

Plan Year 2026 Rate Setting Recommendation Analysis

As Approved on September 3, 2025

Table of Contents

Subject	Page
Executive Summary	3
Plan Year 2026 Overview	10
Trend Analysis	16
Financial Projections	18
Rate Setting Development	24
Exhibits	29
1 – Enrollment Projections	29
2 – Trend Assumption	34
3 – Aggregate Costs	36
4 – Plan Year 2026 Premiums	45
5 – Plan Year 2026 Plan Option Summary	55
About Aon	58

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, 2026 through December 31, 2026.

For Plan Year 2026, employees and retirees are offered the following benefit options:

Plan Type	Horizon	Aetna
Unity PPO	NJDIRECT	Freedom
Unity 2019 PPO (Active Only)	NJDIRECT 2019	Freedom 2019
PPO10	NJDIRECT10	Freedom 10
PPO15	NJDIRECT15	Freedom 15
PPO1525	NJDIRECT1525	Freedom 1525
PPO2030	NJDIRECT2030	Freedom 2030
PPO2035 (Active Only)	NJDIRECT2035	Freedom 2035
HDLow	Horizon HDLow	Freedom HDLow
HDHigh	Horizon HDHigh	Freedom HDHigh
HMO10	Horizon HMO10	Aetna HMO10
HMO1525 (Retiree Only)	Horizon HMO1525	Aetna HMO1525
HMO2030 (Retiree Only)	Horizon HMO2030	Aetna HMO2030
Tiered Network	OMNIA	Liberty Plus

Recommended premium rate changes are based on a review of the experience of the Medical and Prescription Drug benefits offered to Active Employees and Retirees by the SHBP. The updated projections for Plan Year 2026 are based on medical and prescription drug claims incurred January 1, 2024 through December 31, 2024 and paid through March 31, 2025.

Premium Rate Scenarios

The projected combined Active and Retiree Medical and Prescription Drug Claim Stabilization Reserve (CSR) balance is projected to be negative as of 12/31/2024. To address this shortfall, a transfer was authorized under Chapter 86 to cover emerging claims. The amount transferred is projected to total \$200 million as of 12/31/2025. As in recent years, an additional margin is recommended to replenish the CSR. Multiple premium rate increase scenarios were reviewed with the Division to measure the impact on the CSR and to consider the re-payment of the Chapter 86 \$200M through 2026 premiums.

Scenario 1: No Premium Margin

The exhibit below illustrates the premium increases needed to cover expected 2026 cost with no additional margin. This scenario includes only a baseline 2026 anti-selection assumption of 1.0% on projected Active and Early Retiree claim costs reflecting the risk of employers choosing to leave the plan. Under this scenario, the CSR is projected to remain negative.

	Medical	Rx			Total
		Rx Card	MMRx	Total	
Actives					
PPO / HDHP	12.4%	38.2%	37.5%	38.0%	15.9%
HMO	10.6%	37.0%	37.0%	37.0%	14.4%
Tiered Network	10.6%	33.8%	33.8%	33.8%	14.4%
Total	12.3%	38.0%	37.2%	37.8%	15.8%
Early Retirees					
PPO / HDHP	11.3%			29.5%	14.5%
HMO	11.3%			29.5%	14.9%
Total	11.3%			29.5%	14.5%
Medicare Retirees					
Medicare Advantage	34.7%			6.8%	16.3%
Medicare Supplement	(2.8%)			6.8%	2.0%
Total	28.8%			6.8%	14.7%
Grand Total	12.8%			28.2%	15.4%

SHBP Projected Claim Stabilization Reserve

(in \$ millions)

Claim Stabilization Reserve (\$ millions)	Active	Retiree	Total
12/31/2024	\$37	(\$168)	(\$131)
12/31/2025	(\$10)	(\$178)	(\$188)
12/31/2026	(\$10)	(\$178)	(\$188)
Months of Plan Cost as of 12/31/2026	(0.1)	(3.1)	(1.0)

Scenario 2: Collect \$200M + Fund the CSR to 2.0 Months of Plan Cost

This scenario examines the increase that would be required to collect the \$200M owed under Chapter 86 through 2026 premiums and to restore the CSR to the target 2.0 months of plan cost. The chart below illustrates the increases required under this scenario.

This scenario includes an increased 2026 anti-selection assumption of 7.25% on projected Active and Early Retiree claim costs to reflect the increased risk of employers choosing to leave the plan. Even this level of anti-selection may be insufficient if attrition from the plan is significant.

Resulting premiums under this scenario are set 33.8% above expected costs for Plan Year 2026.

	Medical	Rx			Total
		Rx Card	MMRx	Total	
Actives					
PPO / HDHP	58.6%	94.5%	93.5%	94.3%	63.5%
HMO	56.0%	92.9%	92.9%	92.9%	61.4%
Tiered Network	56.1%	88.3%	88.3%	88.3%	61.4%
Total	58.5%	94.2%	93.2%	94.0%	63.4%
Early Retirees					
PPO / HDHP	57.2%			82.5%	61.6%
HMO	57.2%			82.5%	62.1%
Total	57.2%			82.5%	61.6%
Medicare Retirees					
Medicare Advantage	80.3%			42.9%	55.7%
Medicare Supplement	29.5%			42.9%	36.3%
Total	72.3%			42.9%	53.5%
Grand Total	58.8%			79.2%	62.1%

SHBP Projected Claim Stabilization Reserve

(in \$ millions)

Claim Stabilization Reserve (\$ millions)	Active	Retiree	Total
12/31/2024	\$37	(\$168)	(\$131)
12/31/2025	(\$10)	(\$178)	(\$188)
12/31/2026	\$373	\$2	\$376
Months of Plan Cost as of 12/31/2026	2.9	0.0	2.0

Scenario 3: Collect \$200M + 6.0% Margin

This scenario examines the increase that would be required to collect the \$200M owed under Chapter 86 through 2026 premiums and also includes 6.0% margin to help increase the projected CSR balance. Under this scenario, the CSR is improved but still projected to remain negative.

The chart below illustrates the increases required under this scenario.

This scenario also includes an increased 2026 anti-selection assumption of 3.75% on projected Active and Early Retiree claim costs to reflect the risk of employers choosing to leave the plan. Even this level of anti-selection may be insufficient if attrition from the plan is significant.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
Actives					
PPO / HDHP	32.8%	63.1%	62.3%	62.9%	37.0%
HMO	30.7%	61.8%	61.8%	61.8%	35.2%
Tiered Network	30.7%	58.0%	58.0%	58.0%	35.2%
Total	32.7%	62.9%	62.1%	62.7%	36.9%
Early Retirees					
PPO / HDHP	31.7%			53.0%	35.4%
HMO	31.7%			53.0%	35.8%
Total	31.7%			53.0%	35.4%
Medicare Retirees					
Medicare Advantage	55.6%			23.3%	34.3%
Medicare Supplement	12.2%			23.3%	17.8%
Total	48.7%			23.3%	32.4%
Grand Total	33.2%			50.9%	36.2%

SHBP Projected Claim Stabilization Reserve

(in \$ millions)

	Active	Retiree	Total
12/31/2024	\$37	(\$168)	(\$131)
12/31/2025	(\$10)	(\$178)	(\$188)
12/31/2026	\$85	(\$133)	(\$48)
Months of Plan Cost as of 12/31/2026	0.7	(2.3)	(0.3)

Consistent with the rates approved by the SHBC on September 3, 2025, the recommended premium increases and remainder of the information in this analysis is based on the projected costs and premiums outlined for Scenario 3.

Premium Increase Overview

- The total recommended Plan Year 2026 premium rate change for the combined Local Government Actives, Early Retirees, and Medicare Retirees is an increase of 36.2%. This reflects the following:
 - The recommended rate change for Local Government Actives is a 32.7% increase for medical and a 62.7% increase for the prescription drug premium rates, for a total increase of 36.9%.
 - Active premium rates for the PPO 2030 and PPO 2035 plans were further adjusted to reflect high emerging experience. The total active medical with Rx card premium increase will be 41.6% for PPO 2030 and 55.1% for PPO 2035. Adjustments reflect the expected actuarial difference in those plan values compared to the PPO1525.
 - The recommended rate change for Local Government Early Retirees is a 31.7% increase for medical and a 53.0% increase for the prescription drug premium rates, for a total increase of 35.4%.
 - The Medicare Retiree medical increase for Plan Year 2026 is 48.7%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change in Plan Year 2026 is a 23.3% increase.
- The projected combined Active and Retiree Medical and Prescription Drug Claim Stabilization Reserve (CSR) balance is projected to be negative as of 12/31/2024. To address this shortfall, a transfer was authorized under Chapter 86 to cover emerging claims. The amount transferred is projected to total \$200 million as of 12/31/2025. Plan Year 2026 premium rates are set 15.4% higher than the projected medical and prescription drug costs for Actives, Early Retirees and Medicare Retirees. This increase includes a 6.0% margin to help build the CSR balance, along with an additional amount to repay the \$200 million owed under Chapter 86. Despite this margin, the projected CSR balances remains below the targeted 2.0 months of plan cost in Plan Year 2026, indicating that further margin adjustments may be warranted.
- An anti-selection assumption of 3.75% has been applied on projected Active and Early Retiree claim costs for Plan Year 2026 to reflect the increased risk of employers choosing to leave the plan as a result of the additional cost. This is an increase from the Plan Year 2025 anti-selection assumption of 1.75%. Even this level of anti-selection may be insufficient if attrition from the plan is significant.

Recommended Premium Rate Changes

The recommended Plan Year 2026 premium rate changes are as follows: a 36.9% increase for Active Employees, a 35.4% increase for Early Retirees and a 32.4% increase for Medicare Retirees. The Medicare Retirees medical increase for Plan Year 2026 includes both self-insured medical premiums and fully insured Medicare Advantage premiums. For all groups combined, the recommended change is an increase of 36.2%.

The recommended premiums rate changes for Plan Year 2026 by benefit plan are listed below.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
Actives					
PPO / HDHP	32.8%	63.1%	62.3%	62.9%	37.0%
HMO	30.7%	61.8%	61.8%	61.8%	35.2%
Tiered Network	30.7%	58.0%	58.0%	58.0%	35.2%
Total	32.7%	62.9%	62.1%	62.7%	36.9%
Early Retirees					
PPO / HDHP	31.7%			53.0%	35.4%
HMO	31.7%			53.0%	35.8%
Total	31.7%			53.0%	35.4%
Medicare Retirees					
Medicare Advantage	55.6%			23.3%	34.3%
Medicare Supplement	12.2%			23.3%	17.8%
Total	48.7%			23.3%	32.4%
Grand Total	33.2%			50.9%	36.2%

The table below shows the projected total Claim Stabilization Reserve at the end of Plan Years 2024 through 2026 for Local Government. The projected reserve balances are based on the reserve balance as of June 30, 2024 provided by the State. The CSR balances below are intended to illustrate how the claims stabilization reserve may fluctuate due to gains and losses in the active and retiree plans. Actual balances as of December 31, 2025 and December 31, 2026 may differ.

SHBP Projected Claim Stabilization Reserve

(in \$ millions)

	Active	Retiree	Total
12/31/2024	\$37	(\$168)	(\$131)
12/31/2025	(\$10)	(\$178)	(\$188)
12/31/2026	\$85	(\$133)	(\$48)
Months of Plan Cost as of 12/31/2026	0.7	(2.3)	(0.3)

Additional Disclosures

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

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

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

Plan Year 2026 Overview

The following plan design changes were approved by the SHBP Plan Design Committee for Plan Year 2017 and were subsequently reaffirmed. They are assumed to continue to be in effect for Plan Year 2026.

- Reimbursement Change for Out-of-Network (OON) Services: All PPO plans limit plan payments for out-of-network physical therapy, chiropractor, and acupuncture services. This change applies to both SHBP Actives and SHBP Early Retirees.
- Mandatory Generic: For all multi-source drugs (brand drugs with generic equivalents available), the SHBP plan pays for the cost of the generic equivalent. Members who choose to fill the prescription for the brand name drug are responsible for the generic copay, plus the difference in cost. This applies to Active and Early Retiree prescription drug plans only.
- Prescription Drug Formulary: All SHBP Active and Early Retiree prescription drug plans conform to Optum's Premium Formulary, which directs prescriptions to more cost-effective, clinically-equivalent medications.
- Step Therapy Changes: Active employees who were not previously impacted by Step Therapy are now subject to this program. Step Therapy requires members to try a more cost-effective, clinically-equivalent drug before certain drugs will be covered.
- Active Mail Order Generic Copays: Generic drugs filled through OptumRx's Mail Order Pharmacy are subject to a \$0 copay for all Active members.
- Retiree Mail Order Preferred Brand Copays: For retiree members enrolled in the PPO10 and PPO15 medical plans, preferred 90-day prescription drugs are subject to a \$28 copay.
- EGWP Specialty Rx Copays: 30-day copayments for Specialty Pharmacy Drugs for Employer Group Waiver Plan (EGWP) retirees are subject to a reduced copay as outlined in resolution 2023-2.

Additional Plan Design Changes that have been approved and are assumed to be in effect for Plan Year 2026, except as noted below, are as follows:

- HMS Data Integrity Vendor: In accordance with Public Law 2019, Chapter 143, the State conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and Data management services for self-insured Active, Early, and Medicare Retirees. This law requires the third party Medical Claims Reviewer to provide ongoing review and oversight of current medical claims processes. In addition, the Medical Claims Reviewer also must collect, store and maintain a secure archive of medical and prescription drug claims and other health services payment information, as well as document the cost and nature of claims incurred,

demographic information on the covered population, emerging utilization and demographic trends. Savings for this change are assumed to be in the underlying claims experience and will continue in Plan Year 2026. Estimated fees are based on amounts provided by the State and are assumed to increase 2.5% each year. This program is assumed to not impact Medicare Retirees.

- Medicare Eligibility Vendor: The State implemented SSDC services to identify and conduct outreach to pre-65 retirees and spouses who are currently eligible or could become eligible for Medicare, in order to ensure enrollment in Medicare when appropriate. Estimated savings for this program are assumed to be in the underlying claims experience. Estimated fees are based on amounts provided by the State and are assumed to increase 2.5% each year. This program does not impact Actives and Medicare Retirees.
- eviCore: Effective January 1, 2021, the State implemented eviCore's Advanced Imaging Solution, which is intended to improve patient outcomes by guiding members to receive the appropriate test or treatment using prior authorizations and medical necessity reviews. This program was retroactively terminated effective January 1, 2024. Updated 2024 capitation amounts excluding eviCore were provided by Horizon. Due to the mid-year timing of the termination of this program, the claim expenses in place of eviCore through August 2024 were not included in Horizon claim feeds through August 2024. Horizon provided separate claim experience data for this, which was added to the underlying claims included in these projections. For Plan Year 2024, these amounts are \$13.4M for Local Government Actives and \$4.8M for Local Government Early Retirees.
- Livongo Diabetes Management: Effective January 31, 2020, Livongo, a diabetes management program was launched for Actives and Early Retirees. The goal of the program is to help keep members living with diabetes in the safe zone of blood glucose levels by providing a cellular-enabled glucometer with testing strips and access to coaching and a 24/7 chat feature. Livongo identifies eligible participants through Medical and Rx claims data and sends targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees for this program have been removed from 2025 and 2026 projections. This program does not impact Medicare Retirees.
- Livongo Whole Person: Beginning Plan Year 2021, Livongo also implemented the Livongo "Whole Person", which provides a broader suite of services such as Livongo for Cardiovascular, Livongo for Weight Management, and Livongo for Behavioral Health in addition to the Livongo for Diabetes Management in effect since January 31, 2020. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees for this program have been removed from 2025 and 2026 projections. This program does not impact Medicare Retirees.

- Hinge Health: Effective 2021, the State implemented Hinge Health, a coach-led, digital program using sensor guided exercise therapy for chronic back and joint pain. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees for this program, which previously flowed through the claims wire, are assumed to be immaterial so no adjustment has been made. This program does not impact Medicare Retirees.
- Amino: Effective 2021, the State implemented Amino, a provider directory promoting transparency that helps employees make smarter healthcare choices. The tool matches members with the highest quality, lowest cost in-network providers for their specific needs. This program is assumed to be terminated effective March 1, 2024 which is assumed to have no claim impact. Estimated fees for this program have been removed from 2025 and 2026 projections.
- Wondr Health: Effective 2021, the State implemented Wondr Health, an online weight loss program that uses informative videos and learning tools to teach participants how to lose weight and improve their overall health. This program is assumed to be terminated effective July 1, 2024 which is assumed to have no claim impact. Estimated fees are paid through Horizon and are assumed to be immaterial so no adjustment has been made. This program does not impact Medicare Retirees.
- Humira replacement with Biosimilar: Effective 2025, Optum Rx will prefer FDA-approved interchangeable adalimumab biosimilars on its commercial formularies with \$0 copays for patients who utilize the available manufacturer copay assistance program. After a rigorous evaluation of this maturing adalimumab category, Optum Rx will prefer the biosimilar Amjevita. Aon's future trend assumption takes into account the availability of biosimilars, however this change does not impact current members utilizing Humira who will be able to continue Therapy with no change in medication. Therefore, no additional adjustment has been made to projected prescription drug costs for this change.

For all instances where Aon assumes no claim impact for the removal of vendor programs and services, Aon has not completed ROI analysis and is not representing an opinion whether the program independently provided claim savings.

Vendor Changes

Medical Vendors: Effective July 1, 2024, Actives and Early Retirees will have a choice of enrolling in self-insured medical plan options with either Horizon or Aetna. Both vendors will offer identical versions of each plan option. All Self-Insured Medicare plan options are assumed to continue to only be offered by Horizon. All fully insured Medicare Advantage plans are assumed to continue to be administered by Aetna.

Pharmacy Benefit Manager: Optum is assumed to administer all of the prescription drug plans in Plan Year 2026.

Federal Health Care Reform

IRS Health Savings Account (HSA) Requirements: On August 23, 2023, the SHBP Plan Design Committee approved resolutions 2023-11 and 2023-12, which rename the HD1500 and HD4000 to the HDLow and HDHigh plan options, respectively. As part of these resolutions, the plans' deductibles and out-of-pocket maximums will be indexed each year aligning with the IRS inflation-adjusted deductible increases and out-of-pocket maximums will be adjusted to maintain a consistent distribution between deductibles and out-of-pocket maximums. For Plan Year 2026, the HDLow and HDHigh in-network deductibles and OOP maximums will increase \$50/\$100 (Single/Family), consistent with the change in the IRS minimum deductibles for HSA qualified plans. The impact of these changes is based Aon's Actuarial Value model.

In-Network Out-of-Pocket Maximum: Effective January 1, 2026, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$10,600 single / \$21,200 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)
2024	\$9,450 / \$18,900
2025	\$9,200 / \$18,400
2026	\$10,600 / \$21,200

Inflation Reduction Act of 2022: In August 2022, the Inflation Reduction Act of 2022 (IRA) was signed into law. This law restructures the Standard Medicare Part D prescription drug benefit and revenue payments to plans beginning in 2023, with the most significant changes taking place in 2025. On July 28th, 2025, the Centers for Medicare and Medicaid Services (CMS) released the national average of individual market bids for 2026 and the national average bid (NAB) amount came in higher than expected. The NAB is the key driver of the Direct Subsidy component of revenue paid to plans, including the SHBP EGWP. In addition, CMS confirmed funding under the voluntary premium stabilization demonstration program for 2026, adding \$10 PMPM (before adjustment for sequestration) to Direct Subsidy revenue. The IRA allows Medicare to negotiate drug prices with manufacturers, and the first 10 drugs selected for negotiation take effect in 2026. The expected impact of these negotiations is reflected in each component of cost and revenue provided by Optum for 2026.

New Jersey State Mandates

A5235: Effective July 2024, this act revises health insurance coverage for the treatment of infertility. Based on information from Horizon, this change is projected to increase Active claims 0.17%. This is assumed to have no impact on Early and Medicare Retirees.

S2535: Effective April 2024, this bill requires health benefits coverage of hearing aids and cochlear implants for covered members. Based on information from Horizon, this change is projected to increase Active claims 0.11%. This is assumed to have no impact on Early and Medicare Retirees.

