



State of New Jersey

State Health Benefits Program

Plan Year 2021 Rate Setting Recommendation Analysis

Local Government Employee Group

September 15, 2020

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Executive Summary

The purpose of this Analysis is to recommend premium levels for the Local Government Employer Group of the State Health Benefits Program (SHBP) for January 1, 2021 through December 31, 2021.

Recommended premium rate changes are based on a review of the experience of the Medical and Prescription Drug benefits offered to Active Employees and Retirees by the SHBP. The updated projections for Plan Year 2021 are based on medical and prescription drug claims incurred January 1, 2019 through December 31, 2019 and paid through March 31, 2020. The following summarizes the major highlights in this Renewal Analysis:

- The total recommended Plan Year 2021 premium rate change for the combined Local Government Actives, Early Retirees, and Medicare Retirees is an increase of 2.8%. This reflects the following:
 - The recommended rate change for Local Government Actives is a 2.2% increase for medical and a 0.9% decrease for the prescription drug premium rates, for a total increase of 1.8%.
 - The recommended rate change for Local Government Early Retirees is a 9.2% increase for medical and a 24.2% increase for the prescription drug premium rates, for a total increase of 11.6%. These rate increases represent a planned drawdown of the Claim Stabilization Reserve during Plan Year 2021.
 - The Medicare Retiree medical increase for Plan Year 2021 is 9.2%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change in Plan Year 2020 is a 7.0% increase. These rate increases represent a planned drawdown of the Claim Stabilization Reserve during Plan Year 2021.

Recommended Premium Renewal Changes

The recommended Plan Year 2021 premium rate changes are as follows: a 1.8% increase for Active Employees, an 11.6% increase for Early Retirees and an 8.0% increase for Medicare Retirees. The Retiree Medicare Medical Plan includes both fully insured Medicare Advantage plans administered by Aetna and self-insured Medicare plan options administered by Horizon. The Medicare Retirees medical increases for Plan Year 2021 includes both self-insured medical premiums and fully insured Medicare Advantage premiums. For all groups combined, the recommended change is an increase of 2.8%.

The recommended renewal changes for Plan Year 2021 by benefit plan are listed below.

	Medical	Rx	Total
Actives			
PPO	2.2%	(0.9%)	1.8%
HMO	2.2%	(0.9%)	1.8%
NJ DIRECT PPO	2.2%	(0.9%)	1.8%
Total	2.2%	(0.9%)	1.8%
Early Retirees			
PPO	9.2%	24.2%	11.5%
HMO	9.2%	24.2%	11.8%
NJ DIRECT PPO	9.2%	23.8%	11.8%
Total	9.2%	24.2%	11.6%
Medicare Retirees			
Total	9.2%	7.0%	8.0%
Grand Total	2.8%	2.7%	2.8%

The table below shows the projected total Claim Stabilization Reserve at the end of Plan Years 2019 through 2021 for Local Government. The projected reserve as of December 31, 2019 is based on the reserve balance as of June 30, 2019 provided by the State. The projected reserves as of December 31, 2020 and 2021 are based on the estimated reserve balance as of May 31, 2020 provided by the State.

SHBP Projected Claim Stabilization Reserve

(in \$ millions)

	Active	Retiree	Total
12/31/2019	\$326	\$224	\$551
12/31/2020	\$307	\$90	\$397
12/31/2021	\$307	\$0	\$307
Months of Plan Cost as of 12/31/2021	3.3	0.0	2.2

COVID-19

The estimated Plan Year 2020 Active and Early Retiree projections, which include impacts for the cost of COVID-19 as well as the impact of claim deferrals and offsets, are based on Aon's Proprietary Employee Impact Model using census data as of April 2020. The projected costs reflect assumptions based on the model's "Distancing (Moderately Controlled)" mitigation scenario. For Plan Year 2020, it is estimated the cost of COVID-19 will be approximately \$53.0M for Local Government Actives and \$18.0M for Local Government Early Retirees. Additionally, it is estimated that deferred claims offsets will reduce Plan Year 2020 State Active and Early Retiree Medical claims \$41.6M and \$14.3M respectively. No impact has been included for the Self-Insured or Fully Insured Medicare populations.

Aon's current guidance is to not adjust Plan Year 2021 expected costs for COVID-19 because only limited data is available; this could change as new information becomes available. Plan Year 2021 estimates are limited by unknown factors, including:

- Cost of regular testing for COVID-19 and multiple infection peaks
- Cost of new drugs or vaccines that are developed and requirements for employers to cover those costs, at any price
- Unforeseen impact of provider economic distress & healthcare system capacity limits
- Potential higher ongoing costs of patients who recovered from COVID-19 illness
- Increased severity of claims as a result of delayed treatment
- Spillover of delayed non-essential care from 2020 into 2021
- Impact of federal assistance
- Potential to create anti-selection among employee population (i.e. COBRA, covered dependents, opt-in rates)

Plan Year 2021 estimated costs do not include any adjustment for the impact of 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 that 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 2021 Overview

Self-Insured Medical Bid Solicitation: Effective January 1, 2020, all self-insured medical plans will be administered solely by Horizon. The Self-Insured Medical Bid Solicitation was released on May 10, 2019 and the Notice of Intent to award to Horizon was sent on August 5, 2019. Effective January 1, 2020, Horizon will be implementing Horizon Health Guides, an enhanced Navigation and Advocacy Model. Different than past years, the model has enhanced customer service programs tied to Clinical Management, Medical Management, Disease Management and improvement of population health. The Self-Insured Medical Bid Solicitation is estimated to reduce Plan Year 2020 and 2021 Active and Early Retiree medical claims by 3.2% and 3.5%, respectively.

In addition to the implementation of Horizon Health Guide, as part of the Self-Insured Medical Bid Solicitation, Horizon negotiated additional discounts off in-network reimbursements which is expected to reduce Projected Plan Year 2020 Active and Early Retiree medical claims by 1.5% and 1.2%, respectively.

PBM Bid Solicitation: Effective January 1, 2020, prescription drug benefits for Actives and Retirees will continue to be administered by Optum as a result of a 2019 Reverse Auction Bid Solicitation administered by Truveris, Inc. The PBM Bid Solicitation was released through a reverse auction platform powered by Truveris on April 22, 2019. The Notice of Award to Optum was released on July 22, 2019. Based on data provided by Truveris, the PBM Bid Solicitation is expected to reduce Plan Year 2020 prescription drug claims by 0.8% for Local Government Actives and Early Retirees, and 2.2% for Medicare Retirees.

Dependent Eligibility Verification Audit (DEVA): The State conducted a Dependent Eligibility Verification Audit beginning October 1, 2018 through June 30, 2019 which verified eligible dependents and removed ineligible dependents from the SHBP. Based on data provided by the Division, over 3,700 Local Government dependent members were identified as being removed from the program and not re-instated. The estimated savings were determined using actual 2018 dependent claims experience provided by Horizon, Aetna, and Optum as well as expected Plan Year 2020 plan costs. Expected Plan Year 2020 savings are included in the projected medical and prescription drug costs.

Local Government NJDIRECT PPO: As contracts are ratified, Local Government Active employees are eligible to enroll in the NJDIRECT PPO Plan. Other Local Government Active employees who are hired after contracts have been ratified are eligible to enroll in the NJDIRECT PPO New Hire Plan which includes an in-network deductible. Other eligible Local Government Early Retirees who attain 25 years of service credit and retire on or after the date which contracts are ratified are assumed to be enrolled in the NJDIRECT PPO Early Retiree plan option with no in-network deductible.

New Local Government Early Retiree Plan Options: Effective June 26, 2019, the State Health Benefits Plan Design Committee approved PDC Resolution 2019-6 which required SHBP Early Retirees to be offered the same plan options as Actives (Tiered Network, NJDIRECT PPO, HD1500 (excluding employer HSA funding), 2035 PPO). An Early Retiree is defined as a person who is not yet eligible for Medicare, without regard to the date on which the Early Retiree accrued 25 years of non-consecutive or consecutive service credit or otherwise qualified for retiree health benefits and without regard to the date on which the early retiree retired. This resolution was intended to take effect as soon as practicable but no later than October 1, 2019.

First Responders Primary Care Medical Home Pilot: Effective January 1, 2020, a First Responders Primary Care Medical Home Pilot Program is to be established. This pilot program shall provide comprehensive primary care services, including pharmacy, preventive care, and other services. Eligible members will have no deductibles, copays or coinsurance for any medical care received by the First Responders Pilot Program. This is not expected to impact the Plan Year 2020 estimated plan costs.

Out-of-Network Routine Lab Change: Effective January 1, 2019, both Labcorp and Quest are included as in-network providers of laboratory services for Aetna and Horizon. Additionally, Horizon has been able to lower reimbursements for out-of-network laboratory services. Lastly, effective July 1, 2019, use of an out-

of-network lab for routine services will result in a denied claim and members will be required to utilize an in-network facility. Actual savings resulting from lower claim experience in Plan Year 2019 is reflected in Plan Year 2020 projected costs. These changes are estimated to reduce Plan Year 2020 Active and Early Retiree medical claims by 0.4% and 0.8%, respectively.

Implementation of Fair Health National Database Reimbursement Methodology: Effective March 1, 2020, Out-of-Network medical claims for plans that reimburse based on FAIR Health database will be reimbursed based on the National Database of associated charges, rather than based on charges grouped by three-digit zip code. This reimbursement methodology is estimated to reduce projected Local Government Active and Early Retiree PPO (excluding NJDIRECT) medical claims by 2.8% and 2.6%, respectively.

Implementation of Livongo: 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 sending targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. Livongo is also implementing the Livongo “Whole Person”, which provides a broader set of services including Livongo for Diabetes, Livongo for Hypertension, Livongo for Weight Management and Livongo for Behavioral Health. The implementation of this program is estimated to reduce projected Plan Year 2021 Active and Early Retiree medical claims by 0.9% and 2.3% and reduce Active and Early Retiree prescription drug claims by 0.8% and 1.6%, respectively. This program does not impact Medicare Retirees.

New 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. The implementation of this program is estimated to reduce projected Plan Year 2020 and 2021 Early retiree medical claims by 1.1% and 1.7%, respectively.

HMS Data Warehouse

in accordance with Public Law 2019, Chapter 143, the State recently conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and Data Warehouse 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. The implementation of this program is estimated to reduce projected Plan Year 2021 Active, Early, and Medicare Retiree medical claims by 0.2%, 0.2% and 0.5%, and reduce Active, Early, and Medicare Retiree prescription drug claims by 0.3%, 0.2% and 0.1%, respectively.

Resolution 2019-10: The SHBP PDC passed a prescription drug resolution for mail generic copays on September 6, 2019. As a result of this resolution, Optum provided savings estimates of Mail Service Member Select Program effective in Plan Year 2020 for the Local Government Active population. This program is estimated to reduce projected Local Government Active Plan Year 2020 prescription drug claims by 2.1%.

Resolution 2019-12: Effective October 30, 2019, Prescription drug plans provided to State and Local participants in the plan will include generic substitution requirement for all FDA authorized drugs generic drugs where the member will pay the difference in cost between the brand and the generic medication if they choose to take brand instead of the generic. This resolution is not expected to impact Plan Year 2020 and 2021 projected prescription drug claims.

Resolution 2019-13: Effective October 30, 2019, the EGWP Specialty fill and copay structure was revised to a 30-day program and includes a copay adjustment. No savings have been estimated for this

resolution. This resolution is not expected to impact Plan Year 2020 and 2021 projected prescription drug claims.

Medicare Advantage Non-Diabetic Orthotic Coverage: Effective January 1, 2020, all Medicare Advantage plans administered through Aetna have expanded coverage for orthopedic shoes for members without requiring a qualifying condition such as diabetes.

Other Changes: The SHBP Plan Design Committee approved several plan changes for Plan Year 2017 that were reaffirmed for Plan Year 2018, 2019 and 2020 and are expected to be reaffirmed for 2021. These changes include an out-of-network reimbursement change for physical therapy services, chiropractic, and acupuncture in the PPO plans, mandatory generic for prescription drugs, and a prescription drug copay change.

The SHBP Plan Design Committee approved the continuation of the alternative prescription drug formulary for Plan Year 2019 and 2020 that was in place for Plan Year 2018. The alternative prescription drug formulary is expected to continue for Plan Year 2021.

Employee/Retiree Contribution Changes

Actives: It is anticipated that the Chapter 78 contributions will motivate a small number of employees to migrate to the lower-cost benefit plans in Plan Year 2021 as noted in this analysis.

Retirees: Chapter 78 does not apply to existing Retirees as of 7/1/2011 or to Employees who had 20 or more years of service on 7/1/2011. For this reason, no changes to Retiree contributions are assumed for Plan Year 2020, and the majority of Retirees will continue to have no contributions towards the cost of their Retiree health benefits.

NJDIRECT PPO Enrollment

For Plan Year 2020, it is assumed that the Local Government Active and Early Retiree NJDIRECT PPO plan enrollment will be equal to actual enrollment through April 2020, as provided by the State.

For Plan Year 2021, it is assumed that 2.0% of all Local Government Active employees will migrate to the NJDIRECT PPO plan with no in-network deductible. Additionally, it is assumed that 2.0% of the Plan Year 2021 Local Government Active population are New Hires who enroll in the NJDIRECT PPO with an in-network deductible.

New Retiree Plan Enrollment

For Plan Years 2020 and 2021, it is assumed that 0.25% of the Early Retiree population will migrate from the NJDIRECT10 PPO plan option into each of the Tiered Network, HD1500, and 2035 PPO plan options and 0.5% is assumed to migrate into the NJDIRECT PPO Plan option.

Tiered Network 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. It is assumed that 0.5% of NJDIRECT10 and NJDIRECT15 participants migrate to the Tiered Network plan.

Tiered Network Premium Increases: There is low enrollment in the Tiered Network Plans. The Tiered Network plan premium increases will not reflect actual experience in these plans. Therefore, the Plan Year 2021 premium rate increases will continue to be based on the NJ DIRECT15 premium rates, adjusted for relative differences in plan value.

Federal Health Care Reform

ACA 9010: Section 9010 of the ACA imposed a Health Insurer Fee (HIF) on each covered entity engaged in the business of providing health insurance for United States health risks. The HIF will help fund the federal subsidies given to lower-income families that may not have coverage. On January 22, 2018, Congress passed a spending bill which placed a moratorium on this tax in Plan Year 2019. As of December 20, 2019, the HIF is in place for Plan Year 2020, however has been repealed beginning Plan Year 2021.

Further Consolidated Appropriations Act, 2020: On December 20, 2019, the President signed an omnibus bill that included a repeal of the excise tax on high-cost employer-sponsored health coverage, the medical device excise tax, and the health insurance providers fee (also known as the health insurance tax). Although the excise tax has been twice delayed, it was scheduled to go into effect in 2022. The medical device excise tax was scheduled to expire on December 31, 2019. The health insurance providers fee had a moratorium placed on it during 2019, will go back into effect in 2020, and will be eliminated permanently beginning in 2021.

In-Network Out-of-Pocket Maximum: Effective 1/1/2021, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$8,550 single / \$17,100 family. This benefit change will not have a significant impact on projected costs. The chart below summarizes a history of these out-of-pocket maximums:

Plan Year	Out-of-Pocket Maximum (Single/Family)
2019	\$7,900 / \$15,800
2020	\$8,150 / \$16,300
2021	\$8,550 / \$17,100

Public Health Insurance Exchanges: The public health insurance exchanges that are mandated by Federal Healthcare Reform, which began in 2014, are assumed to have minimal impact on enrollment or cost levels within the SHBP.

