	12	155
Incurred Medical Claims	\$8,517,000	N/A	\$514,000	\$552,000	\$43,000	N/A	\$247,000	\$115,000	\$1,288,000
Capitation	\$341,000	N/A	\$14,000	\$20,000	\$5,000	N/A	\$7,000	\$3,000	\$49,000
Incurred Prescription Drug Claims	\$2,814,000	N/A	\$79,000	\$78,000	\$10,000	N/A	\$89,000	\$41,000	\$558,000
Prescription Drug Rebates	(\$1,059,000)	N/A	(\$30,000)	(\$29,000)	(\$4,000)	N/A	(\$33,000)	(\$15,000)	(\$210,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$142,000	N/A	\$12,000	\$21,000	\$7,000	N/A	\$19,000	\$5,000	\$75,000
Total Cost	\$10,755,000	N/A	\$589,000	\$642,000	\$61,000	N/A	\$329,000	\$149,000	\$1,760,000
Total Premium	\$10,168,000	N/A	\$449,000	\$805,000	\$193,000	N/A	\$238,000	\$114,000	\$1,628,000
Gain (Loss)	(\$587,000)	N/A	(\$140,000)	\$163,000	\$132,000	N/A	(\$91,000)	(\$35,000)	(\$132,000)
<b>Medicare Retirees</b>									
Average Medical Members	4,902	28	40	95	1	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$13,867,000	\$46,000	\$103,000	\$293,000	\$3,000	N/A	N/A	N/A	N/A
Capitation	\$91,000	\$0	\$2,000	\$2,000	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$37,153,000	\$259,000	\$212,000	\$769,000	\$8,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$9,657,000)	(\$67,000)	(\$55,000)	(\$200,000)	(\$2,000)	N/A	N/A	N/A	N/A
EGWP Credits	(\$13,391,000)	(\$76,000)	(\$111,000)	(\$259,000)	(\$3,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$2,070,000	\$5,000	\$18,000	\$45,000	\$1,000	N/A	N/A	N/A	N/A
Total Cost	\$30,133,000	\$167,000	\$169,000	\$650,000	\$7,000	N/A	N/A	N/A	N/A
Total Premium	\$30,521,000	\$140,000	\$309,000	\$574,000	\$8,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$388,000	(\$27,000)	\$140,000	(\$76,000)	\$1,000	N/A	N/A	N/A	N/A

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

Exhibit 4A – Plan Year 2024 Monthly Active Premiums

	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b><u>Medical Coverage Only</u></b>					
Single	\$892.12	\$887.42	\$873.49	\$836.90	\$849.04
Employee+Spouse	\$1,784.24	\$1,774.84	\$1,746.98	\$1,673.80	\$1,698.08
Family	\$2,551.46	\$2,538.02	\$2,498.18	\$2,393.53	\$2,428.25
Employee+Child(ren)	\$1,659.34	\$1,650.60	\$1,624.69	\$1,556.63	\$1,579.21
Adult Child Rate	\$782.56	\$778.44	\$766.22	\$734.12	\$744.77
	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b><u>Rx Card</u></b>					
Single	\$165.60	\$165.60	\$173.63	\$173.63	\$157.48
Employee+Spouse	\$331.20	\$331.20	\$347.26	\$347.26	\$314.96
Family	\$473.62	\$473.62	\$496.58	\$496.58	\$450.39
Employee+Child(ren)	\$308.02	\$308.02	\$322.95	\$322.95	\$292.91
Adult Child Rate	\$145.27	\$145.27	\$152.31	\$152.31	\$138.14

	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b><u>Medical Coverage Only</u></b>					
Single	\$798.36	\$686.60	\$444.75	\$659.62	\$656.43
Employee+Spouse	\$1,596.72	\$1,373.20	\$889.50	\$1,319.24	\$1,312.86
Family	\$2,283.31	\$1,963.68	\$1,271.99	\$1,886.51	\$1,877.39
Employee+Child(ren)	\$1,484.95	\$1,277.08	\$827.24	\$1,226.89	\$1,220.96
Adult Child Rate	\$700.32	\$602.29	\$390.14	\$578.62	\$575.82
	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b><u>Rx Card</u></b>					
Single	\$160.28	\$144.26	\$105.90	\$157.03	\$125.91
Employee+Spouse	\$320.56	\$288.52	\$211.80	\$314.06	\$251.84
Family	\$458.40	\$412.58	\$302.87	\$449.11	\$360.10
Employee+Child(ren)	\$298.12	\$268.32	\$196.97	\$292.08	\$234.19
Adult Child Rate	\$140.60	\$126.54	\$92.89	\$137.75	\$110.45