A1255: Effective April 2024, this act updates requirement and standards for authorization and prior authorization of health care services. There is no expected cost associated with this mandate.

A3853/S2988: These bills extend certain pay parity rules regarding telemedicine and telehealth until July 1, 2026. There is no expected cost associated with this mandate.

Eligibility Changes and Other Eligible Members

Chapter 375 Coverage of Adult Children

The number of Local Government adult children covered under Chapter 375 as of April 2025 is 28. The premiums for this group are required to be equivalent to the premium charges for children and are included in the standard premiums, with a 2% load for expenses. Plan Year 2026 rate setting premiums have been calculated based on this requirement. The Adult Child rate will be approximately 81% of the Single Employee rate.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2023 through 2025 and includes a projection of enrollment from 2025 to 2026. Enrollment for Plan Years 2023 through 2025 are based on actual Active and Retiree average monthly enrollment during each year as reported by the State through April 2025. This projection assumes that total Local Government Actives, Local Government Early Retirees, and Local Government Medicare Retirees enrollment counts decrease 2.5% in Plan Year 2026.

Exhibit 1B reflects the distribution of projected Plan Year 2026 enrollment among benefit options. Approximately 59% of Local Government Actives are assumed to be enrolled in the PPO10 plan and 15% of Local Government Actives are assumed to be enrolled in the PPO15 plan. Enrollment in the HMO10 plan is projected to be approximately 2% of the total Active enrollment. Approximately 83% of Local Government Retirees are assumed to be enrolled in the PPO10 plan or the PPO15 plan.

Exhibit 1C shows the projected average enrollment by benefit option and coverage tier for Plan Year 2025.

Dependents per subscriber reflect ratios using Local Government enrollment as of April 2025 and are assumed to remain constant for Plan Year 2026. For Plan Year 2026, the enrollment distribution by coverage tier for each plan is assumed to remain consistent with the plan specific distribution for Plan Year 2025.

For Plan Year 2026, 0.5% of Local Government Active Legacy PPO 10 and PPO 15 participants are assumed to migrate to the Tiered Network plan.

Active Demographic Changes

The Active Employee average age very slightly decreased by 0.1 from Plan Year 2024 to Plan Year 2025. The average HMO Employee age is 3.0 years older than the average PPO10 and PPO15 employee. Employees enrolled in the Unity PPO plan option are 3.5 years younger than employees enrolled in the PPO10 and PPO15 plan options. The average age of Employees enrolling in the Other Plans is 2.1 years younger than the Employees in the PPO10 and PPO15 plan options.

Average Employee Age

	April 2024	April 2025	Change
PPO10/15	46.4	46.4	0.0
HMO10	49.2	49.4	0.2
Unity PPO / Unity PPO 2019	42.4	42.9	0.5
Other Plans	43.5	44.3	0.8
Total	46.0	45.9	(0.1)

* Other Plans include the PPO1525, PPO2030, PPO2035, HDHigh, HDLow, and Tiered Network plans.

Trend Analysis

The recommended claim trend assumptions for Plan Years 2025 and 2026 are:

	Plan Year 2025		Plan Year 2026	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	9.50%	23.00%	9.50%	19.00%
PPO Early Retirees	9.50%	21.00%	9.50%	17.00%
Self-Insured Medicare Retirees	5.50%	18.00%	6.00%	3.00%
HMO/Tiered Network Actives	9.50%	23.00%	9.50%	19.00%
HMO/Tiered Network Early Retirees	9.50%	21.00%	9.50%	17.00%

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

The Medicare Retiree trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2026 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 2026 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2022 to December 31, 2024 and have been normalized for estimated benefit and vendor changes.

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

Plan Year 2026	Vendor Recommendation			National AON Trend Guidance	
	Horizon	Aetna	Optum	Medical	Rx
PPO Actives	10.3%	10.1%	33.5%	8.0%	15.1%
PPO Early Retirees	10.3%	10.1%	32.7%	8.0%	14.6%
HMO Actives	10.3%	9.9%	33.5%	8.0%	15.1%
Tiered Network Actives	10.3%	9.4%	33.5%	8.0%	15.1%
Self-Insured Medicare Retirees	3.7%	N/A	10.4%	6.5%	13.0%

*Gross trend shown before impact of plan design changes.

**Optum recommended trend represents annual average trend from PY2024 to PY2026.

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

Medical Trends:

- PPO and HMO Actives: The PPO Active medical trend is 9.50% in Plan Year 2025, a 1.50% increase from the 8.00% medical trend in the Plan Year 2025 Rate Setting Analysis. The PPO Active medical trend is 9.50% for Plan Year 2026.
- PPO and HMO Early Retirees: The Plan Year 2025 Early Retiree PPO medical trend is 9.50%, a 1.50% increase from the Plan Year 2025 Rate Setting Analysis. The Plan Year 2026 medical trend is 9.5%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 5.50% in Plan Year 2025, no change Plan Year 2025 Rate Setting Analysis. The Plan Year 2026 trend is 6.00%

Prescription Drug Trends: Prescription drug trends have increased based on both Vendor and Aon trend guidance because of expected increases in GLP-1 and specialty drug costs and utilization.

The Plan Year 2024 prescription drug trends have been increased from the Plan Year 2025 Rate Setting Analysis to 23.00% for Actives, 21.00% for Early Retirees and 18.00% for Self-Insured Medicare Retirees. The recommended prescription drug trend for Plan Year 2026 is 19.00% for Actives, 17.00% for Early Retirees, and 3.00% for Self-Insured Medicare Retirees.

Additional Trend Adjustments: To reflect potential additions and terminations of Local Government Employers, the Active and Early Retiree medical and prescription drug trends will be increased by 175 basis points in Plan Year 2025 and by 375 basis points in Plan Year 2026. No adjustment is made for the Medicare Retiree population. These adjustments reflect anti-selection risk and change in average health status of the population resulting from Local Government Employers entering or terminating coverage under the State-sponsored plans based on their own favorable or unfavorable claims experience.

Medicare Advantage: The Medicare Advantage rates in Plan Years 2025 and 2026 were provided by Aetna. Below is a table summarizing the fully insured Medicare Advantage per member per month rates for Plan Years 2025 and 2026.

Aetna Monthly Per Member Medicare Advantage Premium Rates

Local Government	Aetna Medicare Advantage Rates			
	2025	2026	\$ Change	
PPO 10	\$ 158.19	\$ 219.03	\$ 60.84	
PPO 15	\$ 140.84	\$ 201.68	\$ 60.84	
HMO 10	\$ 182.32	\$ 243.16	\$ 60.84	
HMO 1525	\$ 147.92	\$ 208.76	\$ 60.84	

*MA rates shown above do not include additional margin. Final premium rates will include an additional 15.4%. This reflects 6.0% margin to help build the CSR balance plus an additional load to collect the \$200M owed under Chapter 86.

Financial Projections

Aggregate Financial Projections

Using the assumptions and methodology described in this Rate Setting Development section of this analysis, below are the current estimated projected costs for Plan Years 2024, 2025 and 2026.

Projected Financial Results

(in \$ millions)

	PPO 10	PPO 15	Legacy HMOs	Other Plans	Total
Plan Year 2024					
Premium Rates x Enrollment	\$1,129.7	\$295.5	\$46.8	\$257.3	\$1,729.3
Incurred Claims	\$1,176.5	\$302.0	\$46.5	\$237.0	\$1,762.0
Administrative Charges	\$26.0	\$7.1	\$1.4	\$8.2	\$42.7
Net Gain (Loss)	(\$72.8)	(\$13.6)	(\$1.1)	\$12.1	(\$75.4)
Plan Year 2025					
Premium Rates x Enrollment	\$1,238.4	\$285.9	\$44.1	\$347.7	\$1,916.1
Incurred Claims	\$1,259.9	\$284.6	\$42.6	\$344.4	\$1,931.5
Administrative Charges	\$24.8	\$5.9	\$1.2	\$9.8	\$41.7
Net Gain (Loss)	(\$46.3)	(\$4.6)	\$0.3	(\$6.5)	(\$57.1)
Plan Year 2026					
Premium Rates x Enrollment	\$1,624.0	\$375.8	\$57.7	\$482.5	\$2,540.0
Incurred Claims	\$1,407.1	\$317.9	\$47.7	\$386.8	\$2,159.5
Administrative Charges	\$24.1	\$5.7	\$1.2	\$9.6	\$40.6
Chapter 86 Repayment	\$101.4	\$31.5	\$5.7	\$61.4	\$200.0
Net Gain (Loss)	\$91.4	\$20.7	\$3.1	\$24.7	\$139.9

Notes:

- Other Plans include the 15/25 PPO, 15/25 HMO, 20/30 PPO, 20/30 HMO, 20/35 PPO, HDLow, HDHigh, Tiered Network, Unity PPO, and Unity 2019 PPO plan options.
- Plan Year 2024, 2025, and 2026 premium rates include margin of 3.0%, 3.0% and 15.4%, respectively.
- Incurred claims includes medical claims, other claim based fees, Rx claims, capitation, MA premiums, rebates, education surcharges, and EGWP credits
- Totals may not add due to rounding.

The current Plan Year 2024 financial results project a loss of \$75.4M compared to a \$49.6 million loss projected in the Plan Year 2025 Rate Setting Analysis.

The current Plan Year 2025 results project a loss of \$57.1 million compared to \$60.0 million gain projected in the Plan Year 2025 Rate Setting Analysis, which reflected 3.0% margin added to 2025 premium rates to address the below-target Claims Stabilization Reserve balance.

The Plan Year 2026 Rate Setting Analysis is projected to produce a \$340.0 million gain for Local Government Actives and Retirees, of which \$200M is allocated to repay the Chapter 86 balance. Final premium rates are priced 15.4% higher than projected costs, which reflects 6.0% margin to help build the CSR balance plus an additional load to collect the \$200M owed under Chapter 86.

The Plan Year 2026 aggregate projected cost is approximately \$2.2 billion: \$1.5 billion for Actives and \$0.7 billion for Retirees.

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

Cost Driver Analysis

The premium rates outlined in the Plan Year 2025 Rate Setting Analysis were developed using 2023 incurred claims projected to 2024 and 2025. The updated projections and Plan Year 2026 premium rates outlined in this analysis reflect actual 2024 claims experience and updated assumptions. Differences between the projected 2024 claims experience in the Plan Year 2025 Rate Setting Analysis and the actual Plan Year 2024 experience as well as updated assumptions contribute to the Plan Year 2026 premium increases.

The claims experience cost drivers detailed within this section highlight year-over-year changes impacting the rate recommendation analysis. The cost drivers do not take into account the cost or utilization statistics of the plan compared to national benchmarks.

Active Medical

For Plan Year 2024, actual Active per member per month (PMPM) medical claims experience was 0.9% higher than expected. Based on Calendar Year 2024 reporting provided by Horizon, medical claim experience was driven by the following:

- Medical claims for outpatient services increased, with a total annual trend of 12%, including a 6% increase in the cost per visit and 7% increase in utilization. Outpatient utilization increased across all service categories, including a 10% increase in OP medical pharmacy, a 9% increase in OP ambulatory, and an 8% increase in OP radiology.
- Inpatient visits increased 1%, and the cost per visit increased 2%. Additionally, professional trends increased 11% driven by a 7% increase in the cost per visit and a 4% increase in the number of visits. Specialist and Urgent Care utilization increased 3% and 6%, respectively.

The 2025 medical projection reflects a higher trend and anti-selection assumption (11.25% combined) compared to the Plan Year 2025 Rate Setting Analysis (9.5%). Claims are also projected to be 1.1% higher in 2025 because of changes in plan mix and other actuarial adjustments. Overall, the 2025 Medical claims are projected to be 3.8% higher than what was projected in the Plan Year 2025 Rate Setting Analysis.

Active Rx

For Plan Year 2024, actual Active PMPM prescription drug claims experience was 4.3% higher than expected. Based on Calendar Year 2024 Optum reporting, Rx claim increases were driven by the following:

- Drugs for inflammatory conditions rank number one in terms of spend by disease state, and PMPM claims spend for inflammatory conditions increased 10.0% in 2024. The top drugs in this category were Humira Pen, Stelara, and Dupixent.

- PMPM Drug Spend for weight loss drugs (such as high cost GLP-1 medications) increased 118.8%. Wegovy ranked first in terms of individual drug spend, and Ozempic, Mounjaro, and Zepbound were all GLP-1 drugs that ranked in the top 10 of individual drug spend.
- Overall specialty drug claims PMPM increased 18.9%, which was driven by inflammatory conditions (noted above) and oncology.

In addition to higher than expected claims in 2024, the 2025 Rx projection reflects a higher trend and anti-selection assumption (24.75% combined) compared to the Plan Year 2025 Rate Setting Analysis (14.0% combined). Overall, the 2025 Rx claims are projected to be 14.7% higher than what was projected in the Plan Year 2025 Rate Setting Analysis. PMPM Rebates are projected to be 9.4% higher compared to the Plan Year 2025 Rate Setting Analysis, which is lower than the increase in projected Rx claims. As a result, Rx claims net of rebates are 18.4% higher in 2025 than expected.

Early Retiree Medical

For Plan Year 2024, actual Early Retiree PMPM medical claims experience was 1.1% higher than expected. Based on data provided by Horizon, medical claim experience was driven by the following:

- Medical claims for outpatient services increased, with a total annual trend of 7%, including a 6% increase in utilization and a 2% increase in the cost per visit. Ambulatory and Outpatient Surgery utilization increased 12% and 3%, respectively.
- Inpatient visits increased 1%, and cost per visit increased 15% for a total trend of 16%
- The professional trend was 9% driven by a 4% increase in visits and 5% increase in the cost per visit. For specialists, there was a 3% increase in utilization and the cost per visit increased 7%.

In addition to higher than expected claims in 2024, the 2025 medical projection reflects a higher trend and anti-selection assumption (11.25% combined) compared to the Plan Year 2025 Rate Setting Analysis (9.5% combined). Plan Mix and other actuarial adjustments result in plan costs, and overall, the 2025 Medical claims are projected to be 4.0% higher than what was projected in the Plan Year 2025 Rate Setting Analysis.

Early Retiree Rx

For Plan Year 2024, actual Early Retiree PMPM prescription drug claims experience was 5.9% higher than expected. Based on data provided by Optum, Rx claim increases were driven by the following:

- Drugs for inflammatory conditions rank number one in terms of spend by disease state, and PMPM claims spend for inflammatory conditions increased 22.9% in 2024. The top drugs in this category were Humira Pen, Stelara, and Dupixent.
- PMPM Drug Spend for weight loss drugs (such as high cost GLP-1 medications) increased 137.6%. Wegovy and Ozempic ranked first and second in terms of individual drug spend while Mounjaro and Zepbound were in the top 10.
- Overall specialty drug claims PMPM increased 19.9%, which was driven by inflammatory conditions (noted above).

In addition to higher than expected claims in 2024, the 2025 Rx projection reflects a higher trend and anti-selection assumption (22.75%) compared to the Plan Year 2025 Rate Setting Analysis (14.0%). Overall, the 2025 Rx claims are projected to be 12.6% higher than what was projected in the Plan Year 2025 Rate Setting Analysis. PMPM Rebates are projected to be 10.8% higher compared to the Plan Year 2025 Rate Setting Analysis, lower than the increase in Rx claims. As a result Rx claims net of rebates are 13.9% higher in 2025 than expected.

Medicare Retiree Medical

88% of Medicare Retiree Members are enrolled in Medicare Advantage plans, and the majority of the medical plan cost is equal to the Medicare Advantage Premium multiplied by membership.

Medicare Retiree Rx

For Plan Year 2024, actual Medicare Retiree PMPM prescription drug claims experience is in line with expectations. Based on data provided by Optum, Rx claim experience was driven by the following:

- Drugs for diabetes rank number one in terms of spend by disease state, and PMPM claims spend increased 11.0% in 2024.
- Specialty drug claims PMPM increased 18.8% driven by increases in spend for oncology, inflammatory conditions, and immune globulins.

The 2025 Rx projection reflects a higher trend assumption (18.00%) compared to the Plan Year 2025 Rate Setting Analysis (14.50%). Overall, the 2025 Rx claims are projected to be 1.9% higher than what was projected in the Plan Year 2025 Rate Setting Analysis. Lower than expected rebates are partially offset by higher than expected EGWP credits. PMPM Rebates and EGWP credits are projected to be 4.0% lower and 4.4% higher compared to the Plan Year 2025 Rate Setting Analysis, respectively. Rx claims net of rebates and EGWP credits are 4.4% higher in 2025 than expected.

Self-Insured Vendor Administrative Fees and Claim Charges

Below are Plan Year 2026 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. Plan Year 2026 Horizon and Aetna ASO fees vary by the number of self-insured medical subscribers enrolled with each vendor. Fees shown below are based on projected 2026 subscriber enrollment as outlined in this analysis. The fees are reported by the vendors in different categories and may appear aggregated within different rows in Exhibit 3, including incurred medical and prescription drug claims, capitation and administrative fees.

Horizon & Aetna Medical PEPM Fees/Charges

	PEPM Fees				
	PPO	HMO	Tiered	HDHP	Medicare Retirees
Total Horizon ASO Fee	\$33.72	\$43.72	\$45.72	\$36.33	\$28.91
Total Aetna ASO Fee	\$44.77	\$64.71	\$73.17	\$46.72	n/a

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

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

Due to limited data, certain Aetna program fees are not credible and Horizon per employee amounts are used to estimate these costs.

Prescription Drug Fees

Optum's administrative fees for the prescription drug program for Plan Year 2026 are assumed to be \$5.38 PEPM for Commercial and \$8.20 PMPM for EGWP. EGWP projections also include projected fees for the new Medicare Prescription Payment Plan (known as M3P) that was introduced under the Inflation Reduction Act of 2022.

Rate Setting Development

Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2024, 2025, and 2026, separately for each PPO, Tiered Network, HMO and High Deductible plan. Costs are also projected separately for Actives, Early Retirees and Medicare Retirees, and separately for medical claims, prescription drug claims, and administrative costs.

Horizon experience was used to develop the PPO, HMO, and Tiered Network medical premium increases, and Optum experience was used for the prescription drug premium increases. Aetna experience from July 1, 2024 to December 31, 2024 was deemed not credible and was disregarded. Each benefit plan is projected separately and then experience is combined to develop uniform premium increases across groupings of similar plans:

Premium Group	Included Plans
Active PPO, HMO, HDHP, Tiered Network, Unity PPO, Unity 2019 PPO	Premium increase reflects projected experience for all self-insured active plans*
Early Retiree	Premium increase reflects projected experience for all self-insured Early Retiree plans
Self-Insured Medicare Retiree	Premium increase reflects projected experience for all self-insured Medicare Retiree plans

* The Active Tiered Network premium increase reflects a blend of the premium increase as if priced on its own projected experience (50% weight) and the premium increase as if priced as part of the other plans within its premium group (50% weight). The premium increase for the remaining options is projected to cover the remaining plan cost.

Projection Assumptions

1. Using 2024 incurred claims data paid through March 2025 supplied by Horizon and Optum, incurred claims were completed for Plan Year 2024, 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 2024 were divided by average covered members to get average claims per member per year. Covered members were based on historical monthly census data and adjusted with assumptions for the number of members per coverage tier. Due to limited credibility, actual Aetna medical and Optum Rx claims experience attributed to the Aetna Active and Early Retiree plan options established July 1, 2024 was excluded from the projection.