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

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

New Jersey State Mandates

NJ Fertility Preservation Services: Effective April 12, 2020, coverage for standard fertility preservation services must be provided when a medically necessary treatment may directly or indirectly cause iatrogenic infertility, meaning impairment of fertility through surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

NJ Preventive Services Mandate: Effective April 15, 2020, the SHBC and SEHBC must provide coverage without any cost sharing for the following preventive services: evidence-based items or services that have a rating of an "A" or "B" in the current recommendations of the United States Preventive Services Task Force, immunizations that have in effect a recommendation for the Advisor Committee on Immunization Practices of the Centers of Disease Control and Prevention, evidence-informed preventive care for infants, children and adolescents outlined in the comprehensive guidelines supported by the Health

Resources and Services Administration, and additional preventive care and screenings for women outline in the comprehensive guidelines supported by the Health Resources and Services Administration.

NJ Contraceptive Mandate 2020: Effective April 15, 2020, the previous Contraceptive Mandate is expanded to cover any contraceptive drug, device or product approved by the United States Federal Drug Administration (FDA), any over-the-counter contraceptive drug with FDA approval without a prescription, and voluntary male and female sterilization at no cost share.

NJ Breastfeeding Support 2020: Effective July 15, 2020, the SHBC and SEHBC are required to cover at no cost share breastfeeding equipment, such as a breast pump, and comprehensive lactation consultations and counseling.

These New Jersey State mandates are not expected to materially impact the SHBP plan costs.

Vendor Changes

Medical Vendors: Horizon will continue to be the sole administrator for all Active, Early Retiree, and Medicare Retiree self-insured medical plan options. Aon assumes that Aetna will continue to administer the fully-insured Medicare Advantage plan options for Plan Year 2021.

Pharmacy Benefit Manager: Optum will continue to administer the prescription drug benefits for Actives and Retirees in Plan Year 2021.

Eligibility Changes

Chapter 375 Coverage of Adult Children

New Jersey currently mandates the coverage of adult children under age 31 at a premium level that is equivalent to the child rate included in the standard premium tables, loaded 2% for additional expenses. The Adult child rate will be approximately 81% of the Single Employee rate. Adult dependent enrollment is 86 participants as of April 2020.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2018 through 2020 and includes a projection of enrollment from 2020 to 2021. This projection assumes that Local Government Actives will increase 1.5% in Plan Year 2021; Early Retiree enrollment is projected to increase 3.5% in Plan Year 2021; and Medicare Retiree enrollment is projected to increase 5.0% in Plan Year 2021. Exhibit 1B shows the projected distribution of enrollment among benefit options in Plan Year 2021. Exhibit 1C shows enrollment by benefit option and coverage tier as of April 2020.

Active Demographic Changes

The Active Employee average age decreased by 0.2 from Plan Year 2019 to Plan Year 2020. The average HMO Employee age is approximately 2.0 years older than the average PPO employee. The average age of Employees enrolling in the new benefit options is approximately 2 years younger than the Employees in the Legacy PPO Plan. Employees enrolled in the NJDIRECT plan option is about 1 year younger than employees enrolled in the Legacy PPO plan.

Average Employee Age

	April 2019	April 2020	Change
Legacy PPO	46.6	46.5	(0.1)
Legacy HMO	48.7	48.5	(0.2)
Horizon New Plans	45.6	44.4	(1.2)
NJDIRECT	n/a	45.6	n/a
Total	46.5	46.3	(0.2)

Trend Analysis

The recommended claim trend assumptions for Plan Years 2020 and 2021 are:

	Plan Year 2020*		Plan Year 2021*	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	6.00%	5.00%	6.00%	5.00%
PPO Early Retirees	5.00%	5.50%	5.00%	5.50%
Self-Insured Medicare Retirees	5.00%	5.50%	5.00%	5.50%
HMO Actives	5.50%	5.00%	5.00%	5.00%
HMO Early Retirees	5.50%	5.50%	5.00%	5.50%

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

The Medicare Retiree trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2021 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 2021 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2018 to December 31, 2019 and have been normalized for estimated benefit and vendor changes.

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 2021	Vendor Recommendation		National AON Trend Guidance
	Horizon	Optum	
PPO Actives	7.0%	N/A	5.5%
PPO Early Retirees	7.0%	N/A	5.0%
HMO	6.0%	N/A	5.5%
Rx Actives	N/A	5.2%	6.5%
Rx Early Retirees	N/A	6.5%	6.5%

*Gross trend shown before impact of plan design changes

Medical Trends:

- PPO Actives: The PPO Active medical trend of 6.0% in Plan Year 2020 has increased from the 5.0% medical trend in the Plan Year 2020 Renewal Analysis. The PPO Active medical trend is 6.0% for Plan Year 2021.
- PPO Early Retirees: The Plan Year 2020 Early Retiree PPO medical trend is 5.0%, no change from the Plan year 2020 Renewal Analysis. The Plan Year 2021 medical trend is 5.0%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 5.0% in Plan Years 2020 and 2021, unchanged from the Plan Year 2020 Medicare Retiree medical trend in the Plan Year 2020 Renewal Analysis

- HMO Actives and Early Retirees: The Plan Year 2020 HMO Actives and Early Retirees medical trend is 5.5%, no change from the Plan Year 2020 Renewal Analysis. The Plan Year 2021 HMO Active and Early Retiree medical trend assumption is 5.0%.

Prescription Drug Trends: Prescription drug claim experience has been favorable due to SHBP plan design changes and recent favorable market industry trend reductions.

The Plan Year 2020 prescription drug trend has been lowered to 5.0% for Actives and 5.5% for Early and Self-Insured Medicare Retirees from 7.0% that was used in the Plan Year 2020 Renewal Analysis. The recommended prescription drug trend for Plan Year 2021 is 5.0% for Actives and 5.5% for Early and Self-Insured Medicare Retirees.

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

Medicare Advantage: Effective January 1, 2020, all Medicare Advantage plans administered through Aetna will expand coverage for orthopedic shoes for members without requiring a qualifying condition such as Diabetes. This resulted in an increase in the per member per month Aetna Medicare Advantage premium rates from those shown in the Plan Year 2020 Renewal Analysis. The Medicare Advantage rates in Plan Years 2020 and 2021 were provided by Aetna. Below is a table summarizing the fully insured Medicare Advantage per member per month rates for Plan Years 2020 and 2021.

Aetna Monthly Per Member Medicare Advantage Premium Rates

Local Government	Aetna Medicare Advantage Rates		
	2020	2021	\$ Change
PPO 10	\$ 161.24	\$ 161.39	\$ 0.15
PPO 15	\$ 143.89	\$ 144.04	\$ 0.15
HMO 10	\$ 183.49	\$ 183.64	\$ 0.15
HMO 1525	\$ 149.09	\$ 149.24	\$ 0.15

Financial Projections

Aggregate Financial Projections

Using the assumptions and methodology described in this Renewal Rate Development section of this analysis, below are the current estimated projected costs for Plan Years 2019, 2020 and 2021.

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

	PPO 10	PPO 15	Legacy HMOs	New Plans*	Total
Plan Year 2019					
Premium Rates x Enrollment	\$924.6	\$255.4	\$102.4	\$140.4	\$1,422.8
Incurred Claims	\$961.0	\$256.8	\$105.4	\$136.0	\$1,459.2
Administrative Charges	\$10.4	\$3.1	\$1.8	\$2.9	\$18.2
Net Gain (Loss)	(\$46.8)	(\$4.5)	(\$4.8)	\$1.5	(\$54.6)
Plan Year 2020					
Premium Rates x Enrollment	\$984.7	\$265.9	\$67.9	\$166.8	\$1,485.3
Incurred Claims	\$1,071.3	\$281.5	\$71.1	\$177.3	\$1,601.2
Administrative Charges	\$14.1	\$4.2	\$1.6	\$3.8	\$23.7
Net Gain (Loss)	(\$100.7)	(\$19.8)	(\$4.8)	(\$14.3)	(\$139.6)
Plan Year 2021					
Premium Rates x Enrollment	\$1,000.8	\$272.1	\$70.5	\$230.7	\$1,574.1
Incurred Claims	\$1,041.7	\$279.9	\$71.2	\$236.2	\$1,629.0
Administrative Charges	\$20.9	\$6.0	\$2.2	\$6.5	\$35.6
Net Gain (Loss)	(\$61.8)	(\$13.8)	(\$2.9)	(\$12.0)	(\$90.5)

* The New Plans column includes the NJDIRECT PPO plan effective July 1, 2019 and the new Early Retiree plan options effective January 1, 2020.

The current Plan Year 2019 financial results project a \$15 million increase in the loss as compared to the Plan Year 2020 Renewal Analysis. This resulting loss is primarily due to worse than expected medical claim experience.

The current Plan Year 2020 results project a \$19 million increase in the loss as compared to the Plan Year 2020 Renewal Analysis. This projected loss from last year's renewal analysis is due to worse than expected medical claims experience.

The Plan Year 2021 renewal is projected to produce approximately no gain or loss for Local Government Actives and a \$90.5 million loss for Retirees. This loss is expected to reduce the Retiree Claim Stabilization Reserve. The Plan Year 2021 aggregate projected cost is approximately \$1.6 billion: \$1.1 billion for Actives and \$0.5 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 2019

The total projected cost increased by 0.4% from the Plan Year 2020 Renewal Analyses. For actives, the total projected cost increased 1.4% from the Plan Year 2020 Renewal Analysis, primarily a result of additional Plan Year 2019 claims runout through March 2020.

- There is a 2.4% increase in total active cost due to updated Plan Year 2019 medical claims experience.
 - Local Government Plan Year 2019 PPO medical trends were assumed to be 4.5% in the Plan Year 2020 Renewal. Actual Local Government Active Plan Year 2019 PPO claims trend was 8.9%, driven by:
 - 9.0% trend for medical pharmacy
 - 13.0% trend for same day surgeries
 - 21.0% trend for rehabilitation services
 - 10.3% trend for outpatient facility services
- There is a 0.8% decrease in total cost due to updated prescription drug claims experience.
 - Local Government Active Plan Year 2019 prescription drug trends were assumed to be 7.0% in the Plan Year 2020 Renewal Analysis. Actual Local Government Active Plan Year 2019 prescription drug trend was 0.4%, driven by:
 - 1.1% increase in the SHBP Active Generic Dispensing Rate
 - 3.8% reduction in SHBP Active Multiple Sclerosis drug spend PMPM
 - 9.4% reduction in prescription drugs PMPM for miscellaneous skin conditions
 - There were increases in drug trends due to Chronic Inflammatory Diseases (18.2%) and Diabetes (7.0%), based on Calendar Year 2019 reporting by Optum
- Based on updated information from Optum, increases in active prescription drug rebates are projected to decrease projected active costs by approximately 0.2%.

Retirees are projected to have a 1.7% decrease in total cost from the Plan Year 2020 Renewal Analysis.

- There is a 0.1% decrease in total cost due to updated Plan Year 2019 medical claims experience
 - The Plan Year 2020 Renewal Analysis assumed a 5.0% Plan Year 2019 PPO medical trend. Actual Local Government Active Plan Year 2019 PPO claims trend was 3.7%, driven by:
 - -2.1% trend for inpatient facility services
 - 3.0% trend for medical pharmacy
 - 6.0% trend for rehabilitation services
- There was a 0.5% increase in total cost due updated Plan Year 2019 Rx claims experience
 - Early Retiree Plan Year 2019 prescription drug trends were assumed to be 7.0% in the Plan Year 2020 Renewal. Actual Plan Year 2019 Early Retiree prescription drug trend was 8.8%, driven by:
 - 21.7% trend in Chronic Inflammatory drug spend
 - 21.3% trend in oncology drug spend
 - There was an increase in overall SHBP Early Retiree Generic Dispensing Rate of 0.8%

- Medicare Retiree Plan Year 2019 prescription drug trends were assumed to be 7.0% in the Plan Year 2020 Renewal. Actual Plan Year 2019 Medicare prescription drug trends were 5.8%, driven by:
 - 18.5% trend in Chronic Inflammatory drug spend
 - There was an increase in overall SHBP Medicare Retiree Generic Dispensing Rate of 0.5%
- Based on updated information from Optum, increases in retiree prescription drug rebates and EGWP credits are projected to decrease projected retiree costs by approximately 2.1%.

Plan Year 2020

For Plan Year 2020, there was an increase in the projected loss for Active Employees from the results shown in Plan Year 2020 Renewal Analysis due to a 3.7% increase in total active plan costs. This increase in total plan cost is primarily a result of the following:

- There is a 3.8% increase in total active cost due to updated Plan Year 2019 medical claims experience, offset by a 1.0% decrease in total cost due to updated Plan Year 2019 prescription drug claims experience.
- Updated enrollment through April 2020 resulted in a 2.1% increase in projected 2020 active costs.
- Estimated impact due to COVID-19 (net of estimated claim offsets) is expected to increase projected 2020 active costs by 1.1%.
- There is a 3.3% reduction in total cost due to benefit changes as well as differences between actual versus expected administrative fees and overhead costs.
- There is a 0.4% increase in total cost due to changes in trend assumptions.
- Based on updated information from Optum, decreases in active prescription drug rebates are projected to increase projected active costs by approximately 0.6%.

For Retirees, there was an increase in the expected loss from the results shown in the Plan Year 2020 Renewal Analysis due to an 8.9% increase in total projected retiree costs. This increase in retiree plan costs is primarily a result of the following:

- Updated enrollment through April 2020 resulted in a 12.4% increase in total Retiree costs.
 - There was an increase in total retiree enrollment as well as an increase in the proportion of retirees enrolled in the higher cost PPO10 and PPO 15 plans from the Plan Year 2020 Renewal Analysis.
- Updated Plan Year 2019 claims experience resulted in a 0.3% increase in total Retiree costs, consisting of a 0.1% decrease due to updated Medical claims experience and a 0.4% increase due to updated Rx claims experience.
- Estimated impact due to COVID-19 (net of estimated claim offsets) is expected to increase projected 2020 retiree costs by 0.7%.
- There is a 0.8% reduction in total retiree cost due to changes in trend assumptions and a 2.6% reduction in total retiree cost due to benefit changes.
- Based on updated information from Optum, increases in retiree prescription drug rebates are projected to decrease projected retiree costs by approximately 1.4%, offset by EGWP credit decreases which are projected to increase total cost by 0.3%.

Self-Insured Vendor Administrative Fees and Claim Charges

The sections below show Plan Year 2021 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. 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

	Plan Year 2021			
	PPO	HMO	HDHP	Tiered
Actives and Early Retirees				
Part 1 Services	\$22.40	\$33.00	\$22.13	\$37.50
Part 2 Services	\$9.00	\$9.00	\$9.00	\$9.00
Medical Management	\$1.10	\$1.10	\$1.10	\$1.10
Disease Management	\$0.40	\$0.40	\$0.40	\$0.40
HSA Banking Fee (Per Account Per Month)	N/A	N/A	\$2.37	N/A
NJWELL*	\$19.00	\$19.00	\$19.00	\$19.00
Medicare Retirees				
Part 1 Services	\$23.00	\$23.00	N/A	N/A
Part 2 Services	\$7.50	\$7.50	N/A	N/A

*Plan Year 2021 fees are per attributed NJWELL employee and paid on a Per Enrolled Per Month basis. An attributed member is defined as an employee that in 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
- Claim recovery services

Prescription Drug Fees

Administrative fees charged by Optum for the prescription drug program for Plan Year 2021 are \$5.25 PEPM for Commercial and \$8.00 PMPM for EGWP.