**Exhibit 4B – Plan Year 2024 Annual Active Premiums**

	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Medical Coverage Only</b>					
Single	\$10,705	\$10,649	\$10,482	\$10,043	\$10,188
Employee+Spouse	\$21,411	\$21,298	\$20,964	\$20,086	\$20,377
Family	\$30,618	\$30,456	\$29,978	\$28,722	\$29,139
Employee+Child(ren)	\$19,912	\$19,807	\$19,496	\$18,680	\$18,951
Adult Child Rate	\$9,391	\$9,341	\$9,195	\$8,809	\$8,937
	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Rx Card</b>					
Single	\$1,987	\$1,987	\$2,084	\$2,084	\$1,890
Employee+Spouse	\$3,974	\$3,974	\$4,167	\$4,167	\$3,780
Family	\$5,683	\$5,683	\$5,959	\$5,959	\$5,405
Employee+Child(ren)	\$3,696	\$3,696	\$3,875	\$3,875	\$3,515
Adult Child Rate	\$1,743	\$1,743	\$1,828	\$1,828	\$1,658

	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>					
Single	\$9,580	\$8,239	\$5,337	\$7,915	\$7,877
Single	\$19,161	\$16,478	\$10,674	\$15,831	\$15,754
Family	\$27,400	\$23,564	\$15,264	\$22,638	\$22,529
Family	\$17,819	\$15,325	\$9,927	\$14,723	\$14,652
Adult Child Rate	\$8,404	\$7,227	\$4,682	\$6,943	\$6,910
	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Rx Card</b>					
Single	\$1,923	\$1,731	\$1,271	\$1,884	\$1,511
Single	\$3,847	\$3,462	\$2,542	\$3,769	\$3,022
Family	\$5,501	\$4,951	\$3,634	\$5,389	\$4,321
Family	\$3,577	\$3,220	\$2,364	\$3,505	\$2,810
Adult Child Rate	\$1,687	\$1,518	\$1,115	\$1,653	\$1,325