4. Claims per member were projected from the mid-point of the experience period to the mid-point of Plan Year 2026 using the annual trend rates listed in the Trend Analysis section of this document and incorporate the impact of any plan design changes. Projected Aetna average self-insured medical claims are based on projected Horizon amounts with adjustments for network differences.
5. Aggregate claims for Plan Year 2026 are the product of projected membership and the projected claims per member.
6. Projected value-based claims charges including outcomes-based payments, specialty payment program amounts, and DPCHM claims, were added to the aggregate projected 2026 medical claims. Projected amounts are based on actual Horizon paid data trended forward to 2026 using medical claims trends. Due to limited data, Aetna value-based payments are assumed to be equal to Horizon per employee per year amounts.
7. Plan Year 2026 projected Medicare Advantage fully insured premiums are based on rates provided by Aetna.
8. Prescription drug rebates for Plan Year 2024 are based on actual incurred rebate amounts provided by Optum. For Actives and Early Retirees, projected Plan Year 2025 and 2026 rebate amounts are based on 2024 actuals as a percentage of 2024 claims. For EGWP Retirees, projected rebates are based on projected amounts provided by Optum.
9. Prescription drug rebates paid through the medical plan for Plan Year 2024 are based on actual rebate payment data provided by Horizon. Prescription Drug Rebates estimated to be paid through the medical plan for Plan Years 2025 and 2026 are incorporated in the medical claim projections and are based on projected Plan Year 2025 amounts provided by Horizon.
10. 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 2024, 2025, and 2026.
 - a. Direct Subsidy: Plan Years 2024, 2025, and 2026 expected direct subsidy payments were provided by Optum. The Plan Year 2026 CMS per capita payment is assumed to be \$165.47 Per Member Per Month (PMPM).
 - b. Manufacturers Discount: Plan Years 2024, 2025, and 2026 expected coverage gap payments were provided by Optum. The Plan Year 2026 credits are assumed to

be \$125.89 PMPM which includes \$2.97 for the CMS paid selected drug discount on drugs selected for negotiation for 2026.

- c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2024 credit is not expected to be fully paid until the beginning of Plan Year 2026. Plan Years 2024, 2025, and 2026 expected catastrophic reinsurance payments were provided by Optum and are reflected based on incurred year. The Plan Year 2026 credits are assumed to be \$116.95 PMPM.
 - d. Low Income Cost Sharing (LICS): Plan Years 2024, 2025, and 2026 actual and expected LICS payments were provided by Optum. For Plan Year 2026, the subsidy payment is assumed to be \$0.31 PMPM.
- 11. Total SHBP projected Plan Year 2026 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.
 - 12. Due to small enrollment and claims data, projected claims for some plans are based on claims experience from larger plans adjusted for the expected relative plan cost differences. These include:
 - a. Local Government Actives:
 - The Tiered Network's projected costs are based a blend of actual claim experience (50% weight) and PPO15 claims adjusted for plan design differences (50%). The premium increase for Tiered Network reflects a combination of the premium increase as if priced on its own (50% weight) and the premium increase as if priced alongside the plans within its premium group (50%). The premium increase for the remaining options is projected to cover the remaining plan cost.
 - PPO2035 projected costs in Plan Year 2026 reflect 25% of actual Plan Year 2024 medical and prescription drug claim experience blended with 75% of PPO15 claims experience adjusted for the difference in plan design.
 - The HDHigh, HDLow, Unity PPO, and Unity 2019 PPO plan options reflect 100% of PPO15 claims experience adjusted for the difference in plan design.
 - b. The Local Government Early Retirees plans reflect 100% of PPO15 claims experience adjusted for the difference in plan design: PPO2035, HDHigh, HDLow, Tiered Network, and Unity PPO plan options
 - 13. Base administrative fees per subscriber per month or per member per month are multiplied by the projected average enrollment for the applicable projection Plan Year.

Plan Year 2026 administrative fees are based on amounts provided by Horizon, Aetna, and Optum.

14. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$8.9 million for Plan Year 2026. Actual Plan Year 2024 overhead charges were provided by the State and were used to project charges for Plan Year 2026.
15. Additional fees and claim charges reported and projected by the vendors have been reflected in the projections.
16. Projected investment income of \$4.5 million was used to reduce projected administrative costs for Plan Year 2026. Actual Plan Year 2024 investment income was provided by the State and was used to project charges for Plan Year 2026.
17. Based on participation in NJWELL, employers are eligible for a 1% discount on their premium rates in the following plan year. Plan Year 2024 participation showed 25 Local Government employers (a total of 559 Employees) were eligible for this discount. The Plan Year 2025 costs have been adjusted to reflect the total number of Employees who will receive the 1% premium discount in Plan Year 2025. 1% of Employees are assumed to be eligible for this discount in Plan Year 2026.

Claim Stabilization Reserve

1. Premium rates are priced 15.4% higher than Active, Early Retirees, and Medicare Retiree projected medical and prescription drug costs. This reflects 6.0% margin to help build the CSR balance plus an additional load to collect the \$200M owed under Chapter 86.
2. Projected Claim Stabilization Reserve at December 31, 2026 is based on the actual Claim Stabilization Reserve at June 30, 2024 provided by the Division.

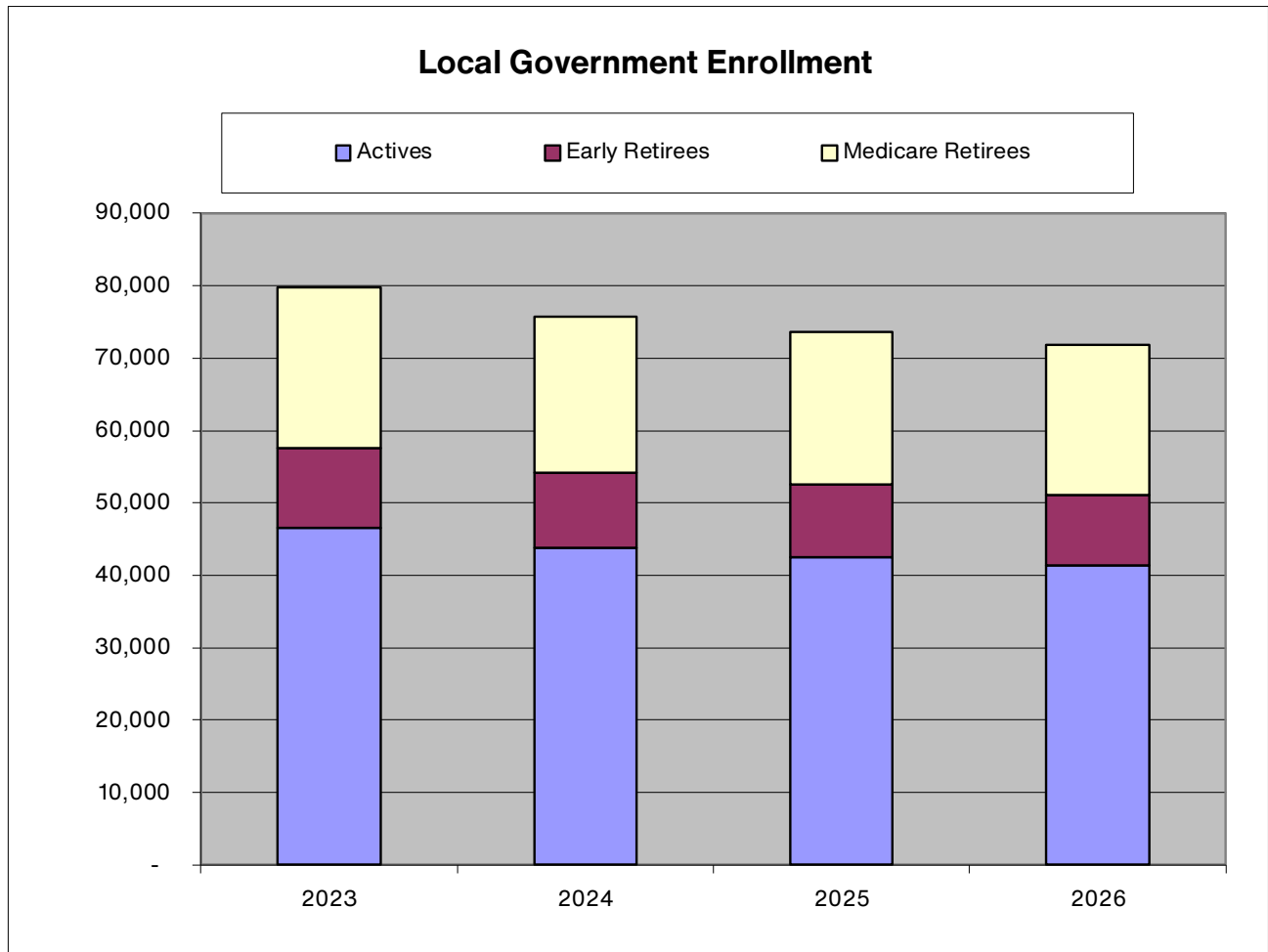
Projected Premiums

1. Plan Year 2026 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 2025 premium rates. Premium rates for the self-insured Aetna and Horizon plans are assumed to be the same for Plan Year 2026.
2. Aggregate Plan Year 2026 premiums are calculated by multiplying projected Plan Year 2026 enrollment by projected Plan Year 2026 premium rates.

Data Assumptions

1. Claims: For medical and prescription drug claims, Aon is using claim files from each of the vendors which have claims incurred through December 31, 2024 and paid through March 31, 2025 for all groups.
1. Enrollment: Plan Year 2025 enrollment and Plan Year 2026 projected enrollment is based on actual census data provided by the State through April 2025. Actual calendar year 2024 census data from the Division is used for the 2024 exposure units in the cost analysis.

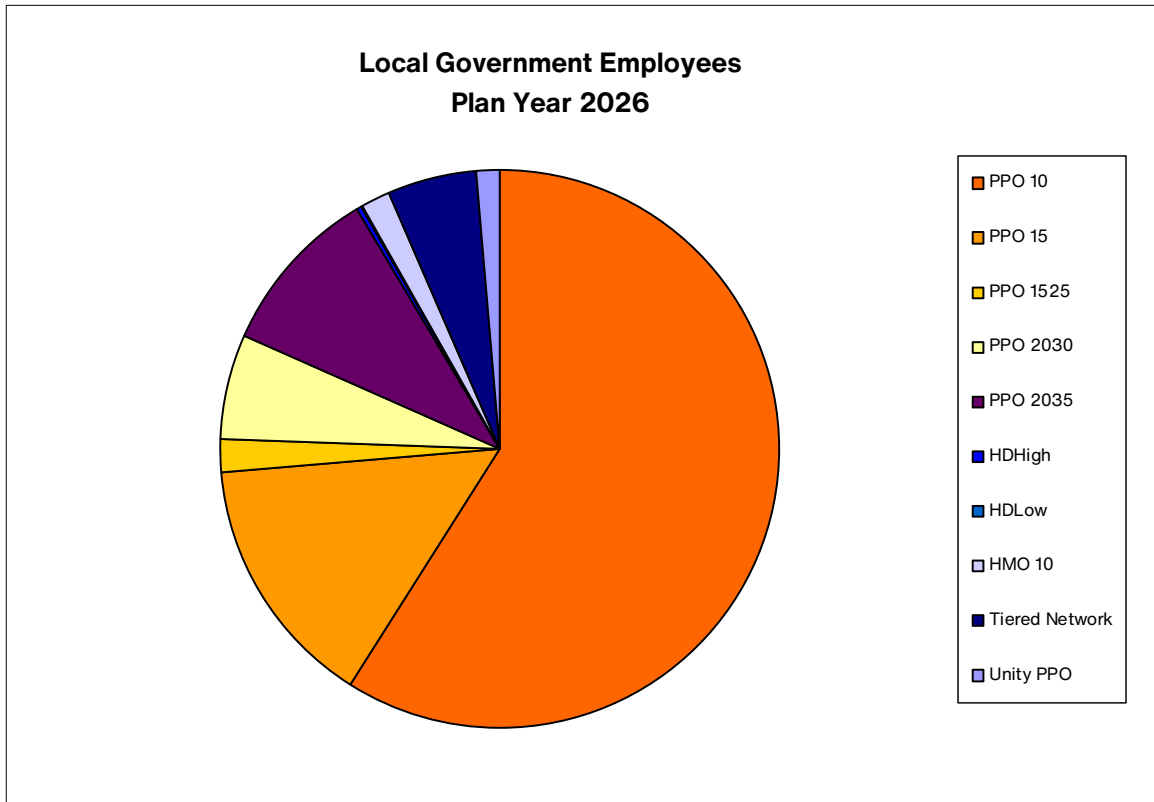
Exhibit 1A – Enrollment Projections



	Annual Change in Enrollment		
	Actual 2023 to 2024	Actual 2024 to 2025	Assumed 2025 to 2026
Actives	(5.7%)	(3.1%)	(2.5%)
Early Retirees	(6.5%)	(3.8%)	(2.5%)
Medicare Retirees	(3.2%)	(1.4%)	(2.5%)

Actual 2025 enrollment for Active Employees and Retirees was assumed to be consistent with actual census data provided by the State through April 2025

Exhibit 1B Actives – Projected Plan Year 2026 Plan Distribution



Assumes approximately 61% of Employees will remain in the \$10 copay plans.

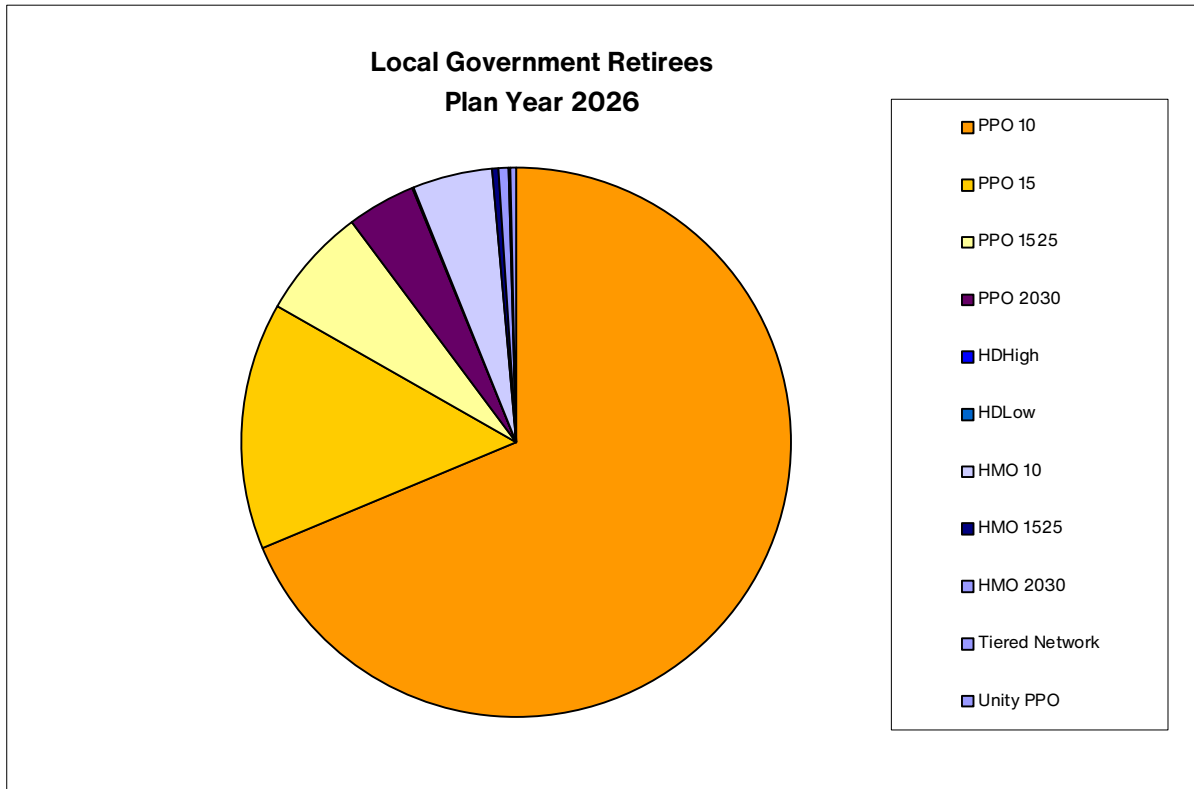
Assumes approximately 93% of Employees will enroll in the PPO plans, 2% in the HMO plans, 5% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 75% of Employees will enroll in the PPO 10, PPO 15, and HMO 10 plans and approximately 25% in the other benefit options.

Actives	Horizon	Aetna	Total
PPO 10	57.6%	1.4%	59.0%
PPO 15	14.5%	0.2%	14.7%
PPO 1525	1.8%	0.1%	1.9%
PPO 2030	5.8%	0.2%	6.1%
PPO 2035	9.6%	0.3%	9.8%
HDHigh	0.3%	0.0%	0.3%
HDLow	0.1%	0.0%	0.1%
HMO 10	1.6%	0.1%	1.7%
Tiered Network	4.7%	0.4%	5.2%
Unity PPO	1.3%	0.1%	1.4%
Total	97.2%	2.8%	100.0%

*Some plans may show 0.0% enrollment. These plans may include low enrollment which rounds to 0.0%. Numbers may not add due to rounding

Exhibit 1B Early and Medicare Retirees – Projected Plan Year 2026 Plan Distribution



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

Assumes approximately 88% of Retirees will enroll in the PPO 10, PPO15, and HMO 10 plans and approximately 12% in the other benefit options.

Retirees	Horizon	Aetna	Total
PPO 10	20.3%	48.4%	68.7%
PPO 15	4.5%	10.0%	14.5%
PPO 1525	6.5%	0.0%	6.6%
PPO 2030	3.9%	0.1%	4.0%
HDHigh	0.1%	0.0%	0.1%
HDLow	0.0%	0.0%	0.0%
HMO 10	1.2%	3.5%	4.7%
HMO 1525	0.2%	0.2%	0.4%
HMO 2030	0.5%	0.1%	0.6%
Tiered Network	0.1%	0.0%	0.1%
Unity PPO	<u>0.2%</u>	<u>0.1%</u>	<u>0.3%</u>
Total	37.5%	62.5%	100.0%

*Some plans may show 0.0% enrollment. These plans may include low enrollment which rounds to 0.0%. Numbers may not add due to rounding

Exhibit 1C Actives – 2025 Enrollment

	2025 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
LOCAL GOVERNMENT - ACTIVE & COBRA					
<u>Medical Plans</u>					
Horizon PPO10	9,754	3,685	7,890	3,274	24,604
Horizon PPO15	2,363	1,042	2,079	696	6,180
Horizon PPO1525	334	124	212	108	779
Horizon PPO2030	1,062	326	786	306	2,481
Horizon PPO2035	1,495	691	1,375	500	4,061
Horizon PPO HDHigh	57	3	41	8	109
Horizon PPO HDLow	14	1	7	6	28
Horizon Legacy HMO (10)	299	85	164	119	667
Horizon Tiered Network	1,020	183	451	204	1,858
Horizon Unity PPO	57	38	79	32	206
Horizon Unity 2019 PPO	212	40	61	27	340
Horizon Total	16,668	6,218	13,146	5,280	41,313
Aetna PPO10	205	69	242	81	597
Aetna PPO15	26	13	49	6	94
Aetna PPO1525	12	2	15	4	33
Aetna PPO2030	28	8	52	12	100
Aetna PPO2035	33	7	62	12	113
Aetna PPO HDHigh	7	0	1	1	9
Aetna PPO HDLow	2	1	2	0	5
Aetna Legacy HMO (10)	18	9	14	4	45
Aetna Tiered Network	79	11	59	26	174
Aetna Unity PPO	2	1	8	2	13
Aetna Unity 2019 PPO	6	2	3	2	13
Aetna Total	416	123	507	150	1,196
Total	17,084	6,341	13,653	5,430	42,508

* Numbers may not add due to rounding.

Exhibit 1C Early and Medicare Retirees – 2025 Enrollment

	2025 Estimated Average Number of Contracts				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
LOCAL GOVERNMENT RETIREES					
<u>Medical Plans</u>					
Horizon PPO10	1,542	1,706	2,464	615	6,326
Horizon PPO15	389	346	544	129	1,409
Horizon PPO1525	966	820	189	55	2,030
Horizon PPO2030	209	437	478	87	1,211
Horizon PPO HDHigh	10	10	4	3	26
Horizon PPO HDLow	0	0	0	0	0
Horizon Legacy HMO (10)	125	113	92	30	361
Horizon 1525 HMO	21	14	7	6	48
Horizon 2030 HMO	36	49	62	16	163
OMNIA Health	13	6	9	1	29
Horizon Unity PPO	29	15	17	13	74
Horizon Total	3,339	3,516	3,866	956	11,678
MA PPO 10	7,823	6,380	621	259	15,082
MA PPO 15	1,597	1,372	116	39	3,124
Aetna PPO 1525	2	1	7	0	10
Aetna PPO 2030	5	6	31	2	44
Aetna PPO HDHigh	0	0	0	0	0
Aetna PPO HDLow	0	0	0	0	0
MA HMO (10)	629	411	37	21	1,099
MA 1525 HMO	24	35	9	0	68
Aetna 2030 HMO	2	4	15	1	22
Aetna Tiered Network	2	0	1	0	3
Aetna Unity PPO	1	25	4	2	32
Aetna Total	10,085	8,234	841	324	19,484
Total	13,424	11,750	4,707	1,280	31,162

* Numbers may not add due to rounding.