Minimum Value

Under the Affordable Care Act, beginning in 2014, eligible individuals who purchase coverage under a qualified health plan through a state health insurance exchange may receive a premium tax credit or cost-sharing subsidy unless they are eligible for other health care coverage, including coverage under an employer-sponsored health plan that is affordable to the employee and provides minimum value. A plan fails to provide minimum value if the plan's share of the total allowed costs of benefits provided under the plan is less than 60% of such costs. The Plan Year 2021 SHBP plans were tested using the Minimum Value calculator provided by Health and Human Services (HHS) and the Internal Revenue Service (IRS). All the SHBP plans have a minimum value greater than the 60% minimum requirement with values ranging from 66% for the \$4,000 High Deductible plan up to 97% for the Active NJ DIRECT10 plan.

Renewal Rate Development

Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2019, 2020 and 2021, separately for each PPO, Tiered Network, HMO and High Deductible plan. Costs were projected separately for each benefit plan for Actives, Early Retirees and Medicare Retirees, and for medical claims, prescription drug claims, administrative costs and aggregate premiums.

Plan Year 2021 premium increases were calculated separately for Actives, Early Retirees and Medicare Retirees, and by medical and prescription drugs. Aetna experience was used to develop the HMO premium increases; Horizon experience for the PPO premium increases; and Optum experience for the prescription drug premium increases.

Projection Assumptions

1. Using 2019 incurred claims data paid through March 2020 supplied by Horizon, Aetna, and Optum, incurred claims were completed for Plan Year 2019, separately for each benefit plan, for medical and prescription drugs and for Actives, Early Retirees and Medicare Retirees.
2. Capitation and other similar fixed claim charges were added to the incurred claims.
3. Estimated incurred claims in Plan Year 2019 were divided by average covered members to get average claims per member per year. Covered members are based on historical billing enrollment data by coverage tier and assumptions for the number of members per coverage tier.
4. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2021 using the annual trend rates listed in the Trend Analysis section of this document.
5. Aggregate claims for Plan Year 2021 are the product of projected enrollment and the projected claims per member.
6. Plan Year 2021 projected Medicare Advantage fully-insured premiums are based on rates provided by Aetna.
7. Prescription drug rebates for Plan Year 2019 are based on actual rebate payment data received from the State. Projected rebates for Plan Years 2020 and 2021 are based on data provided by Optum. Rebates provided by Optum were adjusted to reflect historical Local Government Active, Early Retiree, and Medicare Retiree distributions.
8. Prescription drug rebates paid through the medical plan for Plan Year 2019 are based on actual rebate payment data provided by Aetna and Horizon. Prescription Drug Rebates estimated to be paid through the medical plan for Plan Years 2020 and 2021 are incorporated in the medical claim projections and are based on the actual Plan Year 2019 data provided by Aetna and Horizon.

9. EGWP projections include monthly CMS capitation payments per Medicare-eligible Retiree for prescription drug coverage, prescription drug manufacturers' coverage gap reimbursement payments, an annual CMS payment for reinsurance on catastrophic claims, and CMS Low Income Cost Sharing (LICS) payments. These amounts are equal to recommendations from Optum for Plan Years 2019, 2020 and 2021.
 - a. CMS per capita payments: Plan Years 2019, 2020, and 2021 actual and expected CMS per capita payments were provided by Optum. The Plan Year 2021 CMS per capita payment is assumed to be \$6.41 Per Member Per Month (PMPM).
 - b. Coverage Gap Discount: Plan Years 2019, 2020, and 2021 actual and expected coverage gap payments were provided by Optum. The Plan Year 2021 credits are assumed to be \$93.41 PMPM.
 - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2019 credit is not expected to be fully paid until the beginning of Plan Year 2021. Plan Years 2019, 2020, and 2021 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2021 credits are assumed to be \$100.21 PMPM.
 - d. Low Income Cost Sharing (LICS): Plan Years 2019 and 2020 actual and expected LICS payments were provided by Optum. For Plan Year 2021, the subsidy payment is assumed to be \$1.68 PMPM.
10. Total SHBP projected Plan Year 2021 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. 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 2021 administrative fees were provided by Horizon, Aetna and Optum.
12. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$4.1 million for Plan Year 2021. Overhead charges were provided by the State.
13. All other fees and claim charges reported by the vendors have been reflected in the projections.
14. Projected investment income of \$15.6 million was used to reduce projected administrative costs for Plan Year 2021. Projected investment income was provided by the State.
15. Based on participation in NJWELL, employers are eligible for a 1% discount on their premium rates in the following plan year. Plan Year 2019 participation showed 19 Local Government employers (a total of 611 Employees) were eligible for this discount. The Plan Year 2020 costs have been adjusted to reflect the total number of Employees who will receive the 1% premium discount in Plan Year 2020. 1% of Employees are assumed to be eligible for this discount in Plan Year 2021.

Claim Stabilization Reserve

1. Active and Retiree premiums include no margin, since the projected total Claim Stabilization Reserve for the Local Government Group is expected to be at or above the recommended level of 2.0 months at the end of Plan Year 2021.
2. Projected Claim Stabilization Reserve at December 31, 2021 is based on the estimated Active and Retiree Claim Stabilization Reserves at May 31, 2020 provided by the State.
3. The Active Claim Stabilization Reserve can be used to reduce Active premiums and the Retiree Claim Stabilization Reserve can be used to reduce the Retiree premiums. The Local Government Active premium rate changes do not reflect a projected reduction in the Active Claim Stabilization Reserve in Plan Year 2021. The Local Government Retiree premium rate changes reflect a planned reduction in the Claim Stabilization Reserve in Plan Year 2021.

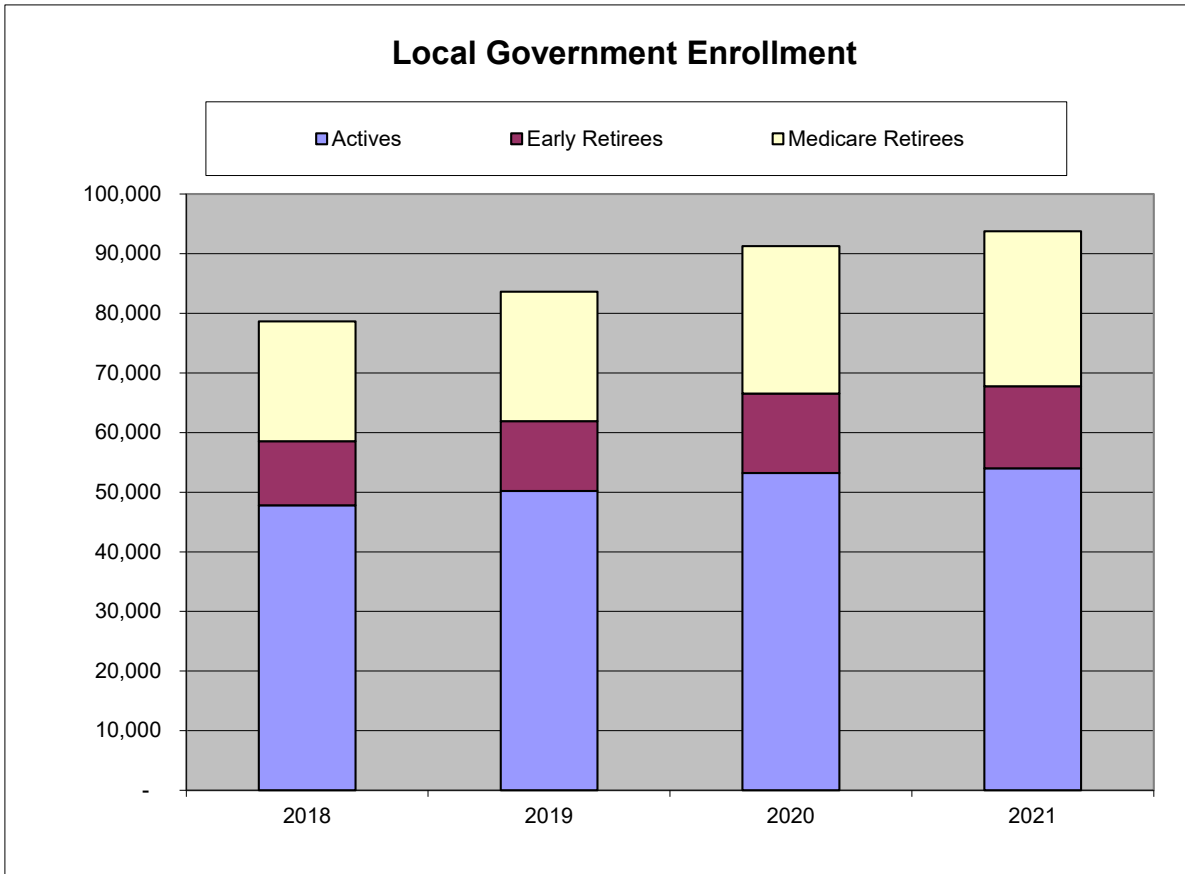
Projected Premiums

1. Plan Year 2021 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to the Plan Year 2020 premium rates.
2. Aggregate Plan Year 2021 premiums are calculated by multiplying projected Plan Year 2021 enrollment by projected Plan Year 2021 premium rates.

Data Assumptions

1. Claims: For medical and prescription drug claims, claim files from each of the vendors, which have claims incurred 2019 paid through March 31, 2020, were used.
2. Enrollment: Billing counts from the Division of Pensions and Benefits through April 2020 are used for the exposure units in the cost analysis.

Exhibit 1A – Enrollment Projections

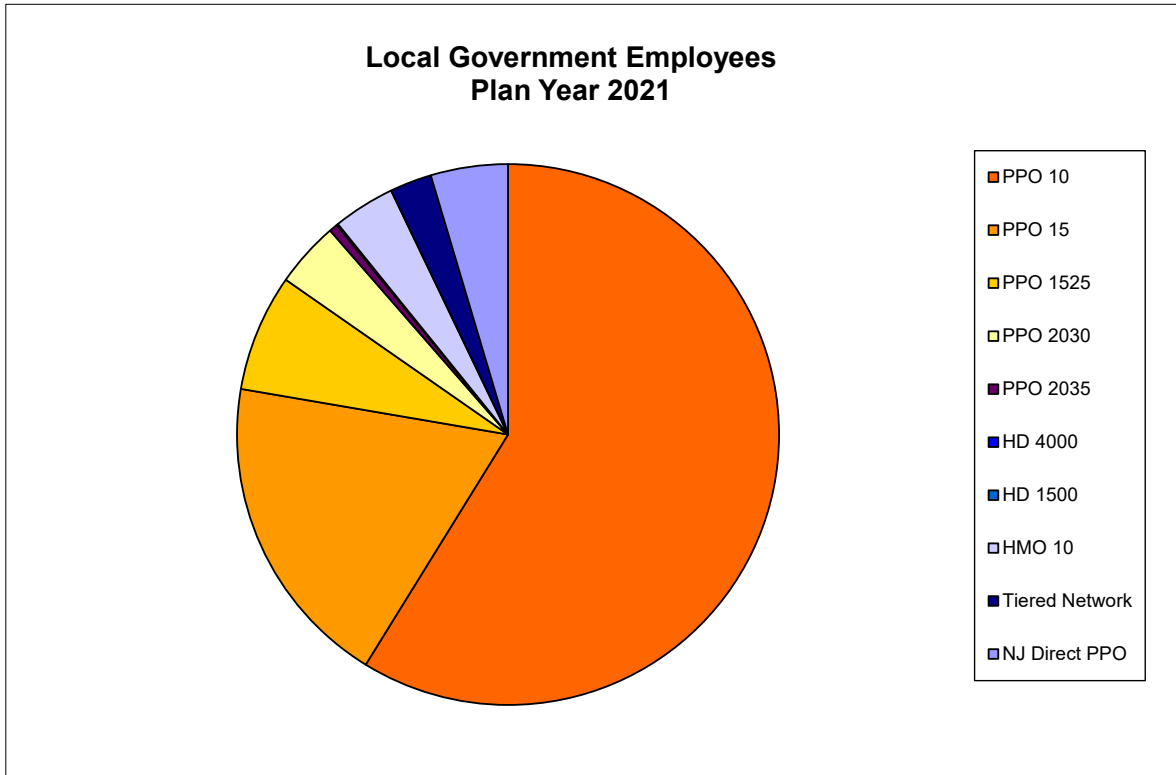


Annual Change in Enrollment

	Actual 2018 to 2019	Actual 2019 to 2020	Projected 2020 to 2021
Actives	5.0%	6.0%	1.5%
Early Retirees	8.9%	14.0%	3.5%
Medicare Retirees	8.0%	13.9%	5.0%

*Projected 2020 enrollment for Active Employees and Retirees was assumed to be consistent with enrollment data through April 2020 provided by the State.

Exhibit 1B Actives – Projected Plan Year 2021 Plan Distribution



Assumes approximately 63% of Employees will remain in the \$10 copay plans.

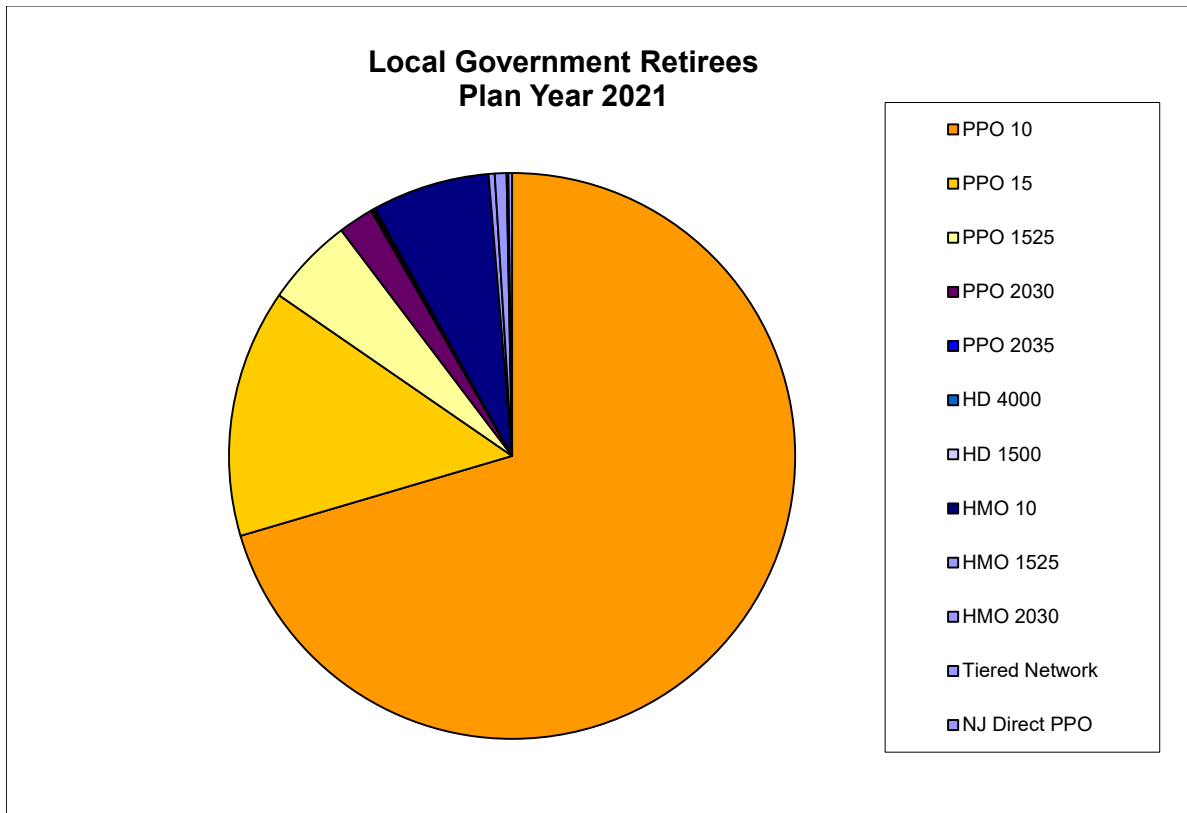
Assumes approximately 94% of Employees will enroll in the PPO plans, 4% in the HMO plans, 3% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 81% of Employees will enroll in the Legacy plans and approximately 19% in the new benefit options.