Exhibit 4C – Plan Year 2024 Monthly Retiree Premiums

Page 1 of 3

	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	
<b>Total Premium</b>										
Single - 0 Medicare	\$1,468.18	N/A	\$1,468.18	\$1,394.36	N/A	\$1,394.36	\$1,311.28	N/A	\$1,311.28	\$1,311.28
Single - 1 Medicare	N/A	\$385.82	\$385.82	N/A	\$367.68	\$367.68	N/A	\$490.63	\$490.63	\$684.00
EE+Spouse - 0 Medicare	\$3,200.65	N/A	\$3,200.65	\$3,039.68	N/A	\$3,039.68	\$2,856.99	N/A	\$2,856.99	\$2,856.99
EE+Spouse - 1 Medicare	\$1,732.47	\$385.82	\$2,118.29	\$1,645.32	\$367.68	\$2,013.00	\$1,545.71	\$490.63	\$2,036.34	\$2,229.71
EE+Spouse - 2 Medicare	N/A	\$771.66	\$771.66	N/A	\$735.38	\$735.38	N/A	\$981.25	\$981.25	\$1,367.98
Family - 0 Medicare	\$3,641.12	N/A	\$3,641.12	\$3,458.00	N/A	\$3,458.00	\$3,250.23	N/A	\$3,250.23	\$3,250.23
Family - 1 Medicare	\$2,172.94	\$385.82	\$2,558.76	\$2,063.64	\$367.68	\$2,431.32	\$1,938.95	\$490.63	\$2,429.58	\$2,622.95
Family - 2 Medicare	\$704.74	\$771.66	\$1,476.40	\$669.26	\$735.38	\$1,404.64	\$627.68	\$981.25	\$1,608.93	\$1,995.67
EE+Ch - 0 Medicare	\$2,055.45	N/A	\$2,055.45	\$1,952.06	N/A	\$1,952.06	\$1,834.59	N/A	\$1,834.59	\$1,834.59
EE+Ch - 1 Medicare	\$587.27	\$385.82	\$973.09	\$557.70	\$367.68	\$925.38	\$523.31	\$490.63	\$1,013.94	\$1,207.31
<b>Medical Premium</b>										
Single - 0 Medicare	\$1,229.94	N/A	\$1,229.94	\$1,156.12	N/A	\$1,156.12	\$1,059.09	N/A	\$1,059.09	\$1,059.09
Single - 1 Medicare	N/A	\$109.25	\$109.25	N/A	\$91.11	\$91.11	N/A	\$172.00	\$172.00	\$365.37
EE+Spouse - 0 Medicare	\$2,681.28	N/A	\$2,681.28	\$2,520.31	N/A	\$2,520.31	\$2,308.81	N/A	\$2,308.81	\$2,308.81
EE+Spouse - 1 Medicare	\$1,451.34	\$109.25	\$1,560.59	\$1,364.19	\$91.11	\$1,455.30	\$1,249.72	\$172.00	\$1,421.72	\$1,615.09
EE+Spouse - 2 Medicare	N/A	\$218.50	\$218.50	N/A	\$182.22	\$182.22	N/A	\$344.00	\$344.00	\$730.73
Family - 0 Medicare	\$3,050.27	N/A	\$3,050.27	\$2,867.15	N/A	\$2,867.15	\$2,626.54	N/A	\$2,626.54	\$2,626.54
Family - 1 Medicare	\$1,820.33	\$109.25	\$1,929.58	\$1,711.03	\$91.11	\$1,802.14	\$1,567.45	\$172.00	\$1,739.45	\$1,932.82
Family - 2 Medicare	\$590.39	\$218.50	\$808.89	\$554.91	\$182.22	\$737.13	\$508.36	\$344.00	\$852.36	\$1,239.10
EE+Ch - 0 Medicare	\$1,721.93	N/A	\$1,721.93	\$1,618.54	N/A	\$1,618.54	\$1,482.73	N/A	\$1,482.73	\$1,482.73
EE+Ch - 1 Medicare	\$491.99	\$109.25	\$601.24	\$462.42	\$91.11	\$553.53	\$423.64	\$172.00	\$595.64	\$789.01
<b>Rx Premium</b>										
Single - 0 Medicare	\$238.24	N/A	\$238.24	\$238.24	N/A	\$238.24	\$252.19	N/A	\$252.19	\$252.19
Single - 1 Medicare	N/A	\$276.57	\$276.57	N/A	\$276.57	\$276.57	N/A	\$318.63	\$318.63	\$318.63
EE+Spouse - 0 Medicare	\$519.37	N/A	\$519.37	\$519.37	N/A	\$519.37	\$548.18	N/A	\$548.18	\$548.18
EE+Spouse - 1 Medicare	\$281.13	\$276.57	\$557.70	\$281.13	\$276.57	\$557.70	\$295.99	\$318.63	\$614.62	\$614.62
EE+Spouse - 2 Medicare	N/A	\$553.16	\$553.16	N/A	\$553.16	\$553.16	N/A	\$637.25	\$637.25	\$637.25
Family - 0 Medicare	\$590.85	N/A	\$590.85	\$590.85	N/A	\$590.85	\$623.69	N/A	\$623.69	\$623.69
Family - 1 Medicare	\$352.61	\$276.57	\$629.18	\$352.61	\$276.57	\$629.18	\$371.50	\$318.63	\$690.13	\$690.13
Family - 2 Medicare	\$114.35	\$553.16	\$667.51	\$114.35	\$553.16	\$667.51	\$119.32	\$637.25	\$756.57	\$756.57
EE+Ch - 0 Medicare	\$333.52	N/A	\$333.52	\$333.52	N/A	\$333.52	\$351.86	N/A	\$351.86	\$351.86
EE+Ch - 1 Medicare	\$95.28	\$276.57	\$371.85	\$95.28	\$276.57	\$371.85	\$99.67	\$318.63	\$418.30	\$418.30