Exhibit 2A – Medical Trend Assumption

The chart below shows the rolling 12-month medical claims experience trends for the Active and Early Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 2024. Column (A) shows the overall Per Member Per Month (PMPM) claims increase. Column (B) shows the estimated impact of plan design and vendor changes that occurred during the claim periods. These impacts are listed below in the "Normalizing Adjustments" section. Column (C) shows the estimated gross trend attributable to claims experience and capitation which is based on the overall PMPM increase grossed up for the plan changes.

	(A) Increase in Claims	(B) Plan Changes	(C) = (A) - (B) Claim Trend
<u>PPO Active</u>			
12 months through 12/2023 vs 12/2022	10.4%	(0.0%)	10.4%
12 months through 12/2024 vs 12/2023	10.9%	0.5%	10.3%
Recommended 2026 Trend Assumption	9.5%		

<u>PPO Early Retiree</u>			
12 months through 12/2023 vs 12/2022	9.8%	0.0%	9.8%
12 months through 12/2024 vs 12/2023	9.4%	0.0%	9.4%
Recommended 2026 Trend Assumption	9.5%		

<u>HMO Active</u>			
12 months through 12/2023 vs 12/2022	5.2%	(0.0%)	5.2%
12 months through 12/2024 vs 12/2023	16.4%	0.6%	15.9%
Recommended 2026 Trend Assumption	9.5%		

<u>HMO Early Retiree</u>			
12 months through 12/2023 vs 12/2022	10.2%	0.0%	10.2%
12 months through 12/2024 vs 12/2023	15.5%	0.0%	15.5%
Recommended 2026 Trend Assumption	9.5%		

Normalizing Adjustments

4/1/2024: NJ State Mandate S2535

7/1/2024: NJ State Mandate A5235

Exhibit 2B – Prescription Drug Trend Assumption

The chart below shows the rolling 12-month prescription drug claims experience trends for the Active, Early Retiree, and EGWP Retiree populations. The exhibit reflects estimated completed incurred claims through December 31, 2024. Column (A) shows the overall Per Member Per Month (PMPM) claims increase. Column (B) shows the estimated impact of plan design and vendor changes that occurred during the claim periods. These impacts are listed below in the "Normalizing Adjustments" section. Column (C) shows the estimated gross trend attributable to claims experience and capitation which is based on the overall PMPM increase grossed up for the plan changes.

	(A) Increase in Claims	(B) Plan Changes	(C) = (A) - (B) Claim Trend
<u>Active Rx</u>			
12 months through 12/2023 vs 12/2022	23.3%	0.0%	23.3%
12 months through 12/2024 vs 12/2023	21.1%	0.0%	21.1%
Recommended 2026 Trend Assumption			19.0%

<u>Early Retiree Rx</u>			
12 months through 12/2023 vs 12/2022	29.6%	0.0%	29.6%
12 months through 12/2024 vs 12/2023	21.6%	0.0%	21.6%
Recommended 2026 Trend Assumption			17.0%

<u>EGWP Rx</u>			
12 months through 12/2023 vs 12/2022	18.9%	0.0%	18.9%
12 months through 12/2024 vs 12/2023	13.9%	0.0%	13.9%
Recommended 2026 Trend Assumption			3.0%

Normalizing Adjustments:

None

Rx trends reflect adjustments for differences in State reported and Optum reported membership in Plan Year 2023.

Exhibit 3A – Plan Year 2024 Aggregate Costs

Page 1 of 3

	Total	Legacy Plans						1525			
		Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	162,672	23,093	4,895	80,611	22,741	1,709	3,072	53	5,654	108	111
Incurred Medical Claims	\$1,407,546,000	\$56,299,000	\$11,823,000	\$884,630,000	\$231,553,000	\$5,450,000	\$28,433,000	\$422,000	\$35,211,000	\$334,000	\$1,053,000
Capitation and Other Claim Based Fee	\$23,963,000	\$87,000	\$15,000	\$14,354,000	\$4,084,000	\$9,000	\$627,000	\$4,000	\$1,055,000	\$1,000	\$20,000
Incurred Prescription Drug Claims	\$670,112,000	\$192,685,000	\$42,128,000	\$259,331,000	\$66,093,000	\$15,888,000	\$10,423,000	\$174,000	\$30,219,000	\$545,000	\$409,000
Prescription Drug Rebates	(\$235,885,000)	(\$57,357,000)	(\$12,488,000)	(\$101,550,000)	(\$25,829,000)	(\$4,699,000)	(\$4,025,000)	(\$69,000)	(\$9,498,000)	(\$168,000)	(\$149,000)
EGWP Credits	(\$103,768,000)	(\$72,023,000)	(\$15,374,000)	N/A	N/A	(\$5,353,000)	(\$302,000)	\$0	(\$8,622,000)	(\$299,000)	(\$107,000)
Administrative Fees	\$42,745,000	\$3,894,000	\$820,000	\$22,093,000	\$6,302,000	\$304,000	\$1,075,000	\$11,000	\$1,926,000	\$18,000	\$34,000
Total Cost	\$1,804,713,000	\$123,585,000	\$26,924,000	\$1,078,858,000	\$282,203,000	\$11,599,000	\$36,231,000	\$542,000	\$50,291,000	\$431,000	\$1,260,000
Total Premium	\$1,729,338,000	\$133,709,000	\$26,960,000	\$995,946,000	\$268,589,000	\$10,757,000	\$36,006,000	\$536,000	\$51,534,000	\$654,000	\$1,046,000
Gain (Loss)	(\$75,375,000)	\$10,124,000	\$36,000	(\$82,912,000)	(\$13,614,000)	(\$842,000)	(\$225,000)	(\$6,000)	\$1,243,000	\$223,000	(\$214,000)
Employees											
Average Medical Members	102,840	725	133	62,596	18,452	52	2,045	39	2,182	N/A	N/A
Incurred Medical Claims	\$1,013,373,000	\$4,841,000	\$1,079,000	\$670,933,000	\$181,656,000	\$1,499,000	\$17,345,000	\$371,000	\$17,587,000	N/A	N/A
Capitation and Other Claim Based Fee	\$18,830,000	\$60,000	\$10,000	\$11,475,000	\$3,393,000	\$5,000	\$425,000	\$3,000	\$403,000	N/A	N/A
Incurred Prescription Drug Claims	\$278,709,000	\$2,107,000	\$192,000	\$180,130,000	\$49,700,000	\$136,000	\$5,554,000	\$84,000	\$3,648,000	N/A	N/A
Prescription Drug Rebates	(\$107,974,000)	(\$816,000)	(\$75,000)	(\$69,783,000)	(\$19,254,000)	(\$53,000)	(\$2,152,000)	(\$33,000)	(\$1,413,000)	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	\$29,450,000	\$177,000	\$30,000	\$17,511,000	\$5,173,000	\$15,000	\$734,000	\$8,000	\$635,000	N/A	N/A
Total Cost	\$1,232,388,000	\$6,369,000	\$1,236,000	\$810,266,000	\$220,668,000	\$1,602,000	\$21,906,000	\$433,000	\$20,860,000	N/A	N/A
Total Premium	\$1,177,881,000	\$8,334,000	\$1,476,000	\$748,232,000	\$212,371,000	\$585,000	\$23,074,000	\$385,000	\$23,328,000	N/A	N/A
Gain (Loss)	(\$54,507,000)	\$1,965,000	\$240,000	(\$62,034,000)	(\$8,297,000)	(\$1,017,000)	\$1,168,000	(\$48,000)	\$2,468,000	N/A	N/A
Early Retirees											
Average Medical Members	29,864	1,568	322	18,015	4,289	111	940	14	982	22	80
Incurred Medical Claims	\$338,646,000	\$14,469,000	\$3,773,000	\$213,697,000	\$49,897,000	\$754,000	\$10,922,000	\$51,000	\$10,624,000	\$191,000	\$1,004,000
Capitation	\$4,572,000	\$27,000	\$5,000	\$2,879,000	\$691,000	\$4,000	\$186,000	\$1,000	\$205,000	\$1,000	\$13,000
Incurred Prescription Drug Claims	\$124,200,000	\$7,733,000	\$1,443,000	\$79,201,000	\$16,393,000	\$391,000	\$4,140,000	\$90,000	\$2,928,000	\$77,000	\$266,000
Prescription Drug Rebates	(\$49,817,000)	(\$3,102,000)	(\$579,000)	(\$31,767,000)	(\$6,575,000)	(\$157,000)	(\$1,660,000)	(\$36,000)	(\$1,175,000)	(\$31,000)	(\$107,000)
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	\$7,208,000	\$46,000	\$7,000	\$4,582,000	\$1,129,000	\$15,000	\$309,000	\$3,000	\$204,000	\$3,000	\$18,000
Total Cost	\$424,809,000	\$19,173,000	\$4,649,000	\$268,592,000	\$61,535,000	\$1,007,000	\$13,897,000	\$109,000	\$12,786,000	\$241,000	\$1,194,000
Total Premium	\$398,336,000	\$22,158,000	\$4,419,000	\$247,714,000	\$56,218,000	\$1,308,000	\$12,248,000	\$151,000	\$12,496,000	\$245,000	\$887,000
Gain (Loss)	(\$26,473,000)	\$2,985,000	(\$230,000)	(\$20,878,000)	(\$5,317,000)	\$301,000	(\$1,649,000)	\$42,000	(\$290,000)	\$4,000	(\$307,000)
Medicare Retirees											
Average Medical Members	29,968	20,800	4,440	N/A	N/A	1,546	87	N/A	2,490	86	31
Incurred Medical Claims	\$55,527,000	\$36,989,000	\$6,971,000	N/A	N/A	\$3,197,000	\$166,000	N/A	\$7,000,000	\$143,000	\$49,000
Capitation and Other Claim Based Fee	\$561,000	\$0	\$0	N/A	N/A	\$0	\$16,000	N/A	\$447,000	\$0	\$7,000
Incurred Prescription Drug Claims	\$267,203,000	\$182,845,000	\$40,493,000	N/A	N/A	\$15,361,000	\$729,000	N/A	\$23,643,000	\$468,000	\$143,000
Prescription Drug Rebates	(\$78,094,000)	(\$53,439,000)	(\$11,834,000)	N/A	N/A	(\$4,489,000)	(\$213,000)	N/A	(\$6,910,000)	(\$137,000)	(\$42,000)
EGWP Credits	(\$103,768,000)	(\$72,023,000)	(\$15,374,000)	N/A	N/A	(\$5,353,000)	(\$302,000)	N/A	(\$8,622,000)	(\$299,000)	(\$107,000)
Administrative Fees	\$6,087,000	\$3,671,000	\$783,000	N/A	N/A	\$274,000	\$32,000	N/A	\$1,087,000	\$15,000	\$16,000
Total Cost	\$147,516,000	\$98,043,000	\$21,039,000	N/A	N/A	\$8,990,000	\$428,000	N/A	\$16,645,000	\$190,000	\$66,000
Total Premium	\$153,121,000	\$103,217,000	\$21,065,000	N/A	N/A	\$8,864,000	\$684,000	N/A	\$15,710,000	\$409,000	\$159,000
Gain (Loss)	\$5,605,000	\$5,174,000	\$26,000	N/A	N/A	(\$126,000)	\$256,000	N/A	(\$935,000)	\$219,000	\$93,000

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

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

Exhibit 3A – Plan Year 2024 Aggregate Costs

Page 2 of 3

	2030				PPO 2035		HDHigh	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna	Horizon	Aetna	Horizon
Employees and Retirees								
Average Medical Members	200	9,681	37	489	90	4,684	5	212
Incurred Medical Claims	\$1,286,000	\$80,239,000	\$254,000	\$3,274,000	\$528,000	\$34,802,000	\$1,000	\$475,000
Capitation and Other Claim Based Fees	\$16,000	\$1,675,000	\$3,000	\$90,000	\$7,000	\$847,000	\$0	\$40,000
Incurred Prescription Drug Claims	\$401,000	\$24,508,000	\$150,000	\$1,929,000	\$178,000	\$13,688,000	\$0	\$67,000
Prescription Drug Rebates	(\$158,000)	(\$9,285,000)	(\$60,000)	(\$754,000)	(\$69,000)	(\$5,303,000)	\$0	(\$27,000)
EGWP Credits	\$0	(\$1,612,000)	\$0	(\$76,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$45,000	\$2,679,000	\$10,000	\$147,000	\$20,000	\$1,354,000	\$2,000	\$81,000
Total Cost	\$1,590,000	\$98,204,000	\$357,000	\$4,610,000	\$664,000	\$45,388,000	\$3,000	\$636,000
Total Premium	\$2,035,000	\$101,545,000	\$369,000	\$5,160,000	\$770,000	\$43,075,000	\$30,000	\$1,413,000
Gain (Loss)	\$445,000	\$3,341,000	\$12,000	\$550,000	\$106,000	(\$2,313,000)	\$27,000	\$777,000
Employees								
Average Medical Members	138	6,565	N/A	N/A	90	4,684	5	163
Incurred Medical Claims	\$907,000	\$53,308,000	N/A	N/A	\$528,000	\$34,802,000	\$1,000	\$438,000
Capitation and Other Claim Based Fees	\$11,000	\$1,179,000	N/A	N/A	\$7,000	\$847,000	\$0	\$31,000
Incurred Prescription Drug Claims	\$190,000	\$13,294,000	N/A	N/A	\$178,000	\$13,688,000	\$0	\$25,000
Prescription Drug Rebates	(\$73,000)	(\$5,150,000)	N/A	N/A	(\$69,000)	(\$5,303,000)	\$0	(\$10,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$32,000	\$1,857,000	N/A	N/A	\$20,000	\$1,354,000	\$2,000	\$61,000
Total Cost	\$1,067,000	\$64,488,000	N/A	N/A	\$664,000	\$45,388,000	\$3,000	\$545,000
Total Premium	\$1,375,000	\$67,706,000	N/A	N/A	\$770,000	\$43,075,000	\$30,000	\$1,008,000
Gain (Loss)	\$308,000	\$3,218,000	N/A	N/A	\$106,000	(\$2,313,000)	\$27,000	\$463,000
Early Retirees								
Average Medical Members	62	2,650	37	467	N/A	N/A	-	49
Incurred Medical Claims	\$379,000	\$25,989,000	\$254,000	\$3,204,000	N/A	N/A	\$0	\$37,000
Capitation	\$5,000	\$410,000	\$3,000	\$85,000	N/A	N/A	\$0	\$9,000
Incurred Prescription Drug Claims	\$211,000	\$7,876,000	\$150,000	\$1,746,000	N/A	N/A	\$0	\$42,000
Prescription Drug Rebates	(\$85,000)	(\$3,159,000)	(\$60,000)	(\$700,000)	N/A	N/A	\$0	(\$17,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$13,000	\$622,000	\$10,000	\$138,000	N/A	N/A	\$0	\$20,000
Total Cost	\$523,000	\$31,738,000	\$357,000	\$4,473,000	N/A	N/A	\$0	\$91,000
Total Premium	\$660,000	\$30,983,000	\$369,000	\$5,003,000	N/A	N/A	\$0	\$405,000
Gain (Loss)	\$137,000	(\$755,000)	\$12,000	\$530,000	N/A	N/A	\$0	\$314,000
Medicare Retirees								
Average Medical Members	N/A	466	N/A	22	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	\$942,000	N/A	\$70,000	N/A	N/A	N/A	N/A
Capitation and Other Claim Based Fees	N/A	\$86,000	N/A	\$5,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	\$3,338,000	N/A	\$183,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	(\$976,000)	N/A	(\$54,000)	N/A	N/A	N/A	N/A
EGWP Credits	N/A	(\$1,612,000)	N/A	(\$76,000)	N/A	N/A	N/A	N/A
Administrative Fees	N/A	\$200,000	N/A	\$9,000	N/A	N/A	N/A	N/A
Total Cost	N/A	\$1,978,000	N/A	\$137,000	N/A	N/A	N/A	N/A
Total Premium	N/A	\$2,856,000	N/A	\$157,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	\$878,000	N/A	\$20,000	N/A	N/A	N/A	N/A

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

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

Exhibit 3A – Plan Year 2024 Aggregate Costs

Page 3 of 3

	HDLow		Tiered Network		Unity PPO			
	Aetna	Horizon	Aetna	Horizon	Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO
Employees and Retirees								
Average Medical Members	-	37	139	3,651	54	752	10	584
Incurred Medical Claims	\$0	\$94,000	\$1,047,000	\$19,337,000	\$615,000	\$5,989,000	\$66,000	\$4,331,000
Capitation and Other Claim Based Fees	\$0	\$7,000	\$13,000	\$745,000	\$7,000	\$148,000	\$1,000	\$108,000
Incurred Prescription Drug Claims	\$0	\$14,000	\$173,000	\$6,995,000	\$127,000	\$2,575,000	\$12,000	\$1,400,000
Prescription Drug Rebates	\$0	(\$5,000)	(\$68,000)	(\$2,715,000)	(\$50,000)	(\$1,011,000)	(\$5,000)	(\$543,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$15,000	\$56,000	\$1,402,000	\$19,000	\$205,000	\$3,000	\$230,000
Total Cost	\$0	\$125,000	\$1,221,000	\$25,764,000	\$718,000	\$7,906,000	\$77,000	\$5,526,000
Total Premium	\$0	\$352,000	\$1,143,000	\$32,016,000	\$695,000	\$8,190,000	\$109,000	\$6,699,000
Gain (Loss)	\$0	\$227,000	(\$78,000)	\$6,252,000	(\$23,000)	\$284,000	\$32,000	\$1,173,000
Employees								
Average Medical Members	-	37	135	3,582	25	598	10	584
Incurred Medical Claims	\$0	\$94,000	\$698,000	\$18,723,000	\$139,000	\$4,027,000	\$66,000	\$4,331,000
Capitation and Other Claim Based Fees	\$0	\$7,000	\$13,000	\$731,000	\$2,000	\$119,000	\$1,000	\$108,000
Incurred Prescription Drug Claims	\$0	\$14,000	\$167,000	\$6,586,000	\$32,000	\$1,572,000	\$12,000	\$1,400,000
Prescription Drug Rebates	\$0	(\$5,000)	(\$65,000)	(\$2,551,000)	(\$12,000)	(\$609,000)	(\$5,000)	(\$543,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	\$15,000	\$56,000	\$1,377,000	\$5,000	\$155,000	\$3,000	\$230,000
Total Cost	\$0	\$125,000	\$869,000	\$24,866,000	\$166,000	\$5,264,000	\$77,000	\$5,526,000
Total Premium	\$0	\$352,000	\$1,110,000	\$31,273,000	\$248,000	\$6,341,000	\$109,000	\$6,699,000
Gain (Loss)	\$0	\$227,000	\$241,000	\$6,407,000	\$82,000	\$1,077,000	\$32,000	\$1,173,000
Early Retirees								
Average Medical Members	N/A	N/A	4	69	29	154	N/A	N/A
Incurred Medical Claims	N/A	N/A	\$349,000	\$614,000	\$476,000	\$1,962,000	N/A	N/A
Capitation	N/A	N/A	\$0	\$14,000	\$5,000	\$29,000	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	\$6,000	\$409,000	\$95,000	\$1,003,000	N/A	N/A
Prescription Drug Rebates	N/A	N/A	(\$3,000)	(\$164,000)	(\$38,000)	(\$402,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	\$0	\$25,000	\$14,000	\$50,000	N/A	N/A
Total Cost	N/A	N/A	\$352,000	\$898,000	\$552,000	\$2,642,000	N/A	N/A
Total Premium	N/A	N/A	\$33,000	\$743,000	\$447,000	\$1,849,000	N/A	N/A
Gain (Loss)	N/A	N/A	(\$319,000)	(\$155,000)	(\$105,000)	(\$793,000)	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 and Other Claim Based Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