Actives	Horizon
PPO 10	58.8%
PPO 15	18.9%
PPO 1525	7.0%
PPO 2030	3.9%
PPO 2035	0.5%
HD 4000	0.1%
HD 1500	0.0%
HMO 10	3.7%
Tiered Network	2.5%
NJ Direct PPO	4.6%
Total	100.0%

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

Exhibit 1B Early and Medicare Retirees – Projected Plan Year 2021 Plan Distribution



Assumes approximately 77% of Retirees will remain in the \$10 copay plans.

Assumes approximately 92% of Retirees will enroll in the PPO plans, 8% in the HMO plans, and less than 1% in the High Deductible plan.

Assumes approximately 91% of Retirees will enroll in the Legacy plans and approximately 9% in the new benefit options.

Retirees	Horizon	Aetna	Total
PPO 10	29.9%	40.5%	70.5%
PPO 15	6.3%	7.9%	14.2%
PPO 1525	5.1%	0.0%	5.1%
PPO 2030	2.0%	0.0%	2.0%
PPO 2035	0.1%	0.0%	0.1%
HD 4000	0.1%	0.0%	0.1%
HD 1500	0.1%	0.0%	0.1%
HMO 10	3.0%	3.7%	6.7%
HMO 1525	0.3%	0.1%	0.4%
HMO 2030	0.7%	0.0%	0.7%
Tiered Network	0.1%	0.0%	0.1%
NJ Direct PPO	0.2%	0.0%	0.2%
Total	47.8%	52.2%	100.0%

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

Exhibit 1C Actives – April 2020 Enrollment

	Number of Contracts as of April 2020				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
LOCAL GOVERNMENT - ACTIVE & COBRA					
Medical Plans					
NJ DIRECT10	11,444	5,077	11,796	4,752	33,069
NJ DIRECT15	3,888	1,688	3,659	1,342	10,577
NJ DIRECT1525	1,725	393	1,033	761	3,912
NJ DIRECT2030	818	309	811	295	2,233
NJ DIRECT2035	157	21	57	20	255
NJ DIRECT HD4000	19	6	15	4	44
NJ DIRECT HD1500	2	1	1	0	4
Horizon Legacy HMO (10)	696	311	686	325	2,018
OMNIA Health	582	145	325	133	1,185
NJDIRECT \$0	53	43	84	33	213
NJDIRECT \$100	105	27	53	21	206
Horizon Total	19,489	8,021	18,520	7,686	53,716

Exhibit 1C Early and Medicare Retirees – April 2020 Enrollment

	Number of Contracts as of April 2020				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
LOCAL GOVERNMENT RETIREES					
Medical Plans					
NJ DIRECT10	2,465	4,003	4,272	1,266	12,006
NJ DIRECT15	495	805	865	257	2,422
NJ DIRECT1525	940	738	212	65	1,955
NJ DIRECT2030	123	257	368	53	801
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	13	8	6	2	29
NJ DIRECT HD1500	0	0	0	0	0
Horizon Legacy HMO (10)	294	388	341	141	1,164
Horizon 1525 HMO	22	37	33	4	96
Horizon 2030 HMO	41	78	101	22	242
OMNIA Health	0	0	5	0	5
NJDIRECT \$0	8	0	9	1	18
Horizon Total	4,401	6,314	6,212	1,811	18,738
Aetna Freedom 10	9,599	6,252	0	0	15,851
Aetna Freedom 15	1,786	1,224	40	0	3,050
Aetna Freedom 1525	0	0	0	0	0
Aetna 1525 HMO	17	16	0	0	33
Aetna 2030 HMO	0	1	0	0	1
Aetna Liberty	0	0	0	0	0
Total	16,697	14,302	6,252	1,811	39,062

Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<u>PPO Active</u>			
01/01/2018 - 12/31/2018	3.8%	0.0%	3.8%
01/01/2019 - 12/31/2019	6.9%	(2.0%)	8.9%
Average			6.3%
Recommended Plan Year 2021 Trend Assumption			6.0%

<u>PPO Early Retiree</u>			
01/01/2018 - 12/31/2018	4.1%	0.0%	4.1%
01/01/2019 - 12/31/2019	1.6%	(2.1%)	3.7%
Average			3.9%
Recommended Plan Year 2021 Trend Assumption			5.0%

<u>HMO Active and Early Retiree</u>			
01/01/2018 - 12/31/2018	1.6%	0.0%	1.6%
01/01/2019 - 12/31/2019	6.3%	(0.1%)	6.4%
Average			4.0%
Recommended Plan Year 2021 Trend Assumption			5.0%

Normalizing Adjustments

8/28/2018: NJ Out-of-Network Consumer Protection Act
 1/1/2019: 3-D Mammography/Breast Cancer Screening Mandate
 1/1/2019: LabCorp and Quest In-Network
 7/1/2019: No coverage out-of-network routine lab

Exhibit 2B – Prescription Drug Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
Active Rx			
01/01/2018 - 12/31/2018	(8.3%)	(10.9%)	2.6%
01/01/2019 - 12/31/2019	0.0%	(0.4%)	0.4%
Average			1.5%
Recommended Plan Year 2021 Trend Assumption			5.0%
Retiree Rx			
01/01/2018 - 12/31/2018	(14.0%)	(10.3%)	(3.7%)
01/01/2019 - 12/31/2019	6.5%	0.0%	6.5%
Average			1.4%
Recommended Plan Year 2021 Trend Assumption			5.5%

Normalizing Adjustments:

1/1/2018: Include impact of change in prescription drug vendor.

11/1/2019: Mail Service Member Select

Exhibit 3A – Plan Year 2019 Aggregate Costs

Page 1 of 3

	Total	Legacy Plans						1525			
		Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	Aetna Freedom	NJ DIRECT	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	184,600	34,922	5,817	83,207	26,736	13,037	579	1,053	9,732	247	54
Incurred Medical Claims	\$1,242,228,000	\$148,497,000	\$16,656,000	\$672,817,000	\$200,665,000	\$78,318,000	\$2,680,000	\$6,576,000	\$63,982,000	\$1,155,000	\$202,000
Capitation	\$9,779,000	\$0	\$0	\$3,025,000	\$994,000	\$4,851,000	\$21,000	\$0	\$338,000	\$83,000	\$2,000
Incurred Prescription Drug Claims	\$409,864,000	\$140,756,000	\$30,030,000	\$135,249,000	\$41,612,000	\$35,835,000	\$728,000	\$424,000	\$12,663,000	\$585,000	\$138,000
Prescription Drug Rebates	(\$129,968,000)	(\$37,605,000)	(\$7,789,000)	(\$49,730,000)	(\$15,298,000)	(\$11,379,000)	(\$249,000)	(\$156,000)	(\$3,393,000)	(\$175,000)	(\$37,000)
EGWP Credits	(\$72,639,000)	(\$51,999,000)	(\$10,165,000)	N/A	N/A	(\$5,368,000)	(\$132,000)	N/A	(\$4,184,000)	(\$209,000)	(\$47,000)
Administrative Fees	\$18,177,000	\$3,787,000	\$705,000	\$6,597,000	\$2,436,000	\$1,713,000	\$136,000	\$137,000	\$1,247,000	\$28,000	\$14,000
Total Cost	\$1,477,441,000	\$203,436,000	\$29,437,000	\$767,958,000	\$230,409,000	\$103,970,000	\$3,184,000	\$6,981,000	\$70,653,000	\$1,467,000	\$272,000
Total Premium	\$1,422,845,000	\$209,239,000	\$31,408,000	\$715,358,000	\$223,984,000	\$97,661,000	\$4,729,000	\$8,132,000	\$66,291,000	\$1,284,000	\$328,000
Gain (Loss)	(\$54,596,000)	\$5,803,000	\$1,971,000	(\$52,600,000)	(\$6,425,000)	(\$6,309,000)	\$1,545,000	\$1,151,000	(\$4,362,000)	(\$183,000)	\$56,000
Employees											
Average Medical Members	121,953	9,767	1,229	64,917	22,747	7,925	434	991	7,102	N/A	N/A
Incurred Medical Claims	\$902,176,000	\$82,291,000	\$8,379,000	\$502,756,000	\$165,137,000	\$49,277,000	\$2,021,000	\$5,790,000	\$49,455,000	N/A	N/A
Capitation	\$7,271,000	\$0	\$0	\$2,379,000	\$851,000	\$3,569,000	\$15,000	\$0	\$283,000	N/A	N/A
Incurred Prescription Drug Claims	\$165,756,000	\$15,982,000	\$1,939,000	\$93,718,000	\$32,607,000	\$13,514,000	\$255,000	\$333,000	\$911,000	N/A	N/A
Prescription Drug Rebates	(\$60,907,000)	(\$5,873,000)	(\$713,000)	(\$34,437,000)	(\$11,982,000)	(\$4,966,000)	(\$94,000)	(\$122,000)	(\$335,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$12,102,000	\$1,128,000	\$185,000	\$5,505,000	\$2,170,000	\$1,128,000	\$98,000	\$131,000	\$670,000	N/A	N/A
Total Cost	\$1,026,398,000	\$93,528,000	\$9,790,000	\$569,921,000	\$188,783,000	\$62,522,000	\$2,295,000	\$6,132,000	\$50,984,000	N/A	N/A
Total Premium	\$1,065,258,000	\$88,837,000	\$10,839,000	\$586,817,000	\$197,583,000	\$67,172,000	\$3,801,000	\$7,669,000	\$52,790,000	N/A	N/A
Gain (Loss)	\$38,860,000	(\$4,691,000)	\$1,049,000	\$16,896,000	\$8,800,000	\$4,650,000	\$1,506,000	\$1,537,000	\$1,806,000	N/A	N/A
Early Retirees											
Average Medical Members	32,442	3,534	361	18,290	3,989	2,880	90	62	890	160	34
Incurred Medical Claims	\$293,839,000	\$34,644,000	\$2,984,000	\$170,061,000	\$35,528,000	\$25,170,000	\$574,000	\$786,000	\$9,584,000	\$1,039,000	\$178,000
Capitation	\$2,508,000	\$0	\$0	\$646,000	\$143,000	\$1,282,000	\$6,000	\$0	\$55,000	\$83,000	\$2,000
Incurred Prescription Drug Claims	\$72,938,000	\$7,959,000	\$1,233,000	\$41,531,000	\$9,005,000	\$7,472,000	\$319,000	\$91,000	\$1,313,000	\$251,000	\$27,000
Prescription Drug Rebates	(\$26,859,000)	(\$2,931,000)	(\$454,000)	(\$15,293,000)	(\$3,316,000)	(\$2,752,000)	(\$117,000)	(\$34,000)	(\$484,000)	(\$93,000)	(\$10,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$2,288,000	\$282,000	\$43,000	\$1,092,000	\$266,000	\$345,000	\$14,000	\$6,000	\$2,000	\$18,000	\$5,000
Total Cost	\$344,714,000	\$39,954,000	\$3,806,000	\$198,037,000	\$41,626,000	\$31,517,000	\$796,000	\$849,000	\$10,470,000	\$1,298,000	\$202,000
Total Premium	\$236,262,000	\$34,809,000	\$4,739,000	\$128,541,000	\$26,401,000	\$20,194,000	\$620,000	\$463,000	\$5,629,000	\$959,000	\$227,000
Gain (Loss)	(\$108,452,000)	(\$5,145,000)	\$933,000	(\$69,496,000)	(\$15,225,000)	(\$11,323,000)	(\$176,000)	(\$386,000)	(\$4,841,000)	(\$339,000)	\$25,000
Medicare Retirees											
Average Medical Members	30,205	21,621	4,227	N/A	N/A	2,232	55	N/A	1,740	87	20
Incurred Medical Claims	\$46,213,000	\$31,562,000	\$5,293,000	N/A	N/A	\$3,871,000	\$85,000	N/A	\$4,943,000	\$116,000	\$24,000
Capitation	\$0	\$0	\$0	N/A	N/A	\$0	\$0	N/A	\$0	\$0	\$0
Incurred Prescription Drug Claims	\$171,170,000	\$116,815,000	\$26,858,000	N/A	N/A	\$14,849,000	\$154,000	N/A	\$10,439,000	\$334,000	\$111,000
Prescription Drug Rebates	(\$42,202,000)	(\$28,801,000)	(\$6,622,000)	N/A	N/A	(\$3,661,000)	(\$38,000)	N/A	(\$2,574,000)	(\$82,000)	(\$27,000)
EGWP Credits	(\$72,639,000)	(\$51,999,000)	(\$10,165,000)	N/A	N/A	(\$5,368,000)	(\$132,000)	N/A	(\$4,184,000)	(\$209,000)	(\$47,000)
Administrative Fees	\$3,787,000	\$2,377,000	\$477,000	N/A	N/A	\$240,000	\$24,000	N/A	\$575,000	\$10,000	\$9,000
Total Cost	\$106,329,000	\$69,954,000	\$15,841,000	N/A	N/A	\$9,931,000	\$93,000	N/A	\$9,199,000	\$169,000	\$70,000
Total Premium	\$121,325,000	\$85,593,000	\$15,830,000	N/A	N/A	\$10,295,000	\$308,000	N/A	\$7,872,000	\$325,000	\$101,000
Gain (Loss)	\$14,996,000	\$15,639,000	(\$11,000)	N/A	N/A	\$364,000	\$215,000	N/A	(\$1,327,000)	\$156,000	\$31,000