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			
<b>Total Premium</b>							
Single - 0 Medicare	\$1,344.53	\$1,209.32	N/A	\$1,209.32	\$1,209.32	\$1,285.46	\$1,156.75
Single - 1 Medicare	\$522.22	N/A	\$420.90	\$420.90	\$639.12	\$508.94	\$623.86
EE+Spouse - 0 Medicare	\$2,931.07	\$2,636.29	N/A	\$2,636.29	\$2,636.29	\$2,802.29	\$2,521.76
EE+Spouse - 1 Medicare	\$2,108.76	\$1,426.97	\$420.90	\$1,847.87	\$2,066.09	\$2,025.77	\$1,988.87
EE+Spouse - 2 Medicare	\$1,044.40	N/A	\$841.81	\$841.81	\$1,278.19	\$1,017.88	\$1,247.75
Family - 0 Medicare	\$3,334.41	\$2,999.09	N/A	\$2,999.09	\$2,999.09	\$3,187.90	\$2,868.75
Family - 1 Medicare	\$2,512.10	\$1,789.77	\$420.90	\$2,210.67	\$2,428.89	\$2,411.38	\$2,335.86
Family - 2 Medicare	\$1,689.79	\$580.44	\$841.81	\$1,422.25	\$1,858.69	\$1,634.86	\$1,802.97
EE+Ch - 0 Medicare	\$1,882.32	\$1,693.00	N/A	\$1,693.00	\$1,693.00	\$1,799.62	\$1,619.46
EE+Ch - 1 Medicare	\$1,060.01	\$483.68	\$420.90	\$904.58	\$1,122.80	\$1,023.10	\$1,086.57
<b>Medical Premium</b>							
Single - 0 Medicare	\$1,110.25	\$965.79	N/A	\$965.79	\$965.79	\$1,048.99	\$910.96
Single - 1 Medicare	\$250.23	N/A	\$136.57	\$136.57	\$354.79	\$234.42	\$336.85
EE+Spouse - 0 Medicare	\$2,420.36	\$2,105.43	N/A	\$2,105.43	\$2,105.43	\$2,286.78	\$1,985.90
EE+Spouse - 1 Medicare	\$1,560.34	\$1,139.64	\$136.57	\$1,276.21	\$1,494.43	\$1,472.21	\$1,411.79
EE+Spouse - 2 Medicare	\$500.46	N/A	\$273.14	\$273.14	\$709.52	\$468.85	\$673.74
Family - 0 Medicare	\$2,753.43	\$2,395.17	N/A	\$2,395.17	\$2,395.17	\$2,601.49	\$2,259.18
Family - 1 Medicare	\$1,893.41	\$1,429.38	\$136.57	\$1,565.95	\$1,784.17	\$1,786.92	\$1,685.07
Family - 2 Medicare	\$1,033.39	\$463.59	\$273.14	\$736.73	\$1,173.17	\$972.35	\$1,110.96
EE+Ch - 0 Medicare	\$1,554.36	\$1,352.10	N/A	\$1,352.10	\$1,352.10	\$1,468.58	\$1,275.35
EE+Ch - 1 Medicare	\$694.34	\$386.31	\$136.57	\$522.88	\$741.10	\$654.01	\$701.24
<b>Rx Premium</b>							
Single - 0 Medicare	\$234.28	\$243.53	N/A	\$243.53	\$243.53	\$236.47	\$245.79
Single - 1 Medicare	\$271.99	N/A	\$284.33	\$284.33	\$284.33	\$274.52	\$287.01
EE+Spouse - 0 Medicare	\$510.71	\$530.86	N/A	\$530.86	\$530.86	\$515.51	\$535.86
EE+Spouse - 1 Medicare	\$548.42	\$287.33	\$284.33	\$571.66	\$571.66	\$553.56	\$577.08
EE+Spouse - 2 Medicare	\$543.94	N/A	\$568.67	\$568.67	\$568.67	\$549.03	\$574.01
Family - 0 Medicare	\$580.98	\$603.92	N/A	\$603.92	\$603.92	\$586.41	\$609.57
Family - 1 Medicare	\$618.69	\$360.39	\$284.33	\$644.72	\$644.72	\$624.46	\$650.79
Family - 2 Medicare	\$656.40	\$116.85	\$568.67	\$685.52	\$685.52	\$662.51	\$692.01
EE+Ch - 0 Medicare	\$327.96	\$340.90	N/A	\$340.90	\$340.90	\$331.04	\$344.11
EE+Ch - 1 Medicare	\$365.67	\$97.37	\$284.33	\$381.70	\$381.70	\$369.09	\$385.33