Exhibit 3B – Plan Year 2025 Aggregate Costs

Page 1 of 3

		Legacy Plans						1525			
	Total	Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	156,213	24,862	5,106	72,866	17,987	1,737	2,218	117	5,447	127	91
Incurred Medical Claims	\$1,509,655,000	\$94,378,000	\$17,422,000	\$891,508,000	\$204,952,000	\$6,489,000	\$22,796,000	\$1,110,000	\$34,531,000	\$713,000	\$827,000
Capitation and Other Claim Based Fee	\$27,199,000	\$604,000	\$109,000	\$15,426,000	\$3,816,000	\$54,000	\$542,000	\$25,000	\$1,138,000	\$7,000	\$21,000
Incurred Prescription Drug Claims	\$788,985,000	\$233,613,000	\$49,527,000	\$287,670,000	\$66,122,000	\$18,335,000	\$9,476,000	\$289,000	\$38,239,000	\$719,000	\$422,000
Prescription Drug Rebates	(\$271,585,000)	(\$66,284,000)	(\$13,937,000)	(\$112,621,000)	(\$25,839,000)	(\$5,159,000)	(\$3,624,000)	(\$114,000)	(\$11,154,000)	(\$217,000)	(\$144,000)
EGWP Credits	(\$122,697,000)	(\$84,418,000)	(\$17,608,000)	N/A	N/A	(\$5,988,000)	(\$361,000)	\$0	(\$11,848,000)	(\$356,000)	(\$151,000)
Administrative Fees	\$41,652,000	\$5,001,000	\$1,011,000	\$19,846,000	\$4,926,000	\$382,000	\$796,000	\$33,000	\$1,794,000	\$31,000	\$35,000
Total Cost	\$1,973,209,000	\$182,894,000	\$36,524,000	\$1,101,829,000	\$253,977,000	\$14,113,000	\$29,625,000	\$1,343,000	\$52,700,000	\$897,000	\$1,010,000
Total Premium	\$1,916,085,000	\$184,610,000	\$36,020,000	\$1,053,769,000	\$249,861,000	\$13,348,000	\$30,704,000	\$1,429,000	\$54,593,000	\$1,046,000	\$952,000
Gain (Loss)	(\$57,124,000)	\$1,716,000	(\$504,000)	(\$48,060,000)	(\$4,116,000)	(\$765,000)	\$1,079,000	\$86,000	\$1,893,000	\$149,000	(\$58,000)
Employees											
Average Medical Members	98,086	1,513	263	56,959	14,509	102	1,430	86	1,705	N/A	N/A
Incurred Medical Claims	\$1,087,855,000	\$17,661,000	\$2,796,000	\$681,534,000	\$159,916,000	\$947,000	\$13,557,000	\$743,000	\$15,480,000	N/A	N/A
Capitation and Other Claim Based Fee	\$21,237,000	\$311,000	\$52,000	\$12,309,000	\$3,132,000	\$24,000	\$353,000	\$24,000	\$376,000	N/A	N/A
Incurred Prescription Drug Claims	\$333,284,000	\$6,036,000	\$961,000	\$201,829,000	\$49,802,000	\$345,000	\$4,827,000	\$175,000	\$2,932,000	N/A	N/A
Prescription Drug Rebates	(\$129,117,000)	(\$2,338,000)	(\$372,000)	(\$78,190,000)	(\$19,293,000)	(\$134,000)	(\$1,870,000)	(\$68,000)	(\$1,136,000)	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	\$28,086,000	\$446,000	\$70,000	\$15,780,000	\$4,016,000	\$45,000	\$522,000	\$25,000	\$499,000	N/A	N/A
Total Cost	\$1,341,345,000	\$22,116,000	\$3,507,000	\$833,262,000	\$197,573,000	\$1,227,000	\$17,389,000	\$892,000	\$18,151,000	N/A	N/A
Total Premium	\$1,294,230,000	\$20,867,000	\$3,445,000	\$795,069,000	\$196,153,000	\$1,359,000	\$18,888,000	\$1,008,000	\$21,025,000	N/A	N/A
Gain (Loss)	(\$47,115,000)	(\$1,249,000)	(\$62,000)	(\$38,193,000)	(\$1,420,000)	\$132,000	\$1,499,000	\$116,000	\$2,874,000	N/A	N/A
Early Retirees											
Average Medical Members	28,460	2,937	586	15,907	3,478	187	701	31	877	41	55
Incurred Medical Claims	\$362,763,000	\$37,970,000	\$7,431,000	\$209,974,000	\$45,036,000	\$2,374,000	\$9,063,000	\$367,000	\$10,554,000	\$560,000	\$766,000
Capitation	\$5,286,000	\$293,000	\$57,000	\$3,117,000	\$684,000	\$30,000	\$171,000	\$8,000	\$214,000	\$7,000	\$11,000
Incurred Prescription Drug Claims	\$143,423,000	\$15,850,000	\$2,750,000	\$85,841,000	\$16,320,000	\$1,014,000	\$3,789,000	\$114,000	\$3,209,000	\$167,000	\$224,000
Prescription Drug Rebates	(\$57,528,000)	(\$6,357,000)	(\$1,103,000)	(\$34,431,000)	(\$6,546,000)	(\$407,000)	(\$1,520,000)	(\$46,000)	(\$1,287,000)	(\$67,000)	(\$90,000)
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	\$7,330,000	\$760,000	\$149,000	\$4,066,000	\$910,000	\$67,000	\$243,000	\$8,000	\$176,000	\$15,000	\$16,000
Total Cost	\$461,274,000	\$48,516,000	\$9,284,000	\$268,567,000	\$56,404,000	\$3,078,000	\$11,746,000	\$451,000	\$12,866,000	\$682,000	\$927,000
Total Premium	\$450,217,000	\$49,378,000	\$9,634,000	\$258,700,000	\$53,708,000	\$2,645,000	\$11,050,000	\$421,000	\$13,319,000	\$584,000	\$736,000
Gain (Loss)	(\$11,057,000)	\$862,000	\$350,000	(\$9,867,000)	(\$2,696,000)	(\$433,000)	(\$696,000)	(\$30,000)	\$453,000	(\$98,000)	(\$191,000)
Medicare Retirees											
Average Medical Members	29,667	20,412	4,257	N/A	N/A	1,448	87	N/A	2,865	86	36
Incurred Medical Claims	\$59,037,000	\$38,747,000	\$7,195,000	N/A	N/A	\$3,168,000	\$176,000	N/A	\$8,497,000	\$153,000	\$61,000
Capitation and Other Claim Based Fee	\$676,000	\$0	\$0	N/A	N/A	\$0	\$18,000	N/A	\$548,000	\$0	\$10,000
Incurred Prescription Drug Claims	\$312,278,000	\$211,727,000	\$45,816,000	N/A	N/A	\$16,976,000	\$860,000	N/A	\$32,098,000	\$552,000	\$198,000
Prescription Drug Rebates	(\$84,940,000)	(\$57,589,000)	(\$12,462,000)	N/A	N/A	(\$4,618,000)	(\$234,000)	N/A	(\$8,731,000)	(\$150,000)	(\$54,000)
EGWP Credits	(\$122,697,000)	(\$84,418,000)	(\$17,608,000)	N/A	N/A	(\$5,988,000)	(\$361,000)	N/A	(\$11,848,000)	(\$356,000)	(\$151,000)
Administrative Fees	\$6,236,000	\$3,795,000	\$792,000	N/A	N/A	\$270,000	\$31,000	N/A	\$1,119,000	\$16,000	\$19,000
Total Cost	\$170,590,000	\$112,262,000	\$23,733,000	N/A	N/A	\$9,808,000	\$490,000	N/A	\$21,683,000	\$215,000	\$83,000
Total Premium	\$171,638,000	\$114,365,000	\$22,941,000	N/A	N/A	\$9,344,000	\$766,000	N/A	\$20,249,000	\$462,000	\$216,000
Gain (Loss)	\$1,048,000	\$2,103,000	(\$792,000)	N/A	N/A	(\$464,000)	\$276,000	N/A	(\$1,434,000)	\$247,000	\$133,000

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

** Plan Year 2025 premium rates include margin of 3.0%.

Exhibit 3B – Plan Year 2025 Aggregate Costs

Page 2 of 3

	2030				PPO 2035		HDHigh	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna	Horizon	Aetna	Horizon
Employees and Retirees								
Average Medical Members	426	8,791	71	417	322	9,637	13	298
Incurred Medical Claims	\$4,049,000	\$81,136,000	\$534,000	\$3,097,000	\$3,042,000	\$92,977,000	\$113,000	\$2,743,000
Capitation and Other Claim Based Fees	\$79,000	\$1,799,000	\$14,000	\$91,000	\$61,000	\$2,032,000	\$3,000	\$61,000
Incurred Prescription Drug Claims	\$1,386,000	\$27,298,000	\$328,000	\$2,024,000	\$1,207,000	\$33,736,000	\$43,000	\$1,019,000
Prescription Drug Rebates	(\$544,000)	(\$10,266,000)	(\$131,000)	(\$786,000)	(\$468,000)	(\$13,069,000)	(\$17,000)	(\$398,000)
EGWP Credits	\$0	(\$1,880,000)	\$0	(\$87,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$110,000	\$2,429,000	\$23,000	\$128,000	\$85,000	\$2,679,000	\$7,000	\$95,000
Total Cost	\$5,080,000	\$100,516,000	\$768,000	\$4,467,000	\$3,927,000	\$118,355,000	\$149,000	\$3,520,000
Total Premium	\$5,176,000	\$108,663,000	\$857,000	\$5,324,000	\$3,285,000	\$103,204,000	\$102,000	\$2,227,000
Gain (Loss)	\$96,000	\$8,147,000	\$89,000	\$857,000	(\$642,000)	(\$15,151,000)	(\$47,000)	(\$1,293,000)
Employees								
Average Medical Members	284	5,632	N/A	N/A	322	9,637	13	246
Incurred Medical Claims	\$2,527,000	\$50,663,000	N/A	N/A	\$3,042,000	\$92,977,000	\$113,000	\$2,153,000
Capitation and Other Claim Based Fees	\$54,000	\$1,212,000	N/A	N/A	\$61,000	\$2,032,000	\$3,000	\$50,000
Incurred Prescription Drug Claims	\$866,000	\$13,589,000	N/A	N/A	\$1,207,000	\$33,736,000	\$43,000	\$796,000
Prescription Drug Rebates	(\$336,000)	(\$5,264,000)	N/A	N/A	(\$468,000)	(\$13,069,000)	(\$17,000)	(\$309,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$76,000	\$1,627,000	N/A	N/A	\$85,000	\$2,679,000	\$7,000	\$77,000
Total Cost	\$3,187,000	\$61,827,000	N/A	N/A	\$3,927,000	\$118,355,000	\$149,000	\$2,767,000
Total Premium	\$3,348,000	\$68,080,000	N/A	N/A	\$3,285,000	\$103,204,000	\$102,000	\$1,740,000
Gain (Loss)	\$161,000	\$6,253,000	N/A	N/A	(\$642,000)	(\$15,151,000)	(\$47,000)	(\$1,027,000)
Early Retirees								
Average Medical Members	142	2,704	71	396	N/A	N/A	-	52
Incurred Medical Claims	\$1,522,000	\$29,503,000	\$534,000	\$3,027,000	N/A	N/A	\$0	\$590,000
Capitation	\$25,000	\$492,000	\$14,000	\$86,000	N/A	N/A	\$0	\$11,000
Incurred Prescription Drug Claims	\$520,000	\$9,863,000	\$328,000	\$1,819,000	N/A	N/A	\$0	\$223,000
Prescription Drug Rebates	(\$208,000)	(\$3,956,000)	(\$131,000)	(\$730,000)	N/A	N/A	\$0	(\$89,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$34,000	\$617,000	\$23,000	\$119,000	N/A	N/A	\$0	\$18,000
Total Cost	\$1,893,000	\$36,519,000	\$768,000	\$4,321,000	N/A	N/A	\$0	\$753,000
Total Premium	\$1,828,000	\$37,454,000	\$857,000	\$5,158,000	N/A	N/A	\$0	\$487,000
Gain (Loss)	(\$65,000)	\$935,000	\$89,000	\$837,000	N/A	N/A	\$0	(\$266,000)
Medicare Retirees								
Average Medical Members	N/A	455	N/A	21	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	\$970,000	N/A	\$70,000	N/A	N/A	N/A	N/A
Capitation and Other Claim Based Fees	N/A	\$95,000	N/A	\$5,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	\$3,846,000	N/A	\$205,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	(\$1,046,000)	N/A	(\$56,000)	N/A	N/A	N/A	N/A
EGWP Credits	N/A	(\$1,880,000)	N/A	(\$87,000)	N/A	N/A	N/A	N/A
Administrative Fees	N/A	\$185,000	N/A	\$9,000	N/A	N/A	N/A	N/A
Total Cost	N/A	\$2,170,000	N/A	\$146,000	N/A	N/A	N/A	N/A
Total Premium	N/A	\$3,129,000	N/A	\$166,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	\$959,000	N/A	\$20,000	N/A	N/A	N/A	N/A

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

** Plan Year 2025 premium rates include margin of 3.0%.

Exhibit 3B – Plan Year 2025 Aggregate Costs

Page 3 of 3

	HDLow		Tiered Network		Unity PPO			
	Aetna	Horizon	Aetna	Horizon	Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO
Employees and Retirees								
Average Medical Members	12	60	407	3,768	111	690	27	605
Incurred Medical Claims	\$110,000	\$575,000	\$3,041,000	\$28,501,000	\$1,245,000	\$7,350,000	\$266,000	\$6,150,000
Capitation and Other Claim Based Fees	\$2,000	\$12,000	\$89,000	\$894,000	\$24,000	\$159,000	\$5,000	\$132,000
Incurred Prescription Drug Claims	\$41,000	\$212,000	\$1,205,000	\$10,675,000	\$488,000	\$2,698,000	\$98,000	\$2,115,000
Prescription Drug Rebates	(\$16,000)	(\$82,000)	(\$468,000)	(\$4,140,000)	(\$194,000)	(\$1,056,000)	(\$38,000)	(\$819,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$4,000	\$20,000	\$199,000	\$1,554,000	\$43,000	\$182,000	\$10,000	\$229,000
Total Cost	\$141,000	\$737,000	\$4,066,000	\$37,484,000	\$1,606,000	\$9,333,000	\$341,000	\$7,807,000
Total Premium	\$126,000	\$630,000	\$3,867,000	\$37,302,000	\$1,636,000	\$8,890,000	\$344,000	\$8,120,000
Gain (Loss)	(\$15,000)	(\$107,000)	(\$199,000)	(\$182,000)	\$30,000	(\$443,000)	\$3,000	\$313,000
Employees								
Average Medical Members	12	60	401	3,708	41	531	27	605
Incurred Medical Claims	\$110,000	\$575,000	\$2,975,000	\$27,856,000	\$407,000	\$5,407,000	\$266,000	\$6,150,000
Capitation and Other Claim Based Fees	\$2,000	\$12,000	\$87,000	\$880,000	\$9,000	\$124,000	\$5,000	\$132,000
Incurred Prescription Drug Claims	\$41,000	\$212,000	\$1,176,000	\$10,392,000	\$158,000	\$1,948,000	\$98,000	\$2,115,000
Prescription Drug Rebates	(\$16,000)	(\$82,000)	(\$456,000)	(\$4,026,000)	(\$61,000)	(\$755,000)	(\$38,000)	(\$819,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$4,000	\$20,000	\$195,000	\$1,530,000	\$10,000	\$134,000	\$10,000	\$229,000
Total Cost	\$141,000	\$737,000	\$3,977,000	\$36,632,000	\$523,000	\$6,858,000	\$341,000	\$7,807,000
Total Premium	\$126,000	\$630,000	\$3,793,000	\$36,544,000	\$487,000	\$6,613,000	\$344,000	\$8,120,000
Gain (Loss)	(\$15,000)	(\$107,000)	(\$184,000)	(\$88,000)	(\$36,000)	(\$245,000)	\$3,000	\$313,000
Early Retirees								
Average Medical Members	N/A	N/A	6	60	70	159	N/A	N/A
Incurred Medical Claims	N/A	N/A	\$66,000	\$645,000	\$838,000	\$1,943,000	N/A	N/A
Capitation	N/A	N/A	\$2,000	\$14,000	\$15,000	\$35,000	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	\$29,000	\$283,000	\$330,000	\$750,000	N/A	N/A
Prescription Drug Rebates	N/A	N/A	(\$12,000)	(\$114,000)	(\$133,000)	(\$301,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	\$4,000	\$24,000	\$33,000	\$48,000	N/A	N/A
Total Cost	N/A	N/A	\$89,000	\$852,000	\$1,083,000	\$2,475,000	N/A	N/A
Total Premium	N/A	N/A	\$74,000	\$758,000	\$1,149,000	\$2,277,000	N/A	N/A
Gain (Loss)	N/A	N/A	(\$15,000)	(\$94,000)	\$66,000	(\$198,000)	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 and Other Claim Based Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