*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 2019 Aggregate Costs
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	2030				2035		HD 4000	
	Aetna Freedom	NJ DIRECT	Aetna HMO	Horizon HMO	Aetna Freedom	NJ DIRECT	Aetna Value	NJ DIRECT
Employees and Retirees								
Average Medical Members	630	4,687	606	268	98	377	25	123
Incurred Medical Claims	\$3,985,000	\$29,615,000	\$3,444,000	\$1,134,000	\$354,000	\$1,665,000	\$12,000	\$146,000
Capitation	\$0	\$164,000	\$244,000	\$11,000	\$0	\$14,000	\$0	\$3,000
Incurred Prescription Drug Claims	\$696,000	\$6,293,000	\$1,041,000	\$762,000	\$102,000	\$458,000	\$8,000	\$112,000
Prescription Drug Rebates	(\$256,000)	(\$2,154,000)	(\$383,000)	(\$245,000)	(\$37,000)	(\$168,000)	(\$3,000)	(\$40,000)
EGWP Credits	N/A	(\$468,000)	N/A	(\$67,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$77,000	\$468,000	\$82,000	\$48,000	\$19,000	\$66,000	\$7,000	\$22,000
Total Cost	\$4,502,000	\$33,918,000	\$4,428,000	\$1,643,000	\$438,000	\$2,035,000	\$24,000	\$243,000
Total Premium	\$4,782,000	\$33,748,000	\$3,912,000	\$1,603,000	\$690,000	\$2,764,000	\$125,000	\$556,000
Gain (Loss)	\$280,000	(\$170,000)	(\$516,000)	(\$40,000)	\$252,000	\$729,000	\$101,000	\$313,000
Employees								
Average Medical Members	421	3,449	N/A	N/A	98	377	15	79
Incurred Medical Claims	\$2,211,000	\$22,420,000	N/A	N/A	\$354,000	\$1,665,000	\$3,000	\$92,000
Capitation	\$0	\$129,000	N/A	N/A	\$0	\$14,000	\$0	\$2,000
Incurred Prescription Drug Claims	\$466,000	\$3,062,000	N/A	N/A	\$102,000	\$458,000	\$0	\$37,000
Prescription Drug Rebates	(\$171,000)	(\$1,125,000)	N/A	N/A	(\$37,000)	(\$168,000)	\$0	(\$13,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$60,000	\$337,000	N/A	N/A	\$19,000	\$66,000	\$3,000	\$14,000
Total Cost	\$2,566,000	\$24,823,000	N/A	N/A	\$438,000	\$2,035,000	\$6,000	\$132,000
Total Premium	\$3,355,000	\$26,249,000	N/A	N/A	\$690,000	\$2,764,000	\$72,000	\$369,000
Gain (Loss)	\$789,000	\$1,426,000	N/A	N/A	\$252,000	\$729,000	\$66,000	\$237,000
Early Retirees								
Average Medical Members	209	1,043	606	240	N/A	N/A	10	44
Incurred Medical Claims	\$1,774,000	\$6,922,000	\$3,444,000	\$1,088,000	N/A	N/A	\$9,000	\$54,000
Capitation	\$0	\$35,000	\$244,000	\$11,000	N/A	N/A	\$0	\$1,000
Incurred Prescription Drug Claims	\$230,000	\$1,909,000	\$1,041,000	\$474,000	N/A	N/A	\$8,000	\$75,000
Prescription Drug Rebates	(\$85,000)	(\$703,000)	(\$383,000)	(\$174,000)	N/A	N/A	(\$3,000)	(\$27,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$17,000	\$70,000	\$82,000	\$34,000	N/A	N/A	\$4,000	\$8,000
Total Cost	\$1,936,000	\$8,233,000	\$4,428,000	\$1,433,000	N/A	N/A	\$18,000	\$111,000
Total Premium	\$1,427,000	\$6,639,000	\$3,912,000	\$1,462,000	N/A	N/A	\$53,000	\$187,000
Gain (Loss)	(\$509,000)	(\$1,594,000)	(\$516,000)	\$29,000	N/A	N/A	\$35,000	\$76,000
Medicare Retirees								
Average Medical Members	N/A	195	N/A	28	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	\$273,000	N/A	\$46,000	N/A	N/A	N/A	N/A
Capitation	N/A	\$0	N/A	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	\$1,322,000	N/A	\$288,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	(\$326,000)	N/A	(\$71,000)	N/A	N/A	N/A	N/A
EGWP Credits	N/A	(\$468,000)	N/A	(\$67,000)	N/A	N/A	N/A	N/A
Administrative Fees	N/A	\$61,000	N/A	\$14,000	N/A	N/A	N/A	N/A
Total Cost	N/A	\$862,000	N/A	\$210,000	N/A	N/A	N/A	N/A
Total Premium	N/A	\$860,000	N/A	\$141,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	(\$2,000)	N/A	(\$69,000)	N/A	N/A	N/A	N/A

*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 2019 Aggregate Costs
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	HD 1500		Tiered Network		NJ DIRECT			
	Aetna Value	NJ DIRECT	Aetna Liberty	Horizon OMNIA	Aetna NJ DIRECT 0	Horizon NJ DIRECT 0	Aetna NJ DIRECT 100	Horizon NJ DIRECT 100
Employees and Retirees								
Average Medical Members	-	6	833	1,507	3	52	-	1
Incurred Medical Claims	\$0	\$31,000	\$3,766,000	\$6,056,000	\$7,000	\$463,000	\$0	\$2,000
Capitation	\$0	\$0	\$0	\$29,000	\$0	\$0	\$0	\$0
Incurred Prescription Drug Claims	\$0	\$0	\$815,000	\$1,445,000	\$9,000	\$101,000	\$0	\$2,000
Prescription Drug Rebates	\$0	\$0	(\$299,000)	(\$531,000)	(\$3,000)	(\$37,000)	\$0	(\$1,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$1,000	\$182,000	\$402,000	\$1,000	\$2,000	\$0	\$0
Total Cost	\$0	\$32,000	\$4,464,000	\$7,401,000	\$14,000	\$529,000	\$0	\$3,000
Total Premium	\$0	\$48,000	\$5,656,000	\$10,155,000	\$23,000	\$361,000	\$0	\$8,000
Gain (Loss)	\$0	\$16,000	\$1,192,000	\$2,754,000	\$9,000	(\$168,000)	\$0	\$5,000
Employees								
Average Medical Members	-	6	833	1,507	3	52	-	1
Incurred Medical Claims	\$0	\$31,000	\$3,766,000	\$6,056,000	\$7,000	\$463,000	\$0	\$2,000
Capitation	\$0	\$0	\$0	\$29,000	\$0	\$0	\$0	\$0
Incurred Prescription Drug Claims	\$0	\$0	\$815,000	\$1,445,000	\$9,000	\$101,000	\$0	\$2,000
Prescription Drug Rebates	\$0	\$0	(\$299,000)	(\$531,000)	(\$3,000)	(\$37,000)	\$0	(\$1,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$1,000	\$182,000	\$402,000	\$1,000	\$2,000	\$0	\$0
Total Cost	\$0	\$32,000	\$4,464,000	\$7,401,000	\$14,000	\$529,000	\$0	\$3,000
Total Premium	\$0	\$48,000	\$5,656,000	\$10,155,000	\$23,000	\$361,000	\$0	\$8,000
Gain (Loss)	\$0	\$16,000	\$1,192,000	\$2,754,000	\$9,000	(\$168,000)	\$0	\$5,000
Early Retirees								
Average Medical Members	N/A	N/A	N/A	N/A	-	-	N/A	N/A
Incurred Medical Claims	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Capitation	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
Medicare Retirees								
Average Medical Members	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Exhibit 3B – Plan Year 2020 Aggregate Costs

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	Legacy Plans							1525		
	Total	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
Employees and Retirees										
Average Medical Members	199,443	24,780	4,866	105,421	30,498	1,900	7,677	11,938	58	227
Incurred Medical Claims	\$1,342,683,000	\$47,991,000	\$8,411,000	\$850,766,000	\$225,888,000	\$4,187,000	\$50,224,000	\$75,853,000	\$104,000	\$1,532,000
Capitation	\$6,885,000	\$0	\$0	\$4,316,000	\$1,283,000	\$0	\$357,000	\$478,000	\$0	\$12,000
Incurred Prescription Drug Claims	\$469,906,000	\$138,223,000	\$31,921,000	\$181,799,000	\$49,566,000	\$12,868,000	\$17,503,000	\$18,431,000	\$365,000	\$790,000
Prescription Drug Rebates	(\$138,208,000)	(\$31,746,000)	(\$7,331,000)	(\$62,273,000)	(\$16,976,000)	(\$2,955,000)	(\$5,655,000)	(\$4,820,000)	(\$84,000)	(\$230,000)
EGWP Credits	(\$80,159,000)	(\$57,731,000)	(\$11,336,000)	N/A	N/A	(\$4,427,000)	(\$1,044,000)	(\$4,781,000)	(\$136,000)	(\$136,000)
Administrative Fees	\$23,742,000	\$2,504,000	\$503,000	\$11,582,000	\$3,695,000	\$196,000	\$1,412,000	\$1,926,000	\$6,000	\$38,000
Total Cost	\$1,624,849,000	\$99,241,000	\$22,168,000	\$986,190,000	\$263,456,000	\$9,869,000	\$62,797,000	\$87,087,000	\$255,000	\$2,006,000
Total Premium	\$1,485,263,000	\$97,216,000	\$18,198,000	\$887,505,000	\$247,665,000	\$8,539,000	\$59,374,000	\$81,602,000	\$217,000	\$1,360,000
Gain (Loss)	(\$139,586,000)	(\$2,025,000)	(\$3,970,000)	(\$98,685,000)	(\$15,791,000)	(\$1,330,000)	(\$3,423,000)	(\$5,485,000)	(\$38,000)	(\$646,000)
Employees										
Average Medical Members	128,331	N/A	N/A	80,232	25,203	N/A	5,007	8,627	N/A	N/A
Incurred Medical Claims	\$949,095,000	N/A	N/A	\$621,939,000	\$180,488,000	N/A	\$30,275,000	\$59,235,000	N/A	N/A
Capitation	\$5,395,000	N/A	N/A	\$3,380,000	\$1,083,000	N/A	\$195,000	\$396,000	N/A	N/A
Incurred Prescription Drug Claims	\$180,080,000	N/A	N/A	\$122,332,000	\$36,594,000	N/A	\$8,401,000	\$2,161,000	N/A	N/A
Prescription Drug Rebates	(\$61,641,000)	N/A	N/A	(\$41,874,000)	(\$12,526,000)	N/A	(\$2,876,000)	(\$740,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$16,001,000	N/A	N/A	\$9,229,000	\$3,177,000	N/A	\$946,000	\$1,104,000	N/A	N/A
Total Cost	\$1,088,930,000	N/A	N/A	\$715,006,000	\$208,816,000	N/A	\$36,941,000	\$62,156,000	N/A	N/A
Total Premium	\$1,076,525,000	N/A	N/A	\$697,519,000	\$209,633,000	N/A	\$41,074,000	\$62,565,000	N/A	N/A
Gain (Loss)	(\$12,405,000)	N/A	N/A	(\$17,487,000)	\$817,000	N/A	\$4,133,000	\$409,000	N/A	N/A
Early Retirees										
Average Medical Members	36,706	N/A	N/A	25,189	5,295	N/A	2,222	1,259	N/A	168
Incurred Medical Claims	\$324,730,000	N/A	N/A	\$228,827,000	\$45,400,000	N/A	\$18,740,000	\$10,490,000	N/A	\$1,379,000
Capitation	\$1,490,000	N/A	N/A	\$936,000	\$200,000	N/A	\$162,000	\$82,000	N/A	\$12,000
Incurred Prescription Drug Claims	\$88,230,000	N/A	N/A	\$59,467,000	\$12,972,000	N/A	\$6,069,000	\$3,032,000	N/A	\$424,000
Prescription Drug Rebates	(\$30,266,000)	N/A	N/A	(\$20,399,000)	(\$4,450,000)	N/A	(\$2,082,000)	(\$1,040,000)	N/A	(\$146,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$3,523,000	N/A	N/A	\$2,353,000	\$518,000	N/A	\$305,000	\$78,000	N/A	\$16,000
Total Cost	\$387,707,000	N/A	N/A	\$271,184,000	\$54,640,000	N/A	\$23,194,000	\$12,642,000	N/A	\$1,685,000
Total Premium	\$269,524,000	N/A	N/A	\$189,986,000	\$38,032,000	N/A	\$15,416,000	\$8,467,000	N/A	\$1,006,000
Gain (Loss)	(\$118,183,000)	N/A	N/A	(\$81,198,000)	(\$16,608,000)	N/A	(\$7,778,000)	(\$4,175,000)	N/A	(\$679,000)
Medicare Retirees										
Average Medical Members	34,406	24,780	4,866	N/A	N/A	1,900	448	2,052	58	59
Incurred Medical Claims	\$68,858,000	\$47,991,000	\$8,411,000	N/A	N/A	\$4,187,000	\$1,209,000	\$6,128,000	\$104,000	\$153,000
Capitation	\$0	\$0	\$0	N/A	N/A	\$0	\$0	\$0	\$0	\$0
Incurred Prescription Drug Claims	\$201,596,000	\$138,223,000	\$31,921,000	N/A	N/A	\$12,868,000	\$3,033,000	\$13,238,000	\$365,000	\$366,000
Prescription Drug Rebates	(\$46,301,000)	(\$31,746,000)	(\$7,331,000)	N/A	N/A	(\$2,955,000)	(\$697,000)	(\$3,040,000)	(\$84,000)	(\$84,000)
EGWP Credits	(\$80,159,000)	(\$57,731,000)	(\$11,336,000)	N/A	N/A	(\$4,427,000)	(\$1,044,000)	(\$4,781,000)	(\$136,000)	(\$136,000)
Administrative Fees	\$4,218,000	\$2,504,000	\$503,000	N/A	N/A	\$196,000	\$161,000	\$744,000	\$6,000	\$22,000
Total Cost	\$148,212,000	\$99,241,000	\$22,168,000	N/A	N/A	\$9,869,000	\$2,662,000	\$12,289,000	\$255,000	\$321,000
Total Premium	\$139,214,000	\$97,216,000	\$18,198,000	N/A	N/A	\$8,539,000	\$2,884,000	\$10,570,000	\$217,000	\$354,000
Gain (Loss)	(\$8,998,000)	(\$2,025,000)	(\$3,970,000)	N/A	N/A	(\$1,330,000)	\$222,000	(\$1,719,000)	(\$38,000)	\$33,000