Exhibit 4C – Plan Year 2024 Monthly Retiree Premiums

Page 3 of 3

	<b>HD 4000</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>CWA/NJDIRECT</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0
<b>Total Premium</b>					
Single - 0 Medicare	\$737.91	N/A	\$1,081.38	\$1,075.56	\$1,283.12
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,608.56	N/A	\$2,357.41	\$2,344.72	\$2,797.19
EE+Spouse - 1 Medicare	\$870.65	N/A	\$1,276.03	\$1,269.16	\$1,514.07
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,829.93	N/A	\$2,681.84	\$2,667.41	\$3,182.12
Family - 1 Medicare	\$1,092.02	N/A	\$1,600.46	\$1,591.85	\$1,899.00
Family - 2 Medicare	\$354.11	N/A	\$519.08	\$516.29	\$615.88
EE+Ch - 0 Medicare	\$1,033.02	N/A	\$1,513.91	\$1,505.78	\$1,796.37
EE+Ch - 1 Medicare	\$295.11	N/A	\$432.53	\$430.22	\$513.25
<b>Medical Premium</b>					
Single - 0 Medicare	\$582.84	N/A	\$867.72	\$861.29	\$1,054.25
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,270.55	N/A	\$1,891.63	\$1,877.61	\$2,298.25
EE+Spouse - 1 Medicare	\$687.71	N/A	\$1,023.91	\$1,016.32	\$1,244.00
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,445.40	N/A	\$2,151.96	\$2,136.01	\$2,614.52
Family - 1 Medicare	\$862.56	N/A	\$1,284.24	\$1,274.72	\$1,560.27
Family - 2 Medicare	\$279.72	N/A	\$416.52	\$413.43	\$506.02
EE+Ch - 0 Medicare	\$815.94	N/A	\$1,214.81	\$1,205.82	\$1,475.95
EE+Ch - 1 Medicare	\$233.10	N/A	\$347.09	\$344.53	\$421.70
<b>Rx Premium</b>					
Single - 0 Medicare	\$155.07	N/A	\$213.66	\$214.27	\$228.87
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$338.01	N/A	\$465.78	\$467.11	\$498.94
EE+Spouse - 1 Medicare	\$182.94	N/A	\$252.12	\$252.84	\$270.07
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$384.53	N/A	\$529.88	\$531.40	\$567.60
Family - 1 Medicare	\$229.46	N/A	\$316.22	\$317.13	\$338.73
Family - 2 Medicare	\$74.39	N/A	\$102.56	\$102.86	\$109.86
EE+Ch - 0 Medicare	\$217.08	N/A	\$299.10	\$299.96	\$320.42
EE+Ch - 1 Medicare	\$62.01	N/A	\$85.44	\$85.69	\$91.55