** Plan Year 2025 premium rates include margin of 3.0%.

Exhibit 3C – Plan Year 2026 Aggregate Costs

Page 1 of 3

	Total	Legacy Plans						1525			
		Aetna PPO10	Aetna PPO15	Horizon PPO10	Horizon PPO15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	152,273	24,234	4,978	70,778	17,470	1,694	2,162	114	5,311	124	90
Incurred Medical Claims	\$1,676,594,000	\$113,663,000	\$21,328,000	\$980,788,000	\$225,458,000	\$7,788,000	\$25,162,000	\$1,226,000	\$37,534,000	\$828,000	\$909,000
Capitation and Other Claim Based Fee	\$29,982,000	\$665,000	\$120,000	\$16,966,000	\$4,196,000	\$60,000	\$596,000	\$27,000	\$1,218,000	\$7,000	\$23,000
Incurred Prescription Drug Claims	\$880,910,000	\$238,487,000	\$50,394,000	\$341,465,000	\$78,532,000	\$18,655,000	\$11,104,000	\$343,000	\$39,523,000	\$751,000	\$463,000
Prescription Drug Rebates	(\$286,119,000)	(\$53,686,000)	(\$11,136,000)	(\$133,669,000)	(\$30,687,000)	(\$4,120,000)	(\$9,456,000)	(\$135,000)	(\$9,456,000)	(\$192,000)	(\$147,000)
EGWP Credits	(\$141,832,000)	(\$97,583,000)	(\$20,353,000)	N/A	N/A	(\$6,922,000)	(\$418,000)	\$0	(\$13,696,000)	(\$412,000)	(\$174,000)
Administrative Fees	\$40,557,000	\$4,908,000	\$993,000	\$19,177,000	\$4,751,000	\$376,000	\$775,000	\$32,000	\$1,774,000	\$31,000	\$33,000
Total Cost	\$2,200,092,000	\$206,454,000	\$41,346,000	\$1,224,727,000	\$282,250,000	\$15,837,000	\$33,015,000	\$1,493,000	\$56,897,000	\$1,013,000	\$1,107,000
Total Premium	\$2,540,016,000	\$242,418,000	\$47,521,000	\$1,381,534,000	\$328,327,000	\$17,352,000	\$40,379,000	\$1,867,000	\$68,147,000	\$1,384,000	\$1,232,000
Gain (Loss)	\$339,924,000	\$35,964,000	\$6,175,000	\$156,807,000	\$46,077,000	\$1,515,000	\$7,364,000	\$374,000	\$11,250,000	\$371,000	\$125,000
Employees											
Average Medical Members	95,591	1,468	255	55,264	14,078	99	1,394	84	1,663	N/A	N/A
Incurred Medical Claims	\$1,199,115,000	\$19,406,000	\$3,072,000	\$748,866,000	\$175,715,000	\$1,046,000	\$14,971,000	\$820,000	\$17,095,000	N/A	N/A
Capitation and Other Claim Based Fee	\$23,449,000	\$341,000	\$57,000	\$13,524,000	\$3,441,000	\$27,000	\$390,000	\$19,000	\$415,000	N/A	N/A
Incurred Prescription Drug Claims	\$398,394,000	\$7,189,000	\$1,145,000	\$240,372,000	\$59,312,000	\$412,000	\$5,778,000	\$209,000	\$3,509,000	N/A	N/A
Prescription Drug Rebates	(\$154,340,000)	(\$2,785,000)	(\$443,000)	(\$93,121,000)	(\$22,978,000)	(\$160,000)	(\$2,238,000)	(\$81,000)	(\$1,359,000)	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	\$27,314,000	\$426,000	\$67,000	\$15,244,000	\$3,871,000	\$44,000	\$509,000	\$25,000	\$503,000	N/A	N/A
Total Cost	\$1,493,932,000	\$24,577,000	\$3,898,000	\$924,885,000	\$219,361,000	\$1,369,000	\$19,410,000	\$992,000	\$20,163,000	N/A	N/A
Total Premium	\$1,724,714,000	\$27,391,000	\$4,529,000	\$1,040,295,000	\$257,384,000	\$1,793,000	\$24,905,000	\$1,311,000	\$27,307,000	N/A	N/A
Gain (Loss)	\$230,782,000	\$2,814,000	\$631,000	\$115,410,000	\$38,023,000	\$424,000	\$5,495,000	\$319,000	\$7,144,000	N/A	N/A
Early Retirees											
Average Medical Members	27,757	2,865	572	15,514	3,392	183	683	30	855	40	54
Incurred Medical Claims	\$400,696,000	\$41,949,000	\$8,210,000	\$231,922,000	\$49,743,000	\$2,623,000	\$10,010,000	\$406,000	\$11,658,000	\$618,000	\$846,000
Capitation	\$5,834,000	\$324,000	\$63,000	\$3,442,000	\$755,000	\$33,000	\$188,000	\$8,000	\$237,000	\$7,000	\$12,000
Incurred Prescription Drug Claims	\$168,911,000	\$18,671,000	\$3,239,000	\$101,093,000	\$19,220,000	\$1,194,000	\$4,462,000	\$134,000	\$3,779,000	\$197,000	\$264,000
Prescription Drug Rebates	(\$67,750,000)	(\$7,489,000)	(\$1,299,000)	(\$40,548,000)	(\$7,709,000)	(\$479,000)	(\$1,790,000)	(\$54,000)	(\$1,516,000)	(\$79,000)	(\$106,000)
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	\$7,084,000	\$729,000	\$143,000	\$3,933,000	\$880,000	\$65,000	\$236,000	\$7,000	\$170,000	\$15,000	\$15,000
Total Cost	\$514,775,000	\$54,184,000	\$10,356,000	\$299,842,000	\$62,889,000	\$3,436,000	\$13,106,000	\$501,000	\$14,328,000	\$758,000	\$1,031,000
Total Premium	\$594,305,000	\$65,132,000	\$12,725,000	\$341,239,000	\$70,943,000	\$3,493,000	\$14,596,000	\$556,000	\$17,599,000	\$775,000	\$977,000
Gain (Loss)	\$79,530,000	\$10,948,000	\$2,369,000	\$41,397,000	\$8,054,000	\$57,000	\$1,490,000	\$55,000	\$3,271,000	\$17,000	(\$54,000)
Medicare Retirees											
Average Medical Members	28,925	19,901	4,151	N/A	N/A	1,412	85	N/A	2,793	84	36
Incurred Medical Claims	\$76,783,000	\$52,308,000	\$10,046,000	N/A	N/A	\$4,119,000	\$181,000	N/A	\$8,781,000	\$210,000	\$63,000
Capitation and Other Claim Based Fee	\$699,000	\$0	\$0	N/A	N/A	\$0	\$18,000	N/A	\$566,000	\$0	\$11,000
Incurred Prescription Drug Claims	\$313,605,000	\$212,627,000	\$46,010,000	N/A	N/A	\$17,049,000	\$864,000	N/A	\$32,235,000	\$554,000	\$199,000
Prescription Drug Rebates	(\$64,029,000)	(\$43,412,000)	(\$9,394,000)	N/A	N/A	(\$3,481,000)	(\$176,000)	N/A	(\$6,581,000)	(\$113,000)	(\$41,000)
EGWP Credits	(\$141,832,000)	(\$97,583,000)	(\$20,353,000)	N/A	N/A	(\$6,922,000)	(\$418,000)	N/A	(\$13,696,000)	(\$412,000)	(\$174,000)
Administrative Fees	\$6,159,000	\$3,753,000	\$783,000	N/A	N/A	\$267,000	\$30,000	N/A	\$1,101,000	\$16,000	\$18,000
Total Cost	\$191,385,000	\$127,693,000	\$27,092,000	N/A	N/A	\$11,032,000	\$499,000	N/A	\$22,406,000	\$255,000	\$76,000
Total Premium	\$220,997,000	\$149,895,000	\$30,267,000	N/A	N/A	\$12,066,000	\$878,000	N/A	\$23,241,000	\$609,000	\$255,000
Gain (Loss)	\$29,612,000	\$22,202,000	\$3,175,000	N/A	N/A	\$1,034,000	\$379,000	N/A	\$835,000	\$354,000	\$179,000

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

** Plan Year 2026 premium rates are priced 15.4% higher than Active Early Retirees, and Medicare Retiree projected medical and prescription drug costs. This reflects 6.0% margin to help build the CSR balance plus an additional load to collect the \$200M owed under Chapter 86.

Exhibit 3C – Projected Plan Year 2026 Aggregate Costs

Page 2 of 3

	2030				PPO 2035		HDHigh	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna	Horizon	Aetna	Horizon
Employees and Retirees								
Average Medical Members	416	8,572	70	406	314	9,397	13	290
Incurred Medical Claims	\$4,473,000	\$89,539,000	\$590,000	\$3,415,000	\$3,360,000	\$102,676,000	\$125,000	\$3,030,000
Capitation and Other Claim Based Fees	\$87,000	\$1,979,000	\$15,000	\$101,000	\$68,000	\$2,244,000	\$4,000	\$67,000
Incurred Prescription Drug Claims	\$1,649,000	\$31,743,000	\$386,000	\$2,347,000	\$1,445,000	\$40,380,000	\$51,000	\$1,215,000
Prescription Drug Rebates	(\$647,000)	(\$11,749,000)	(\$155,000)	(\$901,000)	(\$560,000)	(\$15,644,000)	(\$20,000)	(\$474,000)
EGWP Credits	\$0	(\$2,174,000)	\$0	(\$100,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$106,000	\$2,377,000	\$22,000	\$125,000	\$82,000	\$2,589,000	\$7,000	\$91,000
Total Cost	\$5,668,000	\$111,715,000	\$858,000	\$4,987,000	\$4,395,000	\$132,245,000	\$167,000	\$3,929,000
Total Premium	\$7,035,000	\$146,625,000	\$1,138,000	\$7,043,000	\$4,957,000	\$155,546,000	\$136,000	\$2,962,000
Gain (Loss)	\$1,367,000	\$34,910,000	\$280,000	\$2,056,000	\$562,000	\$23,301,000	(\$31,000)	(\$967,000)
Employees								
Average Medical Members	277	5,492	N/A	N/A	314	9,397	13	240
Incurred Medical Claims	\$2,791,000	\$55,948,000	N/A	N/A	\$3,360,000	\$102,676,000	\$125,000	\$2,378,000
Capitation and Other Claim Based Fees	\$60,000	\$1,338,000	N/A	N/A	\$68,000	\$2,244,000	\$4,000	\$55,000
Incurred Prescription Drug Claims	\$1,037,000	\$16,265,000	N/A	N/A	\$1,445,000	\$40,380,000	\$51,000	\$953,000
Prescription Drug Rebates	(\$402,000)	(\$6,301,000)	N/A	N/A	(\$560,000)	(\$15,644,000)	(\$20,000)	(\$369,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$73,000	\$1,598,000	N/A	N/A	\$82,000	\$2,589,000	\$7,000	\$73,000
Total Cost	\$3,559,000	\$68,848,000	N/A	N/A	\$4,395,000	\$132,245,000	\$167,000	\$3,090,000
Total Premium	\$4,616,000	\$93,455,000	N/A	N/A	\$4,957,000	\$155,546,000	\$136,000	\$2,315,000
Gain (Loss)	\$1,057,000	\$24,607,000	N/A	N/A	\$562,000	\$23,301,000	(\$31,000)	(\$775,000)
Early Retirees								
Average Medical Members	139	2,637	70	386	N/A	N/A	-	50
Incurred Medical Claims	\$1,682,000	\$32,588,000	\$590,000	\$3,343,000	N/A	N/A	\$0	\$652,000
Capitation	\$27,000	\$543,000	\$15,000	\$95,000	N/A	N/A	\$0	\$12,000
Incurred Prescription Drug Claims	\$612,000	\$11,616,000	\$386,000	\$2,142,000	N/A	N/A	\$0	\$262,000
Prescription Drug Rebates	(\$245,000)	(\$4,659,000)	(\$155,000)	(\$859,000)	N/A	N/A	\$0	(\$105,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$33,000	\$597,000	\$22,000	\$116,000	N/A	N/A	\$0	\$18,000
Total Cost	\$2,109,000	\$40,685,000	\$858,000	\$4,837,000	N/A	N/A	\$0	\$839,000
Total Premium	\$2,419,000	\$49,573,000	\$1,138,000	\$6,854,000	N/A	N/A	\$0	\$647,000
Gain (Loss)	\$310,000	\$8,888,000	\$280,000	\$2,017,000	N/A	N/A	\$0	(\$192,000)
Medicare Retirees								
Average Medical Members	N/A	443	N/A	20	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	\$1,003,000	N/A	\$72,000	N/A	N/A	N/A	N/A
Capitation and Other Claim Based Fees	N/A	\$98,000	N/A	\$6,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	\$3,862,000	N/A	\$205,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	(\$789,000)	N/A	(\$42,000)	N/A	N/A	N/A	N/A
EGWP Credits	N/A	(\$2,174,000)	N/A	(\$100,000)	N/A	N/A	N/A	N/A
Administrative Fees	N/A	\$182,000	N/A	\$9,000	N/A	N/A	N/A	N/A
Total Cost	N/A	\$2,182,000	N/A	\$150,000	N/A	N/A	N/A	N/A
Total Premium	N/A	\$3,597,000	N/A	\$189,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	\$1,415,000	N/A	\$39,000	N/A	N/A	N/A	N/A

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

** Plan Year 2026 premium rates are priced 15.4% higher than Active Early Retirees, and Medicare Retiree projected medical and prescription drug costs. This reflects 6.0% margin to help build the CSR balance plus an additional load to collect the \$200M owed under Chapter 86.

Exhibit 3C – Projected Plan Year 2026 Aggregate Costs

Page 3 of 3

	HDLow		Tiered Network		Unity PPO			
	Aetna	Horizon	Aetna	Horizon	Aetna Unity PPO	Horizon Unity PPO	Aetna Unity 2019 PPO	Horizon Unity 2019 PPO
Average Medical Members	11	58	404	3,970	108	673	26	590
Incurred Medical Claims	\$121,000	\$635,000	\$3,420,000	\$33,948,000	\$1,375,000	\$8,118,000	\$294,000	\$6,791,000
Capitation and Other Claim Based Fees	\$2,000	\$14,000	\$101,000	\$1,068,000	\$27,000	\$175,000	\$6,000	\$146,000
Incurred Prescription Drug Claims	\$50,000	\$254,000	\$1,469,000	\$13,763,000	\$578,000	\$3,214,000	\$117,000	\$2,532,000
Prescription Drug Rebates	(\$19,000)	(\$98,000)	(\$570,000)	(\$5,337,000)	(\$229,000)	(\$1,257,000)	(\$46,000)	(\$981,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$4,000	\$19,000	\$197,000	\$1,640,000	\$41,000	\$176,000	\$9,000	\$222,000
Total Cost	\$158,000	\$824,000	\$4,617,000	\$45,082,000	\$1,792,000	\$10,426,000	\$380,000	\$8,710,000
Total Premium	\$168,000	\$838,000	\$5,202,000	\$53,129,000	\$2,166,000	\$11,746,000	\$454,000	\$10,710,000
Gain (Loss)	\$10,000	\$14,000	\$585,000	\$8,047,000	\$374,000	\$1,320,000	\$74,000	\$2,000,000
Employees								
Average Medical Members	11	58	398	3,912	40	518	26	590
Incurred Medical Claims	\$121,000	\$635,000	\$3,348,000	\$33,236,000	\$449,000	\$5,972,000	\$294,000	\$6,791,000
Capitation and Other Claim Based Fees	\$2,000	\$14,000	\$99,000	\$1,052,000	\$10,000	\$137,000	\$6,000	\$146,000
Incurred Prescription Drug Claims	\$50,000	\$254,000	\$1,434,000	\$13,430,000	\$189,000	\$2,331,000	\$117,000	\$2,532,000
Prescription Drug Rebates	(\$19,000)	(\$98,000)	(\$556,000)	(\$5,203,000)	(\$73,000)	(\$903,000)	(\$46,000)	(\$981,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$4,000	\$19,000	\$194,000	\$1,617,000	\$9,000	\$129,000	\$9,000	\$222,000
Total Cost	\$158,000	\$824,000	\$4,519,000	\$44,132,000	\$584,000	\$7,666,000	\$380,000	\$8,710,000
Total Premium	\$168,000	\$838,000	\$5,103,000	\$52,123,000	\$645,000	\$8,733,000	\$454,000	\$10,710,000
Gain (Loss)	\$10,000	\$14,000	\$584,000	\$7,991,000	\$61,000	\$1,067,000	\$74,000	\$2,000,000
Early Retirees								
Average Medical Members	N/A	N/A	6	58	68	155	N/A	N/A
Incurred Medical Claims	N/A	N/A	\$72,000	\$712,000	\$926,000	\$2,146,000	N/A	N/A
Capitation	N/A	N/A	\$2,000	\$16,000	\$17,000	\$38,000	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	\$35,000	\$333,000	\$389,000	\$883,000	N/A	N/A
Prescription Drug Rebates	N/A	N/A	(\$14,000)	(\$134,000)	(\$156,000)	(\$354,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	\$3,000	\$23,000	\$32,000	\$47,000	N/A	N/A
Total Cost	N/A	N/A	\$98,000	\$950,000	\$1,208,000	\$2,760,000	N/A	N/A
Total Premium	N/A	N/A	\$99,000	\$1,006,000	\$1,521,000	\$3,013,000	N/A	N/A
Gain (Loss)	N/A	N/A	\$1,000	\$56,000	\$313,000	\$253,000	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 and Other Claim Based Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

** Plan Year 2026 premium rates are priced 15.4% higher than Active Early Retirees, and Medicare Retiree projected medical and prescription drug costs. This reflects 6.0% margin to help build the CSR balance plus an additional load to collect the \$200M owed under Chapter 86.

Exhibit 4A – Plan Year 2026 Monthly Active Premiums

Page 1 of 2

	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<u>Medical Coverage Only</u>							
Single	\$1,666.44	\$1,586.89	\$1,541.26	\$1,539.34	N/A	\$1,527.46	N/A
Employee+Spouse	\$3,332.88	\$3,173.78	\$3,082.52	\$3,078.68	N/A	\$3,054.92	N/A
Family	\$4,649.37	\$4,427.42	\$4,300.12	\$4,294.76	N/A	\$4,261.61	N/A
Employee+Child(ren)	\$2,982.93	\$2,840.53	\$2,758.86	\$2,755.42	N/A	\$2,734.15	N/A
Adult Child Rate	\$1,342.82	\$1,278.71	\$1,241.95	\$1,240.40	N/A	\$1,230.82	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<u>Rx Card</u>							
Single	\$382.44	\$382.44	\$382.44	\$346.85	N/A	\$349.04	N/A
Employee+Spouse	\$764.88	\$764.88	\$764.88	\$693.70	N/A	\$698.08	N/A
Family	\$1,067.01	\$1,067.01	\$1,067.01	\$967.71	N/A	\$973.82	N/A
Employee+Child(ren)	\$684.57	\$684.57	\$684.57	\$620.86	N/A	\$624.78	N/A
Adult Child Rate	\$308.17	\$308.17	\$308.17	\$279.49	N/A	\$281.25	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<u>Rx with Medical Coverage</u>							
Single	\$2,022.99	\$1,940.10	\$1,904.23	\$1,861.68	N/A	\$1,844.39	N/A
Employee+Spouse	\$4,045.99	\$3,880.19	\$3,808.46	\$3,723.37	N/A	\$3,688.79	N/A
Family	\$5,644.15	\$5,412.87	\$5,312.81	\$5,194.10	N/A	\$5,145.85	N/A
Employee+Child(ren)	\$3,621.16	\$3,472.77	\$3,408.58	\$3,332.41	N/A	\$3,301.46	N/A
Adult Child Rate	\$1,630.13	\$1,563.32	\$1,534.44	\$1,500.14	N/A	\$1,486.21	N/A

Exhibit 4A – Plan Year 2026 Monthly Active Premiums

Page 2 of 2

	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<u>Medical Coverage Only</u>						
Single	\$1,435.81	\$807.42	\$1,197.44	\$1,105.64	\$1,483.75	\$1,475.93
Employee+Spouse	\$2,871.62	\$1,614.84	\$2,394.88	\$2,211.28	\$2,967.50	\$2,951.87
Family	\$4,005.91	\$2,252.70	\$3,340.86	\$3,084.74	\$4,139.66	\$4,117.86
Employee+Child(ren)	\$2,570.10	\$1,445.28	\$2,143.42	\$1,979.10	\$2,655.91	\$2,641.92
Adult Child Rate	\$1,156.98	\$650.62	\$964.90	\$890.93	\$1,195.60	\$1,189.31
	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<u>Rx Card</u>						
Single	\$345.17	\$227.26	\$337.11	\$301.85	\$347.14	\$347.14
Employee+Spouse	\$690.34	\$454.52	\$674.22	\$603.70	\$694.28	\$694.28
Family	\$963.02	\$634.06	\$940.54	\$842.16	\$968.52	\$968.52
Employee+Child(ren)	\$617.85	\$406.80	\$603.43	\$540.31	\$621.38	\$621.38
Adult Child Rate	\$278.13	\$183.13	\$271.65	\$243.23	\$279.72	\$279.72
	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<u>Rx with Medical Coverage</u>						
Single	\$1,745.37	\$1,034.68	\$1,534.55	\$1,386.16	\$1,806.36	\$1,798.54
Employee+Spouse	\$3,490.74	\$2,069.36	\$3,069.10	\$2,772.33	\$3,612.72	\$3,597.09
Family	\$4,869.58	\$2,886.76	\$4,281.40	\$3,867.40	\$5,039.74	\$5,017.94
Employee+Child(ren)	\$3,124.21	\$1,852.08	\$2,746.85	\$2,481.24	\$3,233.38	\$3,219.39
Adult Child Rate	\$1,406.42	\$833.75	\$1,236.55	\$1,116.98	\$1,455.56	\$1,449.27

Exhibit 4B – Plan Year 2026 Annual Active Premiums

Page 1 of 2

	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<u>Medical Coverage Only</u>							
Single	\$19,997	\$19,043	\$18,495	\$18,472	N/A	\$18,330	N/A
Employee+Spouse	\$39,995	\$38,085	\$36,990	\$36,944	N/A	\$36,659	N/A
Family	\$55,792	\$53,129	\$51,601	\$51,537	N/A	\$51,139	N/A
Employee+Child(ren)	\$35,795	\$34,086	\$33,106	\$33,065	N/A	\$32,810	N/A
Adult Child Rate	\$16,114	\$15,345	\$14,903	\$14,885	N/A	\$14,770	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<u>Rx Card</u>							
Single	\$4,589	\$4,589	\$4,589	\$4,162	N/A	\$4,188	N/A
Employee+Spouse	\$9,179	\$9,179	\$9,179	\$8,324	N/A	\$8,377	N/A
Family	\$12,804	\$12,804	\$12,804	\$11,613	N/A	\$11,686	N/A
Employee+Child(ren)	\$8,215	\$8,215	\$8,215	\$7,450	N/A	\$7,497	N/A
Adult Child Rate	\$3,698	\$3,698	\$3,698	\$3,354	N/A	\$3,375	N/A
	Legacy Plans			1525		2030	
	PPO10	PPO15	HMO	PPO	HMO	PPO	HMO
<u>Rx with Medical Coverage</u>							
Single	\$24,276	\$23,281	\$22,851	\$22,340	N/A	\$22,133	N/A
Employee+Spouse	\$48,552	\$46,562	\$45,702	\$44,680	N/A	\$44,265	N/A
Family	\$67,730	\$64,954	\$63,754	\$62,329	N/A	\$61,750	N/A
Employee+Child(ren)	\$43,454	\$41,673	\$40,903	\$39,989	N/A	\$39,618	N/A
Adult Child Rate	\$19,562	\$18,760	\$18,413	\$18,002	N/A	\$17,835	N/A