*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 2020 Aggregate Costs
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	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT 0	Horizon NJ DIRECT 100
Employees and Retirees								
Average Medical Members	7,324	671	477	153	8	2,525	587	333
Incurred Medical Claims	\$49,360,000	\$5,038,000	\$2,695,000	\$650,000	\$47,000	\$13,974,000	\$3,831,000	\$2,132,000
Capitation	\$290,000	\$32,000	\$20,000	\$4,000	\$0	\$55,000	\$24,000	\$14,000
Incurred Prescription Drug Claims	\$12,063,000	\$1,805,000	\$660,000	\$164,000	\$11,000	\$3,440,000	\$290,000	\$7,000
Prescription Drug Rebates	(\$3,973,000)	(\$601,000)	(\$226,000)	(\$56,000)	(\$4,000)	(\$1,177,000)	(\$99,000)	(\$2,000)
EGWP Credits	(\$509,000)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$893,000	\$100,000	\$98,000	\$30,000	\$2,000	\$649,000	\$60,000	\$48,000
Total Cost	\$58,124,000	\$6,315,000	\$3,247,000	\$792,000	\$56,000	\$16,941,000	\$4,106,000	\$2,199,000
Total Premium	\$52,340,000	\$4,229,000	\$3,344,000	\$687,000	\$58,000	\$16,497,000	\$4,081,000	\$2,351,000
Gain (Loss)	(\$5,784,000)	(\$2,086,000)	\$97,000	(\$105,000)	\$2,000	(\$444,000)	(\$25,000)	\$152,000
Employees								
Average Medical Members	5,283	N/A	477	101	8	2,510	550	333
Incurred Medical Claims	\$34,457,000	N/A	\$2,695,000	\$407,000	\$47,000	\$13,879,000	\$3,541,000	\$2,132,000
Capitation	\$226,000	N/A	\$20,000	\$3,000	\$0	\$55,000	\$23,000	\$14,000
Incurred Prescription Drug Claims	\$6,207,000	N/A	\$660,000	\$95,000	\$11,000	\$3,407,000	\$205,000	\$7,000
Prescription Drug Rebates	(\$2,125,000)	N/A	(\$226,000)	(\$32,000)	(\$4,000)	(\$1,166,000)	(\$70,000)	(\$2,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$674,000	N/A	\$98,000	\$19,000	\$2,000	\$648,000	\$56,000	\$48,000
Total Cost	\$39,439,000	N/A	\$3,247,000	\$492,000	\$56,000	\$16,823,000	\$3,755,000	\$2,199,000
Total Premium	\$39,249,000	N/A	\$3,344,000	\$461,000	\$58,000	\$16,423,000	\$3,848,000	\$2,351,000
Gain (Loss)	(\$190,000)	N/A	\$97,000	(\$31,000)	\$2,000	(\$400,000)	\$93,000	\$152,000
Early Retirees								
Average Medical Members	1,823	646	N/A	52	N/A	15	37	N/A
Incurred Medical Claims	\$14,290,000	\$4,976,000	N/A	\$243,000	N/A	\$95,000	\$290,000	N/A
Capitation	\$64,000	\$32,000	N/A	\$1,000	N/A	\$0	\$1,000	N/A
Incurred Prescription Drug Claims	\$4,434,000	\$1,645,000	N/A	\$69,000	N/A	\$33,000	\$85,000	N/A
Prescription Drug Rebates	(\$1,521,000)	(\$564,000)	N/A	(\$24,000)	N/A	(\$11,000)	(\$29,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	\$0	N/A
Administrative Fees	\$148,000	\$89,000	N/A	\$11,000	N/A	\$1,000	\$4,000	N/A
Total Cost	\$17,415,000	\$6,178,000	N/A	\$300,000	N/A	\$118,000	\$351,000	N/A
Total Premium	\$12,003,000	\$4,081,000	N/A	\$226,000	N/A	\$74,000	\$233,000	N/A
Gain (Loss)	(\$5,412,000)	(\$2,097,000)	N/A	(\$74,000)	N/A	(\$44,000)	(\$118,000)	N/A
Medicare Retirees								
Average Medical Members	218	25	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$613,000	\$62,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$1,422,000	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$327,000)	(\$37,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$509,000)	(\$59,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$71,000	\$11,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$1,270,000	\$137,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$1,088,000	\$148,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	(\$182,000)	\$11,000	N/A	N/A	N/A	N/A	N/A	N/A

*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 2021 Aggregate Costs
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	Total	Legacy Plans						1525		
		Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO	NJ DIRECT	Aetna HMO	Horizon HMO
Employees and Retirees										
Average Medical Members	204,426	25,996	5,107	102,209	30,132	1,995	7,623	12,583	61	236
Incurred Medical Claims	\$1,347,686,000	\$50,347,000	\$8,828,000	\$814,891,000	\$221,087,000	\$4,397,000	\$49,136,000	\$79,608,000	\$110,000	\$1,547,000
Capitation	\$7,401,000	\$0	\$0	\$4,430,000	\$1,343,000	\$0	\$376,000	\$535,000	\$0	\$14,000
Incurred Prescription Drug Claims	\$505,983,000	\$153,198,000	\$35,397,000	\$174,569,000	\$50,528,000	\$14,274,000	\$17,810,000	\$29,303,000	\$405,000	\$863,000
Prescription Drug Rebates	(\$144,689,000)	(\$34,376,000)	(\$7,943,000)	(\$58,424,000)	(\$16,908,000)	(\$3,203,000)	(\$5,590,000)	(\$8,186,000)	(\$91,000)	(\$244,000)
EGWP Credits	(\$87,380,000)	(\$62,925,000)	(\$12,362,000)	N/A	N/A	(\$4,829,000)	(\$1,136,000)	(\$5,214,000)	(\$148,000)	(\$148,000)
Administrative Fees	\$35,562,000	\$2,645,000	\$531,000	\$18,289,000	\$5,461,000	\$207,000	\$1,943,000	\$2,611,000	\$6,000	\$58,000
Total Cost	\$1,664,563,000	\$108,889,000	\$24,451,000	\$953,755,000	\$261,511,000	\$10,846,000	\$62,539,000	\$98,657,000	\$282,000	\$2,090,000
Total Premium	\$1,574,110,000	\$112,051,000	\$20,950,000	\$888,795,000	\$251,182,000	\$9,849,000	\$60,644,000	\$93,442,000	\$251,000	\$1,481,000
Gain (Loss)	(\$90,453,000)	\$3,162,000	(\$3,501,000)	(\$64,960,000)	(\$10,329,000)	(\$997,000)	(\$1,895,000)	(\$5,215,000)	(\$31,000)	(\$609,000)
Employees										
Average Medical Members	130,255	N/A	N/A	76,497	24,641	N/A	4,849	9,122	N/A	N/A
Incurred Medical Claims	\$952,766,000	N/A	N/A	\$590,985,000	\$175,955,000	N/A	\$29,088,000	\$62,426,000	N/A	N/A
Capitation	\$5,775,000	N/A	N/A	\$3,424,000	\$1,125,000	N/A	\$199,000	\$445,000	N/A	N/A
Incurred Prescription Drug Claims	\$187,612,000	N/A	N/A	\$111,574,000	\$36,567,000	N/A	\$7,916,000	\$11,354,000	N/A	N/A
Prescription Drug Rebates	(\$62,741,000)	N/A	N/A	(\$37,312,000)	(\$12,229,000)	N/A	(\$2,647,000)	(\$3,797,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$22,556,000	N/A	N/A	\$12,578,000	\$4,222,000	N/A	\$1,151,000	\$1,594,000	N/A	N/A
Total Cost	\$1,105,968,000	N/A	N/A	\$681,249,000	\$205,640,000	N/A	\$35,707,000	\$72,022,000	N/A	N/A
Total Premium	\$1,105,953,000	N/A	N/A	\$672,363,000	\$207,087,000	N/A	\$40,301,000	\$73,893,000	N/A	N/A
Gain (Loss)	(\$15,000)	N/A	N/A	(\$8,886,000)	\$1,447,000	N/A	\$4,594,000	\$1,871,000	N/A	N/A
Early Retirees										
Average Medical Members	38,072	N/A	N/A	25,712	5,491	N/A	2,305	1,307	N/A	175
Incurred Medical Claims	\$322,262,000	N/A	N/A	\$223,906,000	\$45,132,000	N/A	\$18,721,000	\$10,443,000	N/A	\$1,379,000
Capitation	\$1,626,000	N/A	N/A	\$1,006,000	\$218,000	N/A	\$177,000	\$90,000	N/A	\$14,000
Incurred Prescription Drug Claims	\$94,901,000	N/A	N/A	\$62,995,000	\$13,961,000	N/A	\$6,536,000	\$3,268,000	N/A	\$458,000
Prescription Drug Rebates	(\$31,804,000)	N/A	N/A	(\$21,112,000)	(\$4,679,000)	N/A	(\$2,190,000)	(\$1,095,000)	N/A	(\$153,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,548,000	N/A	N/A	\$5,711,000	\$1,239,000	N/A	\$621,000	\$228,000	N/A	\$35,000
Total Cost	\$395,533,000	N/A	N/A	\$272,506,000	\$55,871,000	N/A	\$23,865,000	\$12,934,000	N/A	\$1,733,000
Total Premium	\$310,968,000	N/A	N/A	\$216,432,000	\$44,095,000	N/A	\$17,661,000	\$9,631,000	N/A	\$1,156,000
Gain (Loss)	(\$84,565,000)	N/A	N/A	(\$56,074,000)	(\$11,776,000)	N/A	(\$6,204,000)	(\$3,303,000)	N/A	(\$577,000)
Medicare Retirees										
Average Medical Members	36,099	25,996	5,107	N/A	N/A	1,995	469	2,154	61	61
Incurred Medical Claims	\$72,658,000	\$50,347,000	\$8,828,000	N/A	N/A	\$4,397,000	\$1,327,000	\$6,739,000	\$110,000	\$168,000
Capitation	\$0	\$0	\$0	N/A	N/A	\$0	\$0	\$0	\$0	\$0
Incurred Prescription Drug Claims	\$223,470,000	\$153,198,000	\$35,397,000	N/A	N/A	\$14,274,000	\$3,358,000	\$14,681,000	\$405,000	\$405,000
Prescription Drug Rebates	(\$50,144,000)	(\$34,376,000)	(\$7,943,000)	N/A	N/A	(\$3,203,000)	(\$753,000)	(\$3,294,000)	(\$91,000)	(\$91,000)
EGWP Credits	(\$87,380,000)	(\$62,925,000)	(\$12,362,000)	N/A	N/A	(\$4,829,000)	(\$1,136,000)	(\$5,214,000)	(\$148,000)	(\$148,000)
Administrative Fees	\$4,458,000	\$2,645,000	\$531,000	N/A	N/A	\$207,000	\$171,000	\$789,000	\$6,000	\$23,000
Total Cost	\$163,062,000	\$108,889,000	\$24,451,000	N/A	N/A	\$10,846,000	\$2,967,000	\$13,701,000	\$282,000	\$357,000
Total Premium	\$157,189,000	\$112,051,000	\$20,950,000	N/A	N/A	\$9,849,000	\$2,682,000	\$9,918,000	\$251,000	\$325,000
Gain (Loss)	(\$5,873,000)	\$3,162,000	(\$3,501,000)	N/A	N/A	(\$997,000)	(\$285,000)	(\$3,783,000)	(\$31,000)	(\$32,000)

*Aetna enrollment in medical self-insured plans is assumed to migrate to Horizon plans due to the RFP.

**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 2021 Aggregate Costs

	2030		2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT	
	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA	Horizon NJ DIRECT 0	Horizon NJ DIRECT 100
Employees and Retirees								
Average Medical Members	7,221	695	683	158	94	3,397	3,238	2,998
Incurred Medical Claims	\$48,051,000	\$5,029,000	\$3,916,000	\$659,000	\$624,000	\$18,671,000	\$21,367,000	\$19,418,000
Capitation	\$301,000	\$35,000	\$30,000	\$4,000	\$3,000	\$79,000	\$142,000	\$109,000
Incurred Prescription Drug Claims	\$13,197,000	\$1,945,000	\$930,000	\$168,000	\$188,000	\$4,752,000	\$4,497,000	\$3,959,000
Prescription Drug Rebates	(\$4,243,000)	(\$633,000)	(\$311,000)	(\$56,000)	(\$63,000)	(\$1,589,000)	(\$1,505,000)	(\$1,324,000)
EGWP Credits	(\$554,000)	(\$64,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,371,000	\$189,000	\$136,000	\$44,000	\$25,000	\$911,000	\$598,000	\$537,000
Total Cost	\$58,123,000	\$6,501,000	\$4,701,000	\$819,000	\$777,000	\$22,824,000	\$25,099,000	\$22,699,000
Total Premium	\$54,064,000	\$4,869,000	\$4,492,000	\$735,000	\$596,000	\$21,947,000	\$25,257,000	\$23,505,000
Gain (Loss)	(\$4,059,000)	(\$1,632,000)	(\$209,000)	(\$84,000)	(\$181,000)	(\$877,000)	\$158,000	\$806,000
Employees								
Average Medical Members	5,104	N/A	598	105	9	3,302	3,030	2,998
Incurred Medical Claims	\$33,190,000	N/A	\$3,368,000	\$418,000	\$56,000	\$18,083,000	\$19,779,000	\$19,418,000
Capitation	\$232,000	N/A	\$27,000	\$3,000	\$0	\$77,000	\$134,000	\$109,000
Incurred Prescription Drug Claims	\$6,856,000	N/A	\$751,000	\$93,000	\$12,000	\$4,533,000	\$3,997,000	\$3,959,000
Prescription Drug Rebates	(\$2,293,000)	N/A	(\$251,000)	(\$31,000)	(\$4,000)	(\$1,516,000)	(\$1,337,000)	(\$1,324,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$913,000	N/A	\$113,000	\$23,000	\$2,000	\$878,000	\$545,000	\$537,000
Total Cost	\$38,898,000	N/A	\$4,008,000	\$506,000	\$66,000	\$22,055,000	\$23,118,000	\$22,699,000
Total Premium	\$39,193,000	N/A	\$3,969,000	\$472,000	\$63,000	\$21,350,000	\$23,757,000	\$23,505,000
Gain (Loss)	\$295,000	N/A	(\$39,000)	(\$34,000)	(\$3,000)	(\$705,000)	\$639,000	\$806,000
Early Retirees								
Average Medical Members	1,888	668	85	53	85	95	208	N/A
Incurred Medical Claims	\$14,187,000	\$4,961,000	\$548,000	\$241,000	\$568,000	\$588,000	\$1,588,000	N/A
Capitation	\$69,000	\$35,000	\$3,000	\$1,000	\$3,000	\$2,000	\$8,000	N/A
Incurred Prescription Drug Claims	\$4,766,000	\$1,768,000	\$179,000	\$75,000	\$176,000	\$219,000	\$500,000	N/A
Prescription Drug Rebates	(\$1,597,000)	(\$593,000)	(\$60,000)	(\$25,000)	(\$59,000)	(\$73,000)	(\$168,000)	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$383,000	\$178,000	\$23,000	\$21,000	\$23,000	\$33,000	\$53,000	N/A
Total Cost	\$17,808,000	\$6,349,000	\$693,000	\$313,000	\$711,000	\$769,000	\$1,981,000	N/A
Total Premium	\$13,845,000	\$4,732,000	\$523,000	\$263,000	\$533,000	\$597,000	\$1,500,000	N/A
Gain (Loss)	(\$3,963,000)	(\$1,617,000)	(\$170,000)	(\$50,000)	(\$178,000)	(\$172,000)	(\$481,000)	N/A
Medicare Retirees								
Average Medical Members	229	27	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$674,000	\$68,000	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$1,575,000	\$177,000	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$353,000)	(\$40,000)	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	(\$554,000)	(\$64,000)	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$75,000	\$11,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	\$1,417,000	\$152,000	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	\$1,026,000	\$137,000	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	(\$391,000)	(\$15,000)	N/A	N/A	N/A	N/A	N/A	N/A

*Aetna enrollment in medical self-insured plans is assumed to migrate to Horizon plans due to the RFP.