\* 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

	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	
<b>Total Premium</b>										
Single - 0 Medicare	\$17,618	N/A	\$17,618	\$16,732	N/A	\$16,732	\$15,735	N/A	\$15,735	\$15,735
Single - 1 Medicare	N/A	\$4,630	\$4,630	N/A	\$4,412	\$4,412	N/A	\$5,888	\$5,888	\$8,208
EE+Spouse - 0 Medicare	\$38,408	N/A	\$38,408	\$36,476	N/A	\$36,476	\$34,284	N/A	\$34,284	\$34,284
EE+Spouse - 1 Medicare	\$20,790	\$4,630	\$25,419	\$19,744	\$4,412	\$24,156	\$18,549	\$5,888	\$24,436	\$26,757
EE+Spouse - 2 Medicare	N/A	\$9,260	\$9,260	N/A	\$8,825	\$8,825	N/A	\$11,775	\$11,775	\$16,416
Family - 0 Medicare	\$43,693	N/A	\$43,693	\$41,496	N/A	\$41,496	\$39,003	N/A	\$39,003	\$39,003
Family - 1 Medicare	\$26,075	\$4,630	\$30,705	\$24,764	\$4,412	\$29,176	\$23,267	\$5,888	\$29,155	\$31,475
Family - 2 Medicare	\$8,457	\$9,260	\$17,717	\$8,031	\$8,825	\$16,856	\$7,532	\$11,775	\$19,307	\$23,948
EE+Ch - 0 Medicare	\$24,665	N/A	\$24,665	\$23,425	N/A	\$23,425	\$22,015	N/A	\$22,015	\$22,015
EE+Ch - 1 Medicare	\$7,047	\$4,630	\$11,677	\$6,692	\$4,412	\$11,105	\$6,280	\$5,888	\$12,167	\$14,488
<b>Medical Premium</b>										
Single - 0 Medicare	\$14,759	N/A	\$14,759	\$13,873	N/A	\$13,873	\$12,709	N/A	\$12,709	\$12,709
Single - 1 Medicare	N/A	\$1,311	\$1,311	N/A	\$1,093	\$1,093	N/A	\$2,064	\$2,064	\$4,384
EE+Spouse - 0 Medicare	\$32,175	N/A	\$32,175	\$30,244	N/A	\$30,244	\$27,706	N/A	\$27,706	\$27,706
EE+Spouse - 1 Medicare	\$17,416	\$1,311	\$18,727	\$16,370	\$1,093	\$17,464	\$14,997	\$2,064	\$17,061	\$19,381
EE+Spouse - 2 Medicare	N/A	\$2,622	\$2,622	N/A	\$2,187	\$2,187	N/A	\$4,128	\$4,128	\$8,769
Family - 0 Medicare	\$36,603	N/A	\$36,603	\$34,406	N/A	\$34,406	\$31,518	N/A	\$31,518	\$31,518
Family - 1 Medicare	\$21,844	\$1,311	\$23,155	\$20,532	\$1,093	\$21,626	\$18,809	\$2,064	\$20,873	\$23,194
Family - 2 Medicare	\$7,085	\$2,622	\$9,707	\$6,659	\$2,187	\$8,846	\$6,100	\$4,128	\$10,228	\$14,869
EE+Ch - 0 Medicare	\$20,663	N/A	\$20,663	\$19,422	N/A	\$19,422	\$17,793	N/A	\$17,793	\$17,793
EE+Ch - 1 Medicare	\$5,904	\$1,311	\$7,215	\$5,549	\$1,093	\$6,642	\$5,084	\$2,064	\$7,148	\$9,468
<b>Rx Premium</b>										
Single - 0 Medicare	\$2,859	N/A	\$2,859	\$2,859	N/A	\$2,859	\$3,026	N/A	\$3,026	\$3,026
Single - 1 Medicare	N/A	\$3,319	\$3,319	N/A	\$3,319	\$3,319	N/A	\$3,824	\$3,824	\$3,824
EE+Spouse - 0 Medicare	\$6,232	N/A	\$6,232	\$6,232	N/A	\$6,232	\$6,578	N/A	\$6,578	\$6,578
EE+Spouse - 1 Medicare	\$3,374	\$3,319	\$6,692	\$3,374	\$3,319	\$6,692	\$3,552	\$3,824	\$7,375	\$7,375
EE+Spouse - 2 Medicare	N/A	\$6,638	\$6,638	N/A	\$6,638	\$6,638	N/A	\$7,647	\$7,647	\$7,647
Family - 0 Medicare	\$7,090	N/A	\$7,090	\$7,090	N/A	\$7,090	\$7,484	N/A	\$7,484	\$7,484
Family - 1 Medicare	\$4,231	\$3,319	\$7,550	\$4,231	\$3,319	\$7,550	\$4,458	\$3,824	\$8,282	\$8,282
Family - 2 Medicare	\$1,372	\$6,638	\$8,010	\$1,372	\$6,638	\$8,010	\$1,432	\$7,647	\$9,079	\$9,079
EE+Ch - 0 Medicare	\$4,002	N/A	\$4,002	\$4,002	N/A	\$4,002	\$4,222	N/A	\$4,222	\$4,222
EE+Ch - 1 Medicare	\$1,143	\$3,319	\$4,462	\$1,143	\$3,319	\$4,462	\$1,196	\$3,824	\$5,020	\$5,020