Numbers may not add due to rounding

Exhibit 4B – Plan Year 2026 Annual Active Premiums

Page 2 of 2

	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<u>Medical Coverage Only</u>						
Single	\$17,230	\$9,689	\$14,369	\$13,268	\$17,805	\$17,711
Employee+Spouse	\$34,459	\$19,378	\$28,739	\$26,535	\$35,610	\$35,422
Family	\$48,071	\$27,032	\$40,090	\$37,017	\$49,676	\$49,414
Employee+Child(ren)	\$30,841	\$17,343	\$25,721	\$23,749	\$31,871	\$31,703
Adult Child Rate	\$13,884	\$7,807	\$11,579	\$10,691	\$14,347	\$14,272
	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<u>Rx Card</u>						
Single	\$4,142	\$2,727	\$4,045	\$3,622	\$4,166	\$4,166
Employee+Spouse	\$8,284	\$5,454	\$8,091	\$7,244	\$8,331	\$8,331
Family	\$11,556	\$7,609	\$11,286	\$10,106	\$11,622	\$11,622
Employee+Child(ren)	\$7,414	\$4,882	\$7,241	\$6,484	\$7,457	\$7,457
Adult Child Rate	\$3,338	\$2,198	\$3,260	\$2,919	\$3,357	\$3,357
	2035	HDHigh	HDLow	Tiered Network	Unity PPO	
	PPO	PPO	PPO	HMO	PPO \$0	PPO 2019 \$100
<u>Rx with Medical Coverage</u>						
Single	\$20,944	\$12,416	\$18,415	\$16,634	\$21,676	\$21,582
Employee+Spouse	\$41,889	\$24,832	\$36,829	\$33,268	\$43,353	\$43,165
Family	\$58,435	\$34,641	\$51,377	\$46,409	\$60,477	\$60,215
Employee+Child(ren)	\$37,491	\$22,225	\$32,962	\$29,775	\$38,801	\$38,633
Adult Child Rate	\$16,877	\$10,005	\$14,839	\$13,404	\$17,467	\$17,391

Numbers may not add due to rounding

Exhibit 4C – Plan Year 2026 Monthly Retiree Premiums

Page 1 of 3

	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO (Horizon Medicare Subscriber)		
	PPO10			PPO15			Legacy HMO			Legacy HMO		
	Aetna/Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium												
Single - 0 Medicare	\$2,439.62	N/A	\$2,439.62	\$2,322.05	N/A	\$2,322.05	\$2,254.71	N/A	\$2,254.71	\$2,254.71	N/A	\$2,254.71
Single - 1 Medicare	N/A	\$632.70	\$632.70	N/A	\$612.67	\$612.67	N/A	\$718.06	\$718.06	N/A	\$864.71	\$864.71
EE+Spouse - 0 Medicare	\$5,318.57	N/A	\$5,318.57	\$5,062.24	N/A	\$5,062.24	\$4,916.20	N/A	\$4,916.20	\$4,916.20	N/A	\$4,916.20
EE+Spouse - 1 Medicare	\$2,878.95	\$632.70	\$3,511.65	\$2,740.19	\$612.67	\$3,352.86	\$2,661.49	\$718.06	\$3,379.55	\$2,661.49	\$864.71	\$3,526.20
EE+Spouse - 2 Medicare	N/A	\$1,265.40	\$1,265.40	N/A	\$1,225.34	\$1,225.34	N/A	\$1,436.12	\$1,436.12	N/A	\$1,729.42	\$1,729.42
Family - 0 Medicare	\$6,050.44	N/A	\$6,050.44	\$5,758.82	N/A	\$5,758.82	\$5,593.43	N/A	\$5,593.43	\$5,593.43	N/A	\$5,593.43
Family - 1 Medicare	\$3,610.82	\$632.70	\$4,243.52	\$3,436.77	\$612.67	\$4,049.44	\$3,338.72	\$718.06	\$4,056.78	\$3,338.72	\$864.71	\$4,203.43
Family - 2 Medicare	\$1,171.20	\$1,265.40	\$2,436.60	\$1,114.71	\$1,225.34	\$2,340.05	\$1,084.00	\$1,436.12	\$2,520.12	\$1,084.01	\$1,729.42	\$2,813.43
EE+Ch - 0 Medicare	\$3,415.53	N/A	\$3,415.53	\$3,250.92	N/A	\$3,250.92	\$3,157.59	N/A	\$3,157.59	\$3,157.59	N/A	\$3,157.59
EE+Ch - 1 Medicare	\$975.91	\$632.70	\$1,608.61	\$928.87	\$612.67	\$1,541.54	\$902.88	\$718.06	\$1,620.94	\$902.88	\$864.71	\$1,767.59
Medical Premium												
Single - 0 Medicare	\$1,970.05	N/A	\$1,970.05	\$1,852.48	N/A	\$1,852.48	\$1,798.28	N/A	\$1,798.28	\$1,798.28	N/A	\$1,798.28
Single - 1 Medicare	N/A	\$252.92	\$252.92	N/A	\$232.89	\$232.89	N/A	\$280.79	\$280.79	N/A	\$427.44	\$427.44
EE+Spouse - 0 Medicare	\$4,294.72	N/A	\$4,294.72	\$4,038.39	N/A	\$4,038.39	\$3,920.25	N/A	\$3,920.25	\$3,920.25	N/A	\$3,920.25
EE+Spouse - 1 Medicare	\$2,324.67	\$252.92	\$2,577.59	\$2,185.91	\$232.89	\$2,418.80	\$2,121.97	\$280.79	\$2,402.76	\$2,121.97	\$427.44	\$2,549.41
EE+Spouse - 2 Medicare	N/A	\$505.84	\$505.84	N/A	\$465.78	\$465.78	N/A	\$561.58	\$561.58	N/A	\$854.88	\$854.88
Family - 0 Medicare	\$4,885.75	N/A	\$4,885.75	\$4,594.13	N/A	\$4,594.13	\$4,459.78	N/A	\$4,459.78	\$4,459.78	N/A	\$4,459.78
Family - 1 Medicare	\$2,915.70	\$252.92	\$3,168.62	\$2,741.65	\$232.89	\$2,974.54	\$2,661.50	\$280.79	\$2,942.29	\$2,661.50	\$427.44	\$3,088.94
Family - 2 Medicare	\$945.65	\$505.84	\$1,451.49	\$889.16	\$465.78	\$1,354.94	\$863.21	\$561.58	\$1,424.79	\$863.22	\$854.88	\$1,718.10
EE+Ch - 0 Medicare	\$2,758.08	N/A	\$2,758.08	\$2,593.47	N/A	\$2,593.47	\$2,517.60	N/A	\$2,517.60	\$2,517.60	N/A	\$2,517.60
EE+Ch - 1 Medicare	\$788.03	\$252.92	\$1,040.95	\$740.99	\$232.89	\$973.88	\$719.32	\$280.79	\$1,000.11	\$719.32	\$427.44	\$1,146.76
Rx Premium												
Single - 0 Medicare	\$469.57	N/A	\$469.57	\$469.57	N/A	\$469.57	\$456.43	N/A	\$456.43	\$456.43	N/A	\$456.43
Single - 1 Medicare	N/A	\$379.78	\$379.78	N/A	\$379.78	\$379.78	N/A	\$437.27	\$437.27	N/A	\$437.27	\$437.27
EE+Spouse - 0 Medicare	\$1,023.85	N/A	\$1,023.85	\$1,023.85	N/A	\$1,023.85	\$995.95	N/A	\$995.95	\$995.95	N/A	\$995.95
EE+Spouse - 1 Medicare	\$554.28	\$379.78	\$934.06	\$554.28	\$379.78	\$934.06	\$539.52	\$437.27	\$976.79	\$539.52	\$437.27	\$976.79
EE+Spouse - 2 Medicare	N/A	\$759.56	\$759.56	N/A	\$759.56	\$759.56	N/A	\$874.54	\$874.54	N/A	\$874.54	\$874.54
Family - 0 Medicare	\$1,164.69	N/A	\$1,164.69	\$1,164.69	N/A	\$1,164.69	\$1,133.65	N/A	\$1,133.65	\$1,133.65	N/A	\$1,133.65
Family - 1 Medicare	\$695.12	\$379.78	\$1,074.90	\$695.12	\$379.78	\$1,074.90	\$677.22	\$437.27	\$1,114.49	\$677.22	\$437.27	\$1,114.49
Family - 2 Medicare	\$225.55	\$759.56	\$985.11	\$225.55	\$759.56	\$985.11	\$220.79	\$874.54	\$1,095.33	\$220.79	\$874.54	\$1,095.33
EE+Ch - 0 Medicare	\$657.45	N/A	\$657.45	\$657.45	N/A	\$657.45	\$639.99	N/A	\$639.99	\$639.99	N/A	\$639.99
EE+Ch - 1 Medicare	\$187.88	\$379.78	\$567.66	\$187.88	\$379.78	\$567.66	\$183.56	\$437.27	\$620.83	\$183.56	\$437.27	\$620.83

Exhibit 4C – Plan Year 2026 Monthly Retiree Premiums

Page 2 of 3

	1525 PPO (Horizon Medicare Subscriber)			1525 HMO (Aetna Medicare Subscriber)			1525 HMO (Horizon Medicare Subscriber)			2030 PPO (Horizon Medicare Subscriber)		
	1525 PPO			1525 HMO			1525 HMO			2030 PPO		
	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium												
Single - 0 Medicare	\$2,224.41	N/A	\$2,224.41	\$2,063.65	N/A	\$2,063.65	\$2,063.65	N/A	\$2,063.65	\$2,124.42	N/A	\$2,124.42
Single - 1 Medicare	N/A	\$698.26	\$698.26	N/A	\$609.12	\$609.12	N/A	\$603.98	\$603.98	N/A	\$681.19	\$681.19
EE+Spouse - 0 Medicare	\$4,849.39	N/A	\$4,849.39	\$4,498.84	N/A	\$4,498.84	\$4,498.84	N/A	\$4,498.84	\$4,631.44	N/A	\$4,631.44
EE+Spouse - 1 Medicare	\$2,624.98	\$698.26	\$3,323.24	\$2,435.19	\$609.12	\$3,044.31	\$2,435.19	\$603.98	\$3,039.17	\$2,507.02	\$681.19	\$3,188.21
EE+Spouse - 2 Medicare	N/A	\$1,396.53	\$1,396.53	N/A	\$1,218.24	\$1,218.24	N/A	\$1,207.96	\$1,207.96	N/A	\$1,362.38	\$1,362.38
Family - 0 Medicare	\$5,516.67	N/A	\$5,516.67	\$5,117.92	N/A	\$5,117.92	\$5,117.92	N/A	\$5,117.92	\$5,268.72	N/A	\$5,268.72
Family - 1 Medicare	\$3,292.26	\$698.26	\$3,990.52	\$3,054.27	\$609.12	\$3,663.39	\$3,054.27	\$603.98	\$3,658.25	\$3,144.30	\$681.19	\$3,825.49
Family - 2 Medicare	\$1,067.84	\$1,396.53	\$2,464.37	\$990.62	\$1,218.24	\$2,208.86	\$990.62	\$1,207.96	\$2,198.58	\$1,019.88	\$1,362.38	\$2,382.26
EE+Ch - 0 Medicare	\$3,114.29	N/A	\$3,114.29	\$2,889.18	N/A	\$2,889.18	\$2,889.18	N/A	\$2,889.18	\$2,974.27	N/A	\$2,974.27
EE+Ch - 1 Medicare	\$889.88	\$698.26	\$1,588.14	\$825.53	\$609.12	\$1,434.65	\$825.53	\$603.98	\$1,429.51	\$849.85	\$681.19	\$1,531.04
Medical Premium												
Single - 0 Medicare	\$1,769.36	N/A	\$1,769.36	\$1,588.07	N/A	\$1,588.07	\$1,588.07	N/A	\$1,588.07	\$1,665.06	N/A	\$1,665.06
Single - 1 Medicare	N/A	\$330.20	\$330.20	N/A	\$241.06	\$241.06	N/A	\$235.92	\$235.92	N/A	\$309.65	\$309.65
EE+Spouse - 0 Medicare	\$3,857.22	N/A	\$3,857.22	\$3,462.01	N/A	\$3,462.01	\$3,462.01	N/A	\$3,462.01	\$3,629.83	N/A	\$3,629.83
EE+Spouse - 1 Medicare	\$2,087.86	\$330.20	\$2,418.06	\$1,873.94	\$241.06	\$2,115.00	\$1,873.94	\$235.92	\$2,109.86	\$1,964.77	\$309.65	\$2,274.42
EE+Spouse - 2 Medicare	N/A	\$660.40	\$660.40	N/A	\$482.12	\$482.12	N/A	\$471.84	\$471.84	N/A	\$619.30	\$619.30
Family - 0 Medicare	\$4,388.03	N/A	\$4,388.03	\$3,938.44	N/A	\$3,938.44	\$3,938.44	N/A	\$3,938.44	\$4,129.35	N/A	\$4,129.35
Family - 1 Medicare	\$2,618.67	\$330.20	\$2,948.87	\$2,350.37	\$241.06	\$2,591.43	\$2,350.37	\$235.92	\$2,586.29	\$2,464.29	\$309.65	\$2,773.94
Family - 2 Medicare	\$849.31	\$660.40	\$1,509.71	\$762.30	\$482.12	\$1,244.42	\$762.30	\$471.84	\$1,234.14	\$799.23	\$619.30	\$1,418.53
EE+Ch - 0 Medicare	\$2,477.13	N/A	\$2,477.13	\$2,223.33	N/A	\$2,223.33	\$2,223.33	N/A	\$2,223.33	\$2,331.09	N/A	\$2,331.09
EE+Ch - 1 Medicare	\$707.77	\$330.20	\$1,037.97	\$635.26	\$241.06	\$876.32	\$635.26	\$235.92	\$871.18	\$666.03	\$309.65	\$975.68
Rx Premium												
Single - 0 Medicare	\$455.05	N/A	\$455.05	\$475.58	N/A	\$475.58	\$475.58	N/A	\$475.58	\$459.36	N/A	\$459.36
Single - 1 Medicare	N/A	\$368.06	\$368.06	N/A	\$368.06	\$368.06	N/A	\$368.06	\$368.06	N/A	\$371.54	\$371.54
EE+Spouse - 0 Medicare	\$992.17	N/A	\$992.17	\$1,036.83	N/A	\$1,036.83	\$1,036.83	N/A	\$1,036.83	\$1,001.61	N/A	\$1,001.61
EE+Spouse - 1 Medicare	\$537.12	\$368.06	\$905.18	\$561.25	\$368.06	\$929.31	\$561.25	\$368.06	\$929.31	\$542.25	\$371.54	\$913.79
EE+Spouse - 2 Medicare	N/A	\$736.13	\$736.13	N/A	\$736.12	\$736.12	N/A	\$736.12	\$736.12	N/A	\$743.08	\$743.08
Family - 0 Medicare	\$1,128.64	N/A	\$1,128.64	\$1,179.48	N/A	\$1,179.48	\$1,179.48	N/A	\$1,179.48	\$1,139.37	N/A	\$1,139.37
Family - 1 Medicare	\$673.59	\$368.06	\$1,041.65	\$703.90	\$368.06	\$1,071.96	\$703.90	\$368.06	\$1,071.96	\$680.01	\$371.54	\$1,051.55
Family - 2 Medicare	\$218.53	\$736.13	\$954.66	\$228.32	\$736.12	\$964.44	\$228.32	\$736.12	\$964.44	\$220.65	\$743.08	\$963.73
EE+Ch - 0 Medicare	\$637.16	N/A	\$637.16	\$665.85	N/A	\$665.85	\$665.85	N/A	\$665.85	\$643.18	N/A	\$643.18
EE+Ch - 1 Medicare	\$182.11	\$368.06	\$550.17	\$190.27	\$368.06	\$558.33	\$190.27	\$368.06	\$558.33	\$183.82	\$371.54	\$555.36

Exhibit 4C – Plan Year 2026 Monthly Retiree Premiums

Page 3 of 3

	2030 HMO (Horizon Medicare Subscriber)			HDHigh	Unity PPO	HDLow	Tiered Network
	2030 PPO						
	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	PPO	PPO	PPO	HMO
Total Premium							
Single - 0 Medicare	\$1,971.11	N/A	\$1,971.11	\$1,238.19	\$2,128.19	\$1,799.27	\$1,801.86
Single - 1 Medicare	N/A	\$777.90	\$777.90	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$4,297.21	N/A	\$4,297.21	\$2,699.25	\$4,639.63	\$3,922.42	\$3,928.16
EE+Spouse - 1 Medicare	\$2,326.10	\$777.90	\$3,104.00	\$1,461.06	\$2,511.44	\$2,123.15	\$2,126.30
EE+Spouse - 2 Medicare	N/A	\$1,555.80	\$1,555.80	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$4,888.50	N/A	\$4,888.50	\$3,070.68	\$5,278.14	\$4,462.20	\$4,468.74
Family - 1 Medicare	\$2,917.39	\$777.90	\$3,695.29	\$1,832.49	\$3,149.95	\$2,662.93	\$2,666.88
Family - 2 Medicare	\$946.28	\$1,555.80	\$2,502.08	\$594.30	\$1,021.76	\$863.66	\$865.02
EE+Ch - 0 Medicare	\$2,759.66	N/A	\$2,759.66	\$1,733.47	\$2,979.54	\$2,519.00	\$2,522.67
EE+Ch - 1 Medicare	\$788.55	\$777.90	\$1,566.45	\$495.28	\$851.35	\$719.73	\$720.81
Medical Premium							
Single - 0 Medicare	\$1,491.05	N/A	\$1,491.05	\$937.67	\$1,670.43	\$1,388.97	\$1,379.63
Single - 1 Medicare	N/A	\$406.36	\$406.36	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,250.48	N/A	\$3,250.48	\$2,044.12	\$3,641.57	\$3,027.91	\$3,007.66
EE+Spouse - 1 Medicare	\$1,759.43	\$406.36	\$2,165.79	\$1,106.45	\$1,971.14	\$1,638.94	\$1,628.03
EE+Spouse - 2 Medicare	N/A	\$812.72	\$812.72	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$3,697.82	N/A	\$3,697.82	\$2,325.42	\$4,142.74	\$3,444.59	\$3,421.57
Family - 1 Medicare	\$2,206.77	\$406.36	\$2,613.13	\$1,387.75	\$2,472.31	\$2,055.62	\$2,041.94
Family - 2 Medicare	\$715.72	\$812.72	\$1,528.44	\$450.08	\$801.88	\$666.65	\$662.31
EE+Ch - 0 Medicare	\$2,087.46	N/A	\$2,087.46	\$1,312.75	\$2,338.63	\$1,944.54	\$1,931.53
EE+Ch - 1 Medicare	\$596.41	\$406.36	\$1,002.77	\$375.08	\$668.20	\$555.57	\$551.90
Rx Premium							
Single - 0 Medicare	\$480.06	N/A	\$480.06	\$300.52	\$457.76	\$410.30	\$422.23
Single - 1 Medicare	N/A	\$371.54	\$371.54	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,046.73	N/A	\$1,046.73	\$655.13	\$998.06	\$894.51	\$920.50
EE+Spouse - 1 Medicare	\$566.67	\$371.54	\$938.21	\$354.61	\$540.30	\$484.21	\$498.27
EE+Spouse - 2 Medicare	N/A	\$743.08	\$743.08	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,190.68	N/A	\$1,190.68	\$745.26	\$1,135.40	\$1,017.61	\$1,047.17
Family - 1 Medicare	\$710.62	\$371.54	\$1,082.16	\$444.74	\$677.64	\$607.31	\$624.94
Family - 2 Medicare	\$230.56	\$743.08	\$973.64	\$144.22	\$219.88	\$197.01	\$202.71
EE+Ch - 0 Medicare	\$672.20	N/A	\$672.20	\$420.72	\$640.91	\$574.46	\$591.14
EE+Ch - 1 Medicare	\$192.14	\$371.54	\$563.68	\$120.20	\$183.15	\$164.16	\$168.91