**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 2021 Monthly Active Premiums

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	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Medical Coverage Only							
Single	\$832.99	\$793.23	\$770.42	\$769.46	N/A	\$723.26	N/A
Employee+Spouse	\$1,665.98	\$1,586.46	\$1,540.84	\$1,538.92	N/A	\$1,446.52	N/A
Family	\$2,324.04	\$2,213.11	\$2,149.47	\$2,146.79	N/A	\$2,017.90	N/A
Employee+Child(ren)	\$1,491.05	\$1,419.88	\$1,379.05	\$1,377.33	N/A	\$1,294.64	N/A
Adult Child Rate	\$671.22	\$639.18	\$620.80	\$620.03	N/A	\$582.81	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Rx Card							
Single	\$145.67	\$145.67	\$145.67	\$132.12	N/A	\$134.47	N/A
Employee+Spouse	\$291.34	\$291.34	\$291.34	\$264.24	N/A	\$268.94	N/A
Family	\$406.42	\$406.42	\$406.42	\$368.61	N/A	\$375.17	N/A
Employee+Child(ren)	\$260.75	\$260.75	\$260.75	\$236.49	N/A	\$240.70	N/A
Adult Child Rate	\$117.38	\$117.38	\$117.38	\$106.46	N/A	\$108.35	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Rx with Medical Coverage							
Single	\$939.22	\$894.36	\$908.68	\$864.24	N/A	\$818.04	N/A
Employee+Spouse	\$1,878.44	\$1,788.72	\$1,817.36	\$1,728.48	N/A	\$1,636.08	N/A
Family	\$2,620.42	\$2,495.26	\$2,535.22	\$2,411.23	N/A	\$2,282.34	N/A
Employee+Child(ren)	\$1,681.20	\$1,600.90	\$1,626.54	\$1,546.99	N/A	\$1,464.30	N/A
Adult Child Rate	\$756.82	\$720.67	\$732.22	\$696.41	N/A	\$659.19	N/A

Exhibit 4A – Plan Year 2021 Monthly Active Premiums

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	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0	Horizon PPO \$100
<u>Medical Coverage Only</u>						
Single	\$622.01	\$403.60	\$598.56	\$594.92	\$741.68	\$741.68
Employee+Spouse	\$1,244.02	\$807.20	\$1,197.12	\$1,189.84	\$1,483.36	\$1,483.36
Family	\$1,735.41	\$1,126.04	\$1,669.98	\$1,659.83	\$2,069.29	\$2,069.29
Employee+Child(ren)	\$1,113.40	\$722.44	\$1,071.42	\$1,064.91	\$1,327.61	\$1,327.61
Adult Child Rate	\$501.22	\$325.22	\$482.32	\$479.39	\$597.65	\$597.65
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0	Horizon PPO \$100
<u>Rx Card</u>						
Single	\$121.02	\$86.56	\$128.40	\$132.12	\$132.21	\$132.21
Employee+Spouse	\$242.04	\$173.12	\$256.80	\$264.24	\$264.42	\$264.42
Family	\$337.65	\$241.50	\$358.24	\$368.61	\$368.87	\$368.87
Employee+Child(ren)	\$216.63	\$154.94	\$229.84	\$236.49	\$236.66	\$236.66
Adult Child Rate	\$97.52	\$69.75	\$103.47	\$106.46	\$106.54	\$106.54
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0	Horizon PPO \$100
<u>Rx with Medical Coverage</u>						
Single	\$707.30	\$490.16	\$726.96	\$689.70	\$836.52	\$836.52
Employee+Spouse	\$1,414.60	\$980.32	\$1,453.92	\$1,379.40	\$1,673.04	\$1,673.04
Family	\$1,973.37	\$1,367.54	\$2,028.22	\$1,924.27	\$2,333.89	\$2,333.89
Employee+Child(ren)	\$1,266.07	\$877.38	\$1,301.26	\$1,234.57	\$1,497.37	\$1,497.37
Adult Child Rate	\$569.95	\$394.96	\$585.79	\$555.77	\$674.07	\$674.07

Exhibit 4B – Plan Year 2021 Annual Active Premiums

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	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Medical Coverage Only							
Single	\$9,996	\$9,519	\$9,245	\$9,234	N/A	\$8,679	N/A
Employee+Spouse	\$19,992	\$19,038	\$18,490	\$18,467	N/A	\$17,358	N/A
Family	\$27,888	\$26,557	\$25,794	\$25,761	N/A	\$24,215	N/A
Employee+Child(ren)	\$17,893	\$17,039	\$16,549	\$16,528	N/A	\$15,536	N/A
Adult Child Rate	\$8,055	\$7,670	\$7,450	\$7,440	N/A	\$6,994	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Rx Card							
Single	\$1,748	\$1,748	\$1,748	\$1,585	N/A	\$1,614	N/A
Employee+Spouse	\$3,496	\$3,496	\$3,496	\$3,171	N/A	\$3,227	N/A
Family	\$4,877	\$4,877	\$4,877	\$4,423	N/A	\$4,502	N/A
Employee+Child(ren)	\$3,129	\$3,129	\$3,129	\$2,838	N/A	\$2,888	N/A
Adult Child Rate	\$1,409	\$1,409	\$1,409	\$1,278	N/A	\$1,300	N/A
	Legacy Plans			1525		2030	
	Horizon DIR10	Horizon DIR15	Horizon HMO	Horizon PPO	Horizon HMO	Horizon PPO	Horizon HMO
Rx with Medical Coverage							
Single	\$11,271	\$10,732	\$10,904	\$10,371	N/A	\$9,816	N/A
Employee+Spouse	\$22,541	\$21,465	\$21,808	\$20,742	N/A	\$19,633	N/A
Family	\$31,445	\$29,943	\$30,423	\$28,935	N/A	\$27,388	N/A
Employee+Child(ren)	\$20,174	\$19,211	\$19,518	\$18,564	N/A	\$17,572	N/A
Adult Child Rate	\$9,082	\$8,648	\$8,787	\$8,357	N/A	\$7,910	N/A

Exhibit 4B – Plan Year 2021 Annual Active Premiums

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	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0	Horizon PPO \$100
<u>Medical Coverage Only</u>						
Single	\$7,464	\$4,843	\$7,183	\$7,139	\$8,900	N/A
Employee+Spouse	\$14,928	\$9,686	\$14,365	\$14,278	\$17,800	N/A
Family	\$20,825	\$13,512	\$20,040	\$19,918	\$24,831	N/A
Employee+Child(ren)	\$13,361	\$8,669	\$12,857	\$12,779	\$15,931	N/A
Adult Child Rate	\$6,015	\$3,903	\$5,788	\$5,753	\$7,172	N/A
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0	Horizon PPO \$100
<u>Rx Card</u>						
Single	\$1,452	\$1,039	\$1,541	\$1,585	\$1,587	N/A
Employee+Spouse	\$2,904	\$2,077	\$3,082	\$3,171	\$3,173	N/A
Family	\$4,052	\$2,898	\$4,299	\$4,423	\$4,426	N/A
Employee+Child(ren)	\$2,600	\$1,859	\$2,758	\$2,838	\$2,840	N/A
Adult Child Rate	\$1,170	\$837	\$1,242	\$1,278	\$1,278	N/A
	2035	HD 4000	HD 1500	Tiered Network	NJ DIRECT PPO	
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO \$0	Horizon PPO \$100
<u>Rx with Medical Coverage</u>						
Single	\$8,488	\$5,882	\$8,724	\$8,276	\$10,038	N/A
Employee+Spouse	\$16,975	\$11,764	\$17,447	\$16,553	\$20,076	N/A
Family	\$23,680	\$16,410	\$24,339	\$23,091	\$28,007	N/A
Employee+Child(ren)	\$15,193	\$10,529	\$15,615	\$14,815	\$17,968	N/A
Adult Child Rate	\$6,839	\$4,740	\$7,029	\$6,669	\$8,089	N/A

Exhibit 4C – Plan Year 2021 Monthly Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
Total Premium										
Single - 0 Medicare	\$957.58	N/A	\$957.58	\$910.18	N/A	\$910.18	\$883.75	N/A	\$883.75	\$883.75
Single - 1 Medicare	N/A	\$362.13	\$362.13	N/A	\$344.78	\$344.78	N/A	\$414.77	\$414.77	\$479.66
EE+Spouse - 0 Medicare	\$2,087.58	N/A	\$2,087.58	\$1,984.23	N/A	\$1,984.23	\$1,926.90	N/A	\$1,926.90	\$1,926.90
EE+Spouse - 1 Medicare	\$784.97	\$362.13	\$1,147.10	\$780.03	\$344.78	\$1,124.81	\$661.93	\$414.77	\$1,076.70	\$1,141.59
EE+Spouse - 2 Medicare	N/A	\$724.26	\$724.26	N/A	\$689.56	\$689.56	N/A	\$829.54	\$829.52	\$959.31
Family - 0 Medicare	\$2,374.85	N/A	\$2,374.85	\$2,257.28	N/A	\$2,257.28	\$2,192.31	N/A	\$2,192.31	\$2,192.31
Family - 1 Medicare	\$1,021.47	\$362.13	\$1,383.60	\$1,015.21	\$344.78	\$1,359.99	\$876.12	\$414.77	\$1,290.89	\$1,355.78
Family - 2 Medicare	\$212.13	\$724.26	\$936.39	\$206.93	\$689.56	\$896.49	\$204.47	\$829.54	\$1,034.01	\$1,193.75
EE+Ch - 0 Medicare	\$1,340.63	N/A	\$1,340.63	\$1,274.27	N/A	\$1,274.27	\$1,237.60	N/A	\$1,237.60	\$1,237.60
EE+Ch - 1 Medicare	\$208.58	\$362.13	\$570.71	\$203.45	\$344.78	\$548.23	\$195.03	\$414.77	\$609.80	\$703.28
Medical Premium										
Single - 0 Medicare	\$794.27	N/A	\$794.27	\$746.87	N/A	\$746.87	\$725.02	N/A	\$725.02	\$725.02
Single - 1 Medicare	N/A	\$161.39	\$161.39	N/A	\$144.04	\$144.04	N/A	\$183.64	\$183.64	\$248.53
EE+Spouse - 0 Medicare	\$1,731.52	N/A	\$1,731.52	\$1,628.17	N/A	\$1,628.17	\$1,580.54	N/A	\$1,580.54	\$1,580.54
EE+Spouse - 1 Medicare	\$677.51	\$161.39	\$838.90	\$672.57	\$144.04	\$816.61	\$561.23	\$183.64	\$744.87	\$809.76
EE+Spouse - 2 Medicare	N/A	\$322.78	\$322.78	N/A	\$288.08	\$288.08	N/A	\$367.28	\$367.28	\$497.07
Family - 0 Medicare	\$1,969.80	N/A	\$1,969.80	\$1,852.23	N/A	\$1,852.23	\$1,798.06	N/A	\$1,798.06	\$1,798.06
Family - 1 Medicare	\$871.92	\$161.39	\$1,033.31	\$865.66	\$144.04	\$1,009.70	\$735.55	\$183.64	\$919.19	\$984.08
Family - 2 Medicare	\$93.02	\$322.78	\$415.80	\$87.82	\$288.08	\$375.90	\$91.51	\$367.28	\$458.79	\$618.53
EE+Ch - 0 Medicare	\$1,111.98	N/A	\$1,111.98	\$1,045.62	N/A	\$1,045.62	\$1,015.03	N/A	\$1,015.03	\$1,015.03
EE+Ch - 1 Medicare	\$91.47	\$161.39	\$252.86	\$86.34	\$144.04	\$230.38	\$87.40	\$183.64	\$271.04	\$364.52
Rx Premium										
Single - 0 Medicare	\$163.31	N/A	\$163.31	\$163.31	N/A	\$163.31	\$158.73	N/A	\$158.73	\$158.73
Single - 1 Medicare	N/A	\$200.74	\$200.74	N/A	\$200.74	\$200.74	N/A	\$231.13	\$231.13	\$231.13
EE+Spouse - 0 Medicare	\$356.06	N/A	\$356.06	\$356.06	N/A	\$356.06	\$346.36	N/A	\$346.36	\$346.36
EE+Spouse - 1 Medicare	\$107.46	\$200.74	\$308.20	\$107.46	\$200.74	\$308.20	\$100.70	\$231.13	\$331.83	\$331.83
EE+Spouse - 2 Medicare	N/A	\$401.48	\$401.50	N/A	\$401.48	\$401.50	N/A	\$462.26	\$462.24	\$462.24
Family - 0 Medicare	\$405.05	N/A	\$405.05	\$405.05	N/A	\$405.05	\$394.25	N/A	\$394.25	\$394.25
Family - 1 Medicare	\$149.55	\$200.74	\$350.29	\$149.55	\$200.74	\$350.29	\$140.57	\$231.13	\$371.70	\$371.70
Family - 2 Medicare	\$119.11	\$401.48	\$520.59	\$119.11	\$401.48	\$520.59	\$112.96	\$462.26	\$575.22	\$575.22
EE+Ch - 0 Medicare	\$228.65	N/A	\$228.65	\$228.65	N/A	\$228.65	\$222.57	N/A	\$222.57	\$222.57
EE+Ch - 1 Medicare	\$117.11	\$200.74	\$317.85	\$117.11	\$200.74	\$317.85	\$107.63	\$231.13	\$338.76	\$338.76

Exhibit 4C – Plan Year 2021 Monthly Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	1525 HMO			Horizon HMO	Horizon PPO	Horizon HMO
		Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium			
Total Premium							
Single - 0 Medicare	\$871.62	\$805.67	N/A	\$805.67	\$805.67	\$831.07	\$768.11
Single - 1 Medicare	\$386.54	N/A	\$343.78	\$343.78	\$444.64	\$376.43	\$432.67
EE+Spouse - 0 Medicare	\$1,900.18	\$1,756.37	N/A	\$1,756.37	\$1,756.37	\$1,811.78	\$1,674.53
EE+Spouse - 1 Medicare	\$1,067.03	\$612.75	\$343.78	\$956.53	\$1,057.39	\$1,026.22	\$1,018.98
EE+Spouse - 2 Medicare	\$773.09	N/A	\$687.56	\$687.56	\$889.27	\$752.90	\$865.36
Family - 0 Medicare	\$2,161.65	\$1,998.06	N/A	\$1,998.06	\$1,998.06	\$2,061.09	\$1,904.95
Family - 1 Medicare	\$1,291.59	\$813.38	\$343.78	\$1,157.16	\$1,258.02	\$1,241.04	\$1,210.99
Family - 2 Medicare	\$1,002.41	\$173.65	\$687.56	\$861.21	\$1,099.79	\$976.22	\$1,069.97
EE+Ch - 0 Medicare	\$1,220.30	\$1,127.95	N/A	\$1,127.95	\$1,127.95	\$1,163.51	\$1,075.38
EE+Ch - 1 Medicare	\$612.04	\$166.44	\$343.78	\$510.22	\$644.59	\$596.05	\$626.97
Medical Premium							
Single - 0 Medicare	\$713.36	\$640.27	N/A	\$640.27	\$640.27	\$671.31	\$601.16
Single - 1 Medicare	\$192.00	N/A	\$149.24	\$149.24	\$250.10	\$180.04	\$236.28
EE+Spouse - 0 Medicare	\$1,555.13	\$1,395.79	N/A	\$1,395.79	\$1,395.79	\$1,463.45	\$1,310.51
EE+Spouse - 1 Medicare	\$768.35	\$501.85	\$149.24	\$651.09	\$751.95	\$724.71	\$710.65
EE+Spouse - 2 Medicare	\$384.01	N/A	\$298.48	\$298.48	\$500.19	\$360.12	\$472.58
Family - 0 Medicare	\$1,769.14	\$1,587.87	N/A	\$1,587.87	\$1,587.87	\$1,664.85	\$1,490.86
Family - 1 Medicare	\$952.14	\$660.79	\$149.24	\$810.03	\$910.89	\$898.36	\$860.56
Family - 2 Medicare	\$497.92	\$58.24	\$298.48	\$356.72	\$595.30	\$466.93	\$560.68
EE+Ch - 0 Medicare	\$998.71	\$896.38	N/A	\$896.38	\$896.38	\$939.83	\$841.61
EE+Ch - 1 Medicare	\$304.02	\$52.96	\$149.24	\$202.20	\$336.57	\$285.10	\$316.02
Rx Premium							
Single - 0 Medicare	\$158.26	\$165.40	N/A	\$165.40	\$165.40	\$159.76	\$166.95
Single - 1 Medicare	\$194.54	N/A	\$194.54	\$194.54	\$194.54	\$196.39	\$196.39
EE+Spouse - 0 Medicare	\$345.05	\$360.58	N/A	\$360.58	\$360.58	\$348.33	\$364.02
EE+Spouse - 1 Medicare	\$298.68	\$110.90	\$194.54	\$305.44	\$305.44	\$301.51	\$308.33
EE+Spouse - 2 Medicare	\$389.08	N/A	\$389.08	\$389.08	\$389.08	\$392.78	\$392.78
Family - 0 Medicare	\$392.51	\$410.19	N/A	\$410.19	\$410.19	\$396.24	\$414.09
Family - 1 Medicare	\$339.45	\$152.59	\$194.54	\$347.13	\$347.13	\$342.68	\$350.43
Family - 2 Medicare	\$504.49	\$115.41	\$389.08	\$504.49	\$504.49	\$509.29	\$509.29
EE+Ch - 0 Medicare	\$221.59	\$231.57	N/A	\$231.57	\$231.57	\$223.68	\$233.77
EE+Ch - 1 Medicare	\$308.02	\$113.48	\$194.54	\$308.02	\$308.02	\$310.95	\$310.95