Exhibit 4D – Plan Year 2024 Annual Retiree Premiums

	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO			Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium			
<b>Total Premium</b>							
Single - 0 Medicare	\$16,134	\$14,512	N/A	\$14,512	\$14,512	\$15,426	\$13,881
Single - 1 Medicare	\$6,267	N/A	\$5,051	\$5,051	\$7,669	\$6,107	\$7,486
EE+Spouse - 0 Medicare	\$35,173	\$31,635	N/A	\$31,635	\$31,635	\$33,627	\$30,261
EE+Spouse - 1 Medicare	\$25,305	\$17,124	\$5,051	\$22,174	\$24,793	\$24,309	\$23,866
EE+Spouse - 2 Medicare	\$12,533	N/A	\$10,102	\$10,102	\$15,338	\$12,215	\$14,973
Family - 0 Medicare	\$40,013	\$35,989	N/A	\$35,989	\$35,989	\$38,255	\$34,425
Family - 1 Medicare	\$30,145	\$21,477	\$5,051	\$26,528	\$29,147	\$28,937	\$28,030
Family - 2 Medicare	\$20,277	\$6,965	\$10,102	\$17,067	\$22,304	\$19,618	\$21,636
EE+Ch - 0 Medicare	\$22,588	\$20,316	N/A	\$20,316	\$20,316	\$21,595	\$19,434
EE+Ch - 1 Medicare	\$12,720	\$5,804	\$5,051	\$10,855	\$13,474	\$12,277	\$13,039
<b>Medical Premium</b>							
Single - 0 Medicare	\$13,323	\$11,589	N/A	\$11,589	\$11,589	\$12,588	\$10,932
Single - 1 Medicare	\$3,003	N/A	\$1,639	\$1,639	\$4,257	\$2,813	\$4,042
EE+Spouse - 0 Medicare	\$29,044	\$25,265	N/A	\$25,265	\$25,265	\$27,441	\$23,831
EE+Spouse - 1 Medicare	\$18,724	\$13,676	\$1,639	\$15,315	\$17,933	\$17,667	\$16,941
EE+Spouse - 2 Medicare	\$6,006	N/A	\$3,278	\$3,278	\$8,514	\$5,626	\$8,085
Family - 0 Medicare	\$33,041	\$28,742	N/A	\$28,742	\$28,742	\$31,218	\$27,110
Family - 1 Medicare	\$22,721	\$17,153	\$1,639	\$18,791	\$21,410	\$21,443	\$20,221
Family - 2 Medicare	\$12,401	\$5,563	\$3,278	\$8,841	\$14,078	\$11,668	\$13,332
EE+Ch - 0 Medicare	\$18,652	\$16,225	N/A	\$16,225	\$16,225	\$17,623	\$15,304
EE+Ch - 1 Medicare	\$8,332	\$4,636	\$1,639	\$6,275	\$8,893	\$7,848	\$8,415
<b>Rx Premium</b>							
Single - 0 Medicare	\$2,811	\$2,922	N/A	\$2,922	\$2,922	\$2,838	\$2,949
Single - 1 Medicare	\$3,264	N/A	\$3,412	\$3,412	\$3,412	\$3,294	\$3,444
EE+Spouse - 0 Medicare	\$6,129	\$6,370	N/A	\$6,370	\$6,370	\$6,186	\$6,430
EE+Spouse - 1 Medicare	\$6,581	\$3,448	\$3,412	\$6,860	\$6,860	\$6,643	\$6,925
EE+Spouse - 2 Medicare	\$6,527	N/A	\$6,824	\$6,824	\$6,824	\$6,588	\$6,888
Family - 0 Medicare	\$6,972	\$7,247	N/A	\$7,247	\$7,247	\$7,037	\$7,315
Family - 1 Medicare	\$7,424	\$4,325	\$3,412	\$7,737	\$7,737	\$7,494	\$7,809
Family - 2 Medicare	\$7,877	\$1,402	\$6,824	\$8,226	\$8,226	\$7,950	\$8,304
EE+Ch - 0 Medicare	\$3,936	\$4,091	N/A	\$4,091	\$4,091	\$3,972	\$4,129
EE+Ch - 1 Medicare	\$4,388	\$1,168	\$3,412	\$4,580	\$4,580	\$4,429	\$4,624

Exhibit 4D – Plan Year 2024 Annual Retiree Premiums

Page 3 of 3

	<b>HD 4000</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>CWA/NJDIRECT</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0
<b><u>Total Premium</u></b>					
Single - 0 Medicare	\$8,855	N/A	\$12,977	\$12,907	\$15,397
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$19,303	N/A	\$28,289	\$28,137	\$33,566
EE+Spouse - 1 Medicare	\$10,448	N/A	\$15,312	\$15,230	\$18,169
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$21,959	N/A	\$32,182	\$32,009	\$38,185
Family - 1 Medicare	\$13,104	N/A	\$19,206	\$19,102	\$22,788
Family - 2 Medicare	\$4,249	N/A	\$6,229	\$6,195	\$7,391
EE+Ch - 0 Medicare	\$12,396	N/A	\$18,167	\$18,069	\$21,556
EE+Ch - 1 Medicare	\$3,541	N/A	\$5,190	\$5,163	\$6,159
<b><u>Medical Premium</u></b>					
Single - 0 Medicare	\$6,994	N/A	\$10,413	\$10,335	\$12,651
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$15,247	N/A	\$22,700	\$22,531	\$27,579
EE+Spouse - 1 Medicare	\$8,253	N/A	\$12,287	\$12,196	\$14,928
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$17,345	N/A	\$25,824	\$25,632	\$31,374
Family - 1 Medicare	\$10,351	N/A	\$15,411	\$15,297	\$18,723
Family - 2 Medicare	\$3,357	N/A	\$4,998	\$4,961	\$6,072
EE+Ch - 0 Medicare	\$9,791	N/A	\$14,578	\$14,470	\$17,711
EE+Ch - 1 Medicare	\$2,797	N/A	\$4,165	\$4,134	\$5,060
<b><u>Rx Premium</u></b>					
Single - 0 Medicare	\$1,861	N/A	\$2,564	\$2,571	\$2,746
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$4,056	N/A	\$5,589	\$5,605	\$5,987
EE+Spouse - 1 Medicare	\$2,195	N/A	\$3,025	\$3,034	\$3,241
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$4,614	N/A	\$6,359	\$6,377	\$6,811
Family - 1 Medicare	\$2,754	N/A	\$3,795	\$3,806	\$4,065
Family - 2 Medicare	\$893	N/A	\$1,231	\$1,234	\$1,318
EE+Ch - 0 Medicare	\$2,605	N/A	\$3,589	\$3,600	\$3,845
EE+Ch - 1 Medicare	\$744	N/A	\$1,025	\$1,028	\$1,099

\* 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

State Actives												
	CWA Unity PPO Plan	CWA Unity 2019 PPO Plan <sup>2</sup>	NJDIRECT PPO Plan	NJDIRECT 2019 PPO Plan <sup>2</sup>	\$15 PPO	\$15 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>												
Deductible (Single/Family) <sup>1</sup>	None	\$100	None	\$100	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	\$800/\$2,000	\$800/\$2,000	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$7,560/\$15,120	\$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% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	20%	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$30 copay <sup>4</sup>	\$30 copay <sup>4</sup>	\$30 copay <sup>4</sup>	\$30 copay <sup>4</sup>	\$15 copay	\$30 copay <sup>4</sup>	\$25 copay	\$30 copay / \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$20 copay <sup>4</sup> Tier 2: \$35 copay <sup>4</sup>
Urgent Care	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$15 copay	\$45 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$35 copay <sup>4</sup> Tier 2: \$50 copay <sup>4</sup>
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$100 copay	\$100 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>												
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$400/\$1000	\$400/\$1000	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$500/Stay	\$500/Stay	None	Not covered	None	None	None	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Not Covered	Not Covered	Not covered
<b>Prescription Drug</b>												
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	\$1,890/\$3,780	\$1,890/\$3,780
Retail - Generic	\$7	\$7	\$7	\$7	\$3	\$3	\$7	\$3	\$7	\$7	\$7	\$7
Retail - Brand	\$16	\$16	\$16	\$16	\$10	\$10	\$16	\$16	\$18	\$21	\$21	\$16
Retail - Brand w/ Generic Available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mail - Brand	\$40	\$40	\$40	\$40	\$15	\$15	\$40	\$40	\$36	\$52	\$52	\$40
Mail - Brand w/ Generic Available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference

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

<sup>2</sup> Actives that are hired on or after 7/1/2019 are automatically enrolled in the CWA Unity 2019 Plan or NJ DIRECT 2019 Plan based on the Group they belong to.

<sup>3</sup> On Select Services

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

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

	State Early Retirees											
	CWA Unity Early Retiree PPO Plan	NJDIRECT PPO Early Retiree Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>												
Deductible (Single/Family) <sup>1</sup>	\$0	\$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	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$8,099/\$16,198	\$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% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>												
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	Not covered
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	20%	30%	Not Covered	30%	Not Covered	30%	Not Covered	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$200/Stay	\$200/Stay	Not Covered	\$200/Stay	Not Covered	\$500/Stay	Not Covered	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not Covered	Not Covered	Not covered
<b>Prescription Drug</b>												
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$1,351/\$2,702
Retail - Generic	\$7	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3			\$7
Retail - Preferred Brand	\$16	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18			\$16
Retail - Non-Preferred Brand	\$35	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference
Mail - Generic	\$18	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36			\$40
Mail - Non-Preferred Brand	\$88	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference

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

<sup>2</sup> On Select Services

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



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

	State Medicare Advantage <sup>2</sup>				State Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
<b>In-Network</b>									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$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% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Out-of-Network</b>									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
<b>Prescription Drug<sup>4</sup></b>									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic <sup>3</sup>	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand <sup>3</sup>	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand <sup>3</sup>	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

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

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

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

<sup>5</sup> On Select Services

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

# About Aon

Aon plc (NYSE: AON) is a leading global professional services firm providing a broad range of risk, retirement and health solutions. Our 50,000 colleagues in 120 countries empower results for clients by using proprietary data and analytics to deliver insights that reduce volatility and improve performance.

Copyright 2023 Aon plc.