Exhibit 4C – Plan Year 2021 Monthly Retiree Premiums

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	HD 4000	NJ DIRECT PPO	2035	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO \$0	Horizon PPO	Horizon PPO	Horizon HMO
Total Premium					
Single - 0 Medicare	\$482.55	\$832.68	\$716.42	\$702.68	\$703.08
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,051.96	\$1,815.29	\$1,561.81	\$1,531.86	\$1,532.74
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,196.73	\$2,065.10	\$1,776.74	\$1,742.67	\$1,743.67
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$675.58	\$1,165.77	\$1,002.98	\$983.77	\$984.33
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Medical Premium					
Single - 0 Medicare	\$378.04	\$673.48	\$581.92	\$559.99	\$556.24
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$824.13	\$1,468.19	\$1,268.57	\$1,220.77	\$1,212.61
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$937.55	\$1,670.24	\$1,443.15	\$1,388.77	\$1,379.49
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$529.26	\$942.88	\$814.68	\$783.99	\$778.74
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Rx Premium					
Single - 0 Medicare	\$104.51	\$159.20	\$134.50	\$142.69	\$146.84
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$227.83	\$347.10	\$293.24	\$311.09	\$320.13
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$259.18	\$394.86	\$333.59	\$353.90	\$364.18
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$146.32	\$222.89	\$188.30	\$199.78	\$205.59
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A

Exhibit 4D – Plan Year 2021 Annual Retiree Premiums

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
Total Premium										
Single - 0 Medicare	\$11,491	N/A	\$11,491	\$10,922	N/A	\$10,922	\$10,605	N/A	\$10,605	\$10,605
Single - 1 Medicare	N/A	\$4,346	\$4,346	N/A	\$4,137	\$4,137	N/A	\$4,977	\$4,977	\$5,756
EE+Spouse - 0 Medicare	\$25,051	N/A	\$25,051	\$23,811	N/A	\$23,811	\$23,123	N/A	\$23,123	\$23,123
EE+Spouse - 1 Medicare	\$9,420	\$4,346	\$13,765	\$9,360	\$4,137	\$13,498	\$7,943	\$4,977	\$12,920	\$13,699
EE+Spouse - 2 Medicare	N/A	\$8,691	\$8,691	N/A	\$8,275	\$8,275	N/A	\$9,954	\$9,954	\$11,512
Family - 0 Medicare	\$28,498	N/A	\$28,498	\$27,087	N/A	\$27,087	\$26,308	N/A	\$26,308	\$26,308
Family - 1 Medicare	\$12,258	\$4,346	\$16,603	\$12,183	\$4,137	\$16,320	\$10,513	\$4,977	\$15,491	\$16,269
Family - 2 Medicare	\$2,546	\$8,691	\$11,237	\$2,483	\$8,275	\$10,758	\$2,454	\$9,954	\$12,408	\$14,325
EE+Ch - 0 Medicare	\$16,088	N/A	\$16,088	\$15,291	N/A	\$15,291	\$14,851	N/A	\$14,851	\$14,851
EE+Ch - 1 Medicare	\$2,503	\$4,346	\$6,849	\$2,441	\$4,137	\$6,579	\$2,340	\$4,977	\$7,318	\$8,439
Medical Premium										
Single - 0 Medicare	\$9,531	N/A	\$9,531	\$8,962	N/A	\$8,962	\$8,700	N/A	\$8,700	\$8,700
Single - 1 Medicare	N/A	\$1,937	\$1,937	N/A	\$1,728	\$1,728	N/A	\$2,204	\$2,204	\$2,982
EE+Spouse - 0 Medicare	\$20,778	N/A	\$20,778	\$19,538	N/A	\$19,538	\$18,966	N/A	\$18,966	\$18,966
EE+Spouse - 1 Medicare	\$8,130	\$1,937	\$10,067	\$8,071	\$1,728	\$9,799	\$6,735	\$2,204	\$8,938	\$9,717
EE+Spouse - 2 Medicare	N/A	\$3,873	\$3,873	N/A	\$3,457	\$3,457	N/A	\$4,407	\$4,407	\$5,965
Family - 0 Medicare	\$23,638	N/A	\$23,638	\$22,227	N/A	\$22,227	\$21,577	N/A	\$21,577	\$21,577
Family - 1 Medicare	\$10,463	\$1,937	\$12,400	\$10,388	\$1,728	\$12,116	\$8,827	\$2,204	\$11,030	\$11,809
Family - 2 Medicare	\$1,116	\$3,873	\$4,990	\$1,054	\$3,457	\$4,511	\$1,098	\$4,407	\$5,505	\$7,422
EE+Ch - 0 Medicare	\$13,344	N/A	\$13,344	\$12,547	N/A	\$12,547	\$12,180	N/A	\$12,180	\$12,180
EE+Ch - 1 Medicare	\$1,098	\$1,937	\$3,034	\$1,036	\$1,728	\$2,765	\$1,049	\$2,204	\$3,252	\$4,374
Rx Premium										
Single - 0 Medicare	\$1,960	N/A	\$1,960	\$1,960	N/A	\$1,960	\$1,905	N/A	\$1,905	\$1,905
Single - 1 Medicare	N/A	\$2,409	\$2,409	N/A	\$2,409	\$2,409	N/A	\$2,774	\$2,774	\$2,774
EE+Spouse - 0 Medicare	\$4,273	N/A	\$4,273	\$4,273	N/A	\$4,273	\$4,156	N/A	\$4,156	\$4,156
EE+Spouse - 1 Medicare	\$1,290	\$2,409	\$3,698	\$1,290	\$2,409	\$3,698	\$1,208	\$2,774	\$3,982	\$3,982
EE+Spouse - 2 Medicare	N/A	\$4,818	\$4,818	N/A	\$4,818	\$4,818	N/A	\$5,547	\$5,547	\$5,547
Family - 0 Medicare	\$4,861	N/A	\$4,861	\$4,861	N/A	\$4,861	\$4,731	N/A	\$4,731	\$4,731
Family - 1 Medicare	\$1,795	\$2,409	\$4,203	\$1,795	\$2,409	\$4,203	\$1,687	\$2,774	\$4,460	\$4,460
Family - 2 Medicare	\$1,429	\$4,818	\$6,247	\$1,429	\$4,818	\$6,247	\$1,356	\$5,547	\$6,903	\$6,903
EE+Ch - 0 Medicare	\$2,744	N/A	\$2,744	\$2,744	N/A	\$2,744	\$2,671	N/A	\$2,671	\$2,671
EE+Ch - 1 Medicare	\$1,405	\$2,409	\$3,814	\$1,405	\$2,409	\$3,814	\$1,292	\$2,774	\$4,065	\$4,065

Exhibit 4D – Plan Year 2021 Annual Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	Horizon Early Retiree Subscriber	1525 HMO Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon HMO	Horizon PPO	Horizon HMO
Total Premium							
Single - 0 Medicare	\$10,459	\$9,668	N/A	\$9,668	\$9,668	\$9,973	\$9,217
Single - 1 Medicare	\$4,638	N/A	\$4,125	\$4,125	\$5,336	\$4,517	\$5,192
EE+Spouse - 0 Medicare	\$22,802	\$21,076	N/A	\$21,076	\$21,076	\$21,741	\$20,094
EE+Spouse - 1 Medicare	\$12,804	\$7,353	\$4,125	\$11,478	\$12,689	\$12,315	\$12,228
EE+Spouse - 2 Medicare	\$9,277	N/A	\$8,251	\$8,251	\$10,671	\$9,035	\$10,384
Family - 0 Medicare	\$25,940	\$23,977	N/A	\$23,977	\$23,977	\$24,733	\$22,859
Family - 1 Medicare	\$15,499	\$9,761	\$4,125	\$13,886	\$15,096	\$14,892	\$14,532
Family - 2 Medicare	\$12,029	\$2,084	\$8,251	\$10,335	\$13,197	\$11,715	\$12,840
EE+Ch - 0 Medicare	\$14,644	\$13,535	N/A	\$13,535	\$13,535	\$13,962	\$12,905
EE+Ch - 1 Medicare	\$7,344	\$1,997	\$4,125	\$6,123	\$7,735	\$7,153	\$7,524
Medical Premium							
Single - 0 Medicare	\$8,560	\$7,683	N/A	\$7,683	\$7,683	\$8,056	\$7,214
Single - 1 Medicare	\$2,304	N/A	\$1,791	\$1,791	\$3,001	\$2,160	\$2,835
EE+Spouse - 0 Medicare	\$18,662	\$16,749	N/A	\$16,749	\$16,749	\$17,561	\$15,726
EE+Spouse - 1 Medicare	\$9,220	\$6,022	\$1,791	\$7,813	\$9,023	\$8,697	\$8,528
EE+Spouse - 2 Medicare	\$4,608	N/A	\$3,582	\$3,582	\$6,002	\$4,321	\$5,671
Family - 0 Medicare	\$21,230	\$19,054	N/A	\$19,054	\$19,054	\$19,978	\$17,890
Family - 1 Medicare	\$11,426	\$7,929	\$1,791	\$9,720	\$10,931	\$10,780	\$10,327
Family - 2 Medicare	\$5,975	\$699	\$3,582	\$4,281	\$7,144	\$5,603	\$6,728
EE+Ch - 0 Medicare	\$11,985	\$10,757	N/A	\$10,757	\$10,757	\$11,278	\$10,099
EE+Ch - 1 Medicare	\$3,648	\$636	\$1,791	\$2,426	\$4,039	\$3,421	\$3,792
Rx Premium							
Single - 0 Medicare	\$1,899	\$1,985	N/A	\$1,985	\$1,985	\$1,917	\$2,003
Single - 1 Medicare	\$2,334	N/A	\$2,334	\$2,334	\$2,334	\$2,357	\$2,357
EE+Spouse - 0 Medicare	\$4,141	\$4,327	N/A	\$4,327	\$4,327	\$4,180	\$4,368
EE+Spouse - 1 Medicare	\$3,584	\$1,331	\$2,334	\$3,665	\$3,665	\$3,618	\$3,700
EE+Spouse - 2 Medicare	\$4,669	N/A	\$4,669	\$4,669	\$4,669	\$4,713	\$4,713
Family - 0 Medicare	\$4,710	\$4,922	N/A	\$4,922	\$4,922	\$4,755	\$4,969
Family - 1 Medicare	\$4,073	\$1,831	\$2,334	\$4,166	\$4,166	\$4,112	\$4,205
Family - 2 Medicare	\$6,054	\$1,385	\$4,669	\$6,054	\$6,054	\$6,111	\$6,111
EE+Ch - 0 Medicare	\$2,659	\$2,779	N/A	\$2,779	\$2,779	\$2,684	\$2,805
EE+Ch - 1 Medicare	\$3,696	\$1,362	\$2,334	\$3,696	\$3,696	\$3,731	\$3,731

Exhibit 4D – Plan Year 2021 Annual Retiree Premiums

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	HD 4000	NJ DIRECT PPO	2035	HD 1500	Tiered Network
	Horizon PPO	Horizon PPO \$0	Horizon PPO	Horizon PPO	Horizon HMO
Total Premium					
Single - 0 Medicare	\$5,791	\$9,992	\$8,597	\$8,432	\$8,437
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$12,624	\$21,783	\$18,742	\$18,382	\$18,393
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$14,361	\$24,781	\$21,321	\$20,912	\$20,924
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$8,107	\$13,989	\$12,036	\$11,805	\$11,812
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Medical Premium					
Single - 0 Medicare	\$4,536	\$8,082	\$6,983	\$6,720	\$6,675
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$9,890	\$17,618	\$15,223	\$14,649	\$14,551
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$11,251	\$20,043	\$17,318	\$16,665	\$16,554
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$6,351	\$11,315	\$9,776	\$9,408	\$9,345
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Rx Premium					
Single - 0 Medicare	\$1,254	\$1,910	\$1,614	\$1,712	\$1,762
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$2,734	\$4,165	\$3,519	\$3,733	\$3,842
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,110	\$4,738	\$4,003	\$4,247	\$4,370
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$1,756	\$2,675	\$2,260	\$2,397	\$2,467
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A

Exhibit 5A – Plan Year 2021 Employee Plan Option Summary

	Government Actives										
	NJDIRECT PPO Plan	NJDIRECT PPO New Hire Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
In-Network											
Deductible (Single/Family) ¹	None	\$100	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,500/\$3,000	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/Family)	\$800/\$2,000	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$6,840/\$13,680	\$6,840/\$13,680	\$400/\$1,000	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network											
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30%	30%	20%	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Prescription Drug											
OOP Maximum (Single/Family)	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420
Retail - Generic	\$7	\$7	\$3	\$3	\$3	\$7	\$3	\$7	\$7	\$7	\$7
Retail - Preferred Brand	\$16	\$16	\$10	\$10	\$10	\$16	\$18	\$21	\$21	\$21	\$16
Retail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$10	\$10	\$10	\$35	\$46	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mail - Preferred Brand	\$40	\$40	\$15	\$15	\$15	\$40	\$36	\$52	\$52	\$52	\$40
Mail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$15	\$15	\$15	\$88	\$92	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference

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

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

²On 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 2021 Early Retiree Plan Option Summary

	Government Early Retirees											
	NJDIRECT PPO Early Retiree Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
In-Network												
Deductible (Single/Family) ¹	\$0	None	None	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,500/\$3,000	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$7,199/\$14,398	\$400/\$1,000	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network												
Deductible (Single/Family)	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	\$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	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	40%	Not covered
Prescription Drug												
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3	\$7	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$7
Retail - Preferred Brand	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18	\$21			\$16
Retail - Non-Preferred Brand	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member Pays the Difference			Member Pays the Difference
Mail - Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36	\$52			\$40
Mail - Non-Preferred Brand	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member Pays the Difference			Member Pays the Difference

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

² On Select Services

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

Exhibit 5C – Plan Year 2021 Medicare Retiree Plan Option Summary

	Government Medicare Advantage ²				Government Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
In-Network									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) ¹	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398
Overall Coinsurance	None	None	None	None	10% ⁵	10% ⁵	10% ⁵	10% ⁵	10% ⁵
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Out-of-Network									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) ¹	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
Prescription Drug⁴									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic ³	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand ³	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand ³	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

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

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

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

⁵ On Select Services

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

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