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

Exhibit 4D – Plan Year 2026 Annual Retiree Premiums

Page 1 of 3

	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO (Horizon Medicare Subscriber)		
	PPO10			PPO15			Legacy HMO			Legacy HMO		
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium												
Single - 0 Medicare	\$29,275	N/A	\$29,275	\$27,865	N/A	\$27,865	\$27,057	N/A	\$27,057	\$27,057	N/A	\$27,057
Single - 1 Medicare	N/A	\$7,592	\$7,592	N/A	\$7,352	\$7,352	N/A	\$8,617	\$8,617	N/A	\$10,377	\$10,377
EE+Spouse - 0 Medicare	\$63,823	N/A	\$63,823	\$60,747	N/A	\$60,747	\$58,994	N/A	\$58,994	\$58,994	N/A	\$58,994
EE+Spouse - 1 Medicare	\$34,547	\$7,592	\$42,140	\$32,882	\$7,352	\$40,234	\$31,938	\$8,617	\$40,555	\$31,938	\$10,377	\$42,314
EE+Spouse - 2 Medicare	N/A	\$15,185	\$15,185	N/A	\$14,704	\$14,704	N/A	\$17,233	\$17,233	N/A	\$20,753	\$20,753
Family - 0 Medicare	\$72,605	N/A	\$72,605	\$69,106	N/A	\$69,106	\$67,121	N/A	\$67,121	N/A	N/A	\$67,121
Family - 1 Medicare	\$43,330	\$7,592	\$50,922	\$41,241	\$7,352	\$48,593	\$40,065	\$8,617	\$48,681	\$40,065	\$10,377	\$50,441
Family - 2 Medicare	\$14,054	\$15,185	\$29,239	\$13,377	\$14,704	\$28,081	\$13,008	\$17,233	\$30,241	\$13,008	\$20,753	\$33,761
EE+Ch - 0 Medicare	\$40,986	N/A	\$40,986	\$39,011	N/A	\$39,011	\$37,891	N/A	\$37,891	\$37,891	N/A	\$37,891
EE+Ch - 1 Medicare	\$11,711	\$7,592	\$19,303	\$11,146	\$7,352	\$18,498	\$10,835	\$8,617	\$19,451	\$10,835	\$10,377	\$21,211
Medical Premium												
Single - 0 Medicare	\$23,641	N/A	\$23,641	\$22,230	N/A	\$22,230	\$21,579	N/A	\$21,579	\$21,579	N/A	\$21,579
Single - 1 Medicare	N/A	\$3,035	\$3,035	N/A	\$2,795	\$2,795	N/A	\$3,369	\$3,369	N/A	\$5,129	\$5,129
EE+Spouse - 0 Medicare	\$51,537	N/A	\$51,537	\$48,461	N/A	\$48,461	\$47,043	N/A	\$47,043	\$47,043	N/A	\$47,043
EE+Spouse - 1 Medicare	\$27,896	\$3,035	\$30,931	\$26,231	\$2,795	\$29,026	\$25,464	\$3,369	\$28,833	\$25,464	\$5,129	\$30,593
EE+Spouse - 2 Medicare	N/A	\$6,070	\$6,070	N/A	\$5,589	\$5,589	N/A	\$6,739	\$6,739	N/A	\$10,259	\$10,259
Family - 0 Medicare	\$58,629	N/A	\$58,629	\$55,130	N/A	\$55,130	\$53,517	N/A	\$53,517	\$53,517	N/A	\$53,517
Family - 1 Medicare	\$34,988	\$3,035	\$38,023	\$32,900	\$2,795	\$35,694	\$31,938	\$3,369	\$35,307	\$31,938	\$5,129	\$37,067
Family - 2 Medicare	\$11,348	\$6,070	\$17,418	\$10,670	\$5,589	\$16,259	\$10,359	\$6,739	\$17,097	\$10,359	\$10,259	\$20,617
EE+Ch - 0 Medicare	\$33,097	N/A	\$33,097	\$31,122	N/A	\$31,122	\$30,211	N/A	\$30,211	\$30,211	N/A	\$30,211
EE+Ch - 1 Medicare	\$9,456	\$3,035	\$12,491	\$8,892	\$2,795	\$11,687	\$8,632	\$3,369	\$12,001	\$8,632	\$5,129	\$13,761
Rx Premium												
Single - 0 Medicare	\$5,635	N/A	\$5,635	\$5,635	N/A	\$5,635	\$5,477	N/A	\$5,477	\$5,477	N/A	\$5,477
Single - 1 Medicare	N/A	\$4,557	\$4,557	N/A	\$4,557	\$4,557	N/A	\$5,247	\$5,247	N/A	\$5,247	\$5,247
EE+Spouse - 0 Medicare	\$12,286	N/A	\$12,286	\$12,286	N/A	\$12,286	\$11,951	N/A	\$11,951	\$11,951	N/A	\$11,951
EE+Spouse - 1 Medicare	\$6,651	\$4,557	\$11,209	\$6,651	\$4,557	\$11,209	\$6,474	\$5,247	\$11,721	\$6,474	\$5,247	\$11,721
EE+Spouse - 2 Medicare	N/A	\$9,115	\$9,115	N/A	\$9,115	\$9,115	N/A	\$10,494	\$10,494	N/A	\$10,494	\$10,494
Family - 0 Medicare	\$13,976	N/A	\$13,976	\$13,976	N/A	\$13,976	\$13,604	N/A	\$13,604	\$13,604	N/A	\$13,604
Family - 1 Medicare	\$8,341	\$4,557	\$12,899	\$8,341	\$4,557	\$12,899	\$8,127	\$5,247	\$13,374	\$8,127	\$5,247	\$13,374
Family - 2 Medicare	\$2,707	\$9,115	\$11,821	\$2,707	\$9,115	\$11,821	\$2,649	\$10,494	\$13,144	\$2,649	\$10,494	\$13,144
EE+Ch - 0 Medicare	\$7,889	N/A	\$7,889	\$7,889	N/A	\$7,889	\$7,680	N/A	\$7,680	\$7,680	N/A	\$7,680
EE+Ch - 1 Medicare	\$2,255	\$4,557	\$6,812	\$2,255	\$4,557	\$6,812	\$2,203	\$5,247	\$7,450	\$2,203	\$5,247	\$7,450

Numbers may not add due to rounding

Exhibit 4D – Plan Year 2026 Annual Retiree Premiums

Page 2 of 3

	1525 PPO (Horizon Medicare Subscriber)			1525 HMO (Aetna Medicare Subscriber)			1525 HMO (Horizon Medicare Subscriber)			2030 PPO (Horizon Medicare Subscriber)		
	1525 PPO			1525 HMO			1525 HMO			2030 PPO		
	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium
Total Premium												
Single - 0 Medicare	\$26,693	N/A	\$26,693	\$24,764	N/A	\$24,764	\$24,764	N/A	\$24,764	\$25,493	N/A	\$25,493
Single - 1 Medicare	N/A	\$8,379	\$8,379	N/A	\$7,309	\$7,309	N/A	\$7,248	\$7,248	N/A	\$8,174	\$8,174
EE+Spouse - 0 Medicare	\$58,193	N/A	\$58,193	\$53,986	N/A	\$53,986	\$53,986	N/A	\$53,986	\$55,577	N/A	\$55,577
EE+Spouse - 1 Medicare	\$31,500	\$8,379	\$39,879	\$29,222	\$7,309	\$36,532	\$29,222	\$7,248	\$36,470	\$30,084	\$8,174	\$38,259
EE+Spouse - 2 Medicare	N/A	\$16,758	\$16,758	N/A	\$14,619	\$14,619	N/A	\$14,496	\$14,496	N/A	\$16,349	\$16,349
Family - 0 Medicare	\$66,200	N/A	\$66,200	\$61,415	N/A	\$61,415	\$61,415	N/A	\$61,415	\$63,225	N/A	\$63,225
Family - 1 Medicare	\$39,507	\$8,379	\$47,886	\$36,651	\$7,309	\$43,961	\$36,651	\$7,248	\$43,899	\$37,732	\$8,174	\$45,906
Family - 2 Medicare	\$12,814	\$16,758	\$29,572	\$11,887	\$14,619	\$26,506	\$11,887	\$14,496	\$26,383	\$12,239	\$16,349	\$28,587
EE+Ch - 0 Medicare	\$37,371	N/A	\$37,371	\$34,670	N/A	\$34,670	\$34,670	N/A	\$34,670	\$35,691	N/A	\$35,691
EE+Ch - 1 Medicare	\$10,679	\$8,379	\$19,058	\$9,906	\$7,309	\$17,216	\$9,906	\$7,248	\$17,154	\$10,198	\$8,174	\$18,372
Medical Premium												
Single - 0 Medicare	\$21,232	N/A	\$21,232	\$19,057	N/A	\$19,057	\$19,057	N/A	\$19,057	\$19,981	N/A	\$19,981
Single - 1 Medicare	N/A	\$3,962	\$3,962	N/A	\$2,893	\$2,893	N/A	\$2,831	\$2,831	N/A	\$3,716	\$3,716
EE+Spouse - 0 Medicare	\$46,287	N/A	\$46,287	\$41,544	N/A	\$41,544	\$41,544	N/A	\$41,544	\$43,558	N/A	\$43,558
EE+Spouse - 1 Medicare	\$25,054	\$3,962	\$29,017	\$22,487	\$2,893	\$25,380	\$22,487	\$2,831	\$25,318	\$23,577	\$3,716	\$27,293
EE+Spouse - 2 Medicare	N/A	\$7,925	\$7,925	N/A	\$5,785	\$5,785	N/A	\$5,662	\$5,662	N/A	\$7,432	\$7,432
Family - 0 Medicare	\$52,656	N/A	\$52,656	\$47,261	N/A	\$47,261	\$47,261	N/A	\$47,261	\$49,552	N/A	\$49,552
Family - 1 Medicare	\$31,424	\$3,962	\$35,386	\$28,204	\$2,893	\$31,097	\$28,204	\$2,831	\$31,035	\$29,571	\$3,716	\$33,287
Family - 2 Medicare	\$10,192	\$7,925	\$18,117	\$9,148	\$5,785	\$14,933	\$9,148	\$5,662	\$14,810	\$9,591	\$7,432	\$17,022
EE+Ch - 0 Medicare	\$29,726	N/A	\$29,726	\$26,680	N/A	\$26,680	\$26,680	N/A	\$26,680	\$27,973	N/A	\$27,973
EE+Ch - 1 Medicare	\$8,493	\$3,962	\$12,456	\$7,623	\$2,893	\$10,516	\$7,623	\$2,831	\$10,454	\$7,992	\$3,716	\$11,708
Rx Premium												
Single - 0 Medicare	\$5,461	N/A	\$5,461	\$5,707	N/A	\$5,707	\$5,707	N/A	\$5,707	\$5,512	N/A	\$5,512
Single - 1 Medicare	N/A	\$4,417	\$4,417	N/A	\$4,417	\$4,417	N/A	\$4,417	\$4,417	N/A	\$4,458	\$4,458
EE+Spouse - 0 Medicare	\$11,906	N/A	\$11,906	\$12,442	N/A	\$12,442	\$12,442	N/A	\$12,442	\$12,019	N/A	\$12,019
EE+Spouse - 1 Medicare	\$6,445	\$4,417	\$10,862	\$6,735	\$4,417	\$11,152	\$6,735	\$4,417	\$11,152	\$6,507	\$4,458	\$10,965
EE+Spouse - 2 Medicare	N/A	\$8,834	\$8,834	N/A	\$8,833	\$8,833	N/A	\$8,833	\$8,833	N/A	\$8,917	\$8,917
Family - 0 Medicare	\$13,544	N/A	\$13,544	\$14,154	N/A	\$14,154	\$14,154	N/A	\$14,154	\$13,672	N/A	\$13,672
Family - 1 Medicare	\$8,083	\$4,417	\$12,500	\$8,447	\$4,417	\$12,864	\$8,447	\$4,417	\$12,864	\$8,160	\$4,458	\$12,619
Family - 2 Medicare	\$2,622	\$8,834	\$11,456	\$2,740	\$8,833	\$11,573	\$2,740	\$8,833	\$11,573	\$2,648	\$8,917	\$11,565
EE+Ch - 0 Medicare	\$7,646	N/A	\$7,646	\$7,990	N/A	\$7,990	\$7,990	N/A	\$7,990	\$7,718	N/A	\$7,718
EE+Ch - 1 Medicare	\$2,185	\$4,417	\$6,602	\$2,283	\$4,417	\$6,700	\$2,283	\$4,417	\$6,700	\$2,206	\$4,458	\$6,664

Numbers may not add due to rounding

Exhibit 4D – Plan Year 2026 Annual Retiree Premiums

Page 3 of 3

	2030 HMO (Horizon Medicare Subscriber)			HDHigh	Unity PPO	HDLow	Tiered Network
	2030 PPO						
	Aetna/Horizon Early Retiree Subscriber	Horizon Medicare Subscriber	Total Plan Premium	PPO	PPO	PPO	HMO
Total Premium							
Single - 0 Medicare	\$23,653	N/A	\$23,653	\$14,858	\$25,538	\$21,591	\$21,622
Single - 1 Medicare	N/A	\$9,335	\$9,335	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$51,567	N/A	\$51,567	\$32,391	\$55,676	\$47,069	\$47,138
EE+Spouse - 1 Medicare	\$27,913	\$9,335	\$37,248	\$17,533	\$30,137	\$25,478	\$25,516
EE+Spouse - 2 Medicare	N/A	\$18,670	\$18,670	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$58,662	N/A	\$58,662	\$36,848	\$63,338	\$53,546	\$53,625
Family - 1 Medicare	\$35,009	\$9,335	\$44,343	\$21,990	\$37,799	\$31,955	\$32,003
Family - 2 Medicare	\$11,355	\$18,670	\$30,025	\$7,132	\$12,261	\$10,364	\$10,380
EE+Ch - 0 Medicare	\$33,116	N/A	\$33,116	\$20,802	\$35,754	\$30,228	\$30,272
EE+Ch - 1 Medicare	\$9,463	\$9,335	\$18,797	\$5,943	\$10,216	\$8,637	\$8,650
Medical Premium							
Single - 0 Medicare	\$17,893	N/A	\$17,893	\$11,252	\$20,045	\$16,668	\$16,556
Single - 1 Medicare	N/A	\$4,876	\$4,876	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$39,006	N/A	\$39,006	\$24,529	\$43,699	\$36,335	\$36,092
EE+Spouse - 1 Medicare	\$21,113	\$4,876	\$25,989	\$13,277	\$23,654	\$19,667	\$19,536
EE+Spouse - 2 Medicare	N/A	\$9,753	\$9,753	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$44,374	N/A	\$44,374	\$27,905	\$49,713	\$41,335	\$41,059
Family - 1 Medicare	\$26,481	\$4,876	\$31,358	\$16,653	\$29,668	\$24,667	\$24,503
Family - 2 Medicare	\$8,589	\$9,753	\$18,341	\$5,401	\$9,623	\$8,000	\$7,948
EE+Ch - 0 Medicare	\$25,050	N/A	\$25,050	\$15,753	\$28,064	\$23,334	\$23,178
EE+Ch - 1 Medicare	\$7,157	\$4,876	\$12,033	\$4,501	\$8,018	\$6,667	\$6,623
Rx Premium							
Single - 0 Medicare	\$5,761	N/A	\$5,761	\$3,606	\$5,493	\$4,924	\$5,067
Single - 1 Medicare	N/A	\$4,458	\$4,458	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$12,561	N/A	\$12,561	\$7,862	\$11,977	\$10,734	\$11,046
EE+Spouse - 1 Medicare	\$6,800	\$4,458	\$11,259	\$4,255	\$6,484	\$5,811	\$5,979
EE+Spouse - 2 Medicare	N/A	\$8,917	\$8,917	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$14,288	N/A	\$14,288	\$8,943	\$13,625	\$12,211	\$12,566
Family - 1 Medicare	\$8,527	\$4,458	\$12,986	\$5,337	\$8,132	\$7,288	\$7,499
Family - 2 Medicare	\$2,767	\$8,917	\$11,684	\$1,731	\$2,639	\$2,364	\$2,433
EE+Ch - 0 Medicare	\$8,066	N/A	\$8,066	\$5,049	\$7,691	\$6,894	\$7,094
EE+Ch - 1 Medicare	\$2,306	\$4,458	\$6,764	\$1,442	\$2,198	\$1,970	\$2,027

Numbers may not add due to rounding

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

Exhibit 5A – Plan Year 2026 Employee Plan Option Summary

	Government Actives										
	NJDIRECT / Freedom PPO	NJDIRECT 2019 / Freedom 2019 PPO	PPO10	PPO15	HMO10	PPO1525	PPO2030	PPO2035	HDHigh	HDLow	Tiered Network
In-Network											
Deductible (Single/Family) ¹	None	\$100	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,200/\$8,400	\$1,700/\$3,400	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	\$8,480/\$16,960	\$8,480/\$16,960	\$400/\$1,000	\$8,480/\$16,960	\$8,480/\$16,960	\$8,480/\$16,960	\$8,480/\$16,960	\$8,480/\$16,960	\$5,200/\$10,400	\$2,700/\$5,400	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$15 Copay	\$10 Copay	\$15 copay	\$10 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$35 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network											
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,200/\$12,400	\$3,700/\$7,400	Not covered
Overall Coinsurance	30%	30%	20%	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Prescription Drug											
OOP Maximum (Single/Family)	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	\$2,120/\$4,240	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$2,120/\$4,240
Retail - Generic	\$7	\$7	\$3	\$3	\$3	\$7	\$3	\$7			\$7
Retail - Preferred Brand	\$16	\$16	\$10	\$10	\$10	\$16	\$18	\$21			\$16
Retail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$10	\$10	\$10	\$35	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference
Mail- Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			\$0
Mail - Preferred Brand	\$40	\$40	\$15	\$15	\$15	\$40	\$36	\$52			\$40
Mail - Non-Preferred Brand	Member Pays the Difference	Member Pays the Difference	\$15	\$15	\$15	\$88	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference

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 2026 Early Retiree Plan Option Summary

Government Early Retirees											
	NJDIRECT / Freedom PPO	PPO10	PPO15	HMO10	PPO1525	HMO1525	PPO2030	HMO2030	HDHigh	HDLow	Tiered Network
In-Network											
Deductible (Single/Family) ¹	\$0	None	None	None	None	None	None	None	\$4,150/\$8,300	\$1,650/\$3,300	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/ Family)	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$5,150/\$10,300	\$2,650/\$5,300	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	10% ²	20%	20%	Tier 1: No Charge Tier 2: 20%
PCP	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Urgent Care	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$15 copay Tier 2: \$30 copay
Emergency Room	\$150 copay	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network											
Deductible (Single/Family)	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,150/\$12,300	\$3,650/\$7,300	Not covered
Overall Coinsurance	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	Not covered
Prescription Drug											
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$1,351/\$2,702
Retail - Generic	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3			\$7
Retail - Preferred Brand	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18			\$16
Retail - Non-Preferred Brand	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference			Member Pays the Difference
Mail - Generic	\$18	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36			\$40
Mail - Non-Preferred Brand	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference	Member pays the difference			Member Pays the Difference

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 2026 Medicare Retiree Plan Option Summary

	Government Medicare Advantage ²				Government Medicare Supplement				
	PPO10	PPO15	HMO10	HMO1525	HMO10	PPO1525	HMO1525	PPO2030	HMO2030
In-Network									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) ¹	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498	\$9,249/\$18,498
Overall Coinsurance	None	None	None	None	10% ⁵	10% ⁵	10% ⁵	10% ⁵	10% ⁵
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Urgent Care	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay / \$20 copay (child)	\$30 copay / \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Out-of-Network									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) ¹	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
Prescription Drug⁴									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic ³	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand ³	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand ³	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

About Aon

[Aon plc](#) (NYSE: AON) exists to shape decisions for the better —to protect and enrich the lives of people around the world. Through actionable analytic insight, globally integrated Risk Capital and Human Capital expertise and locally relevant solutions, our colleagues in over 120 countries and sovereignties provide our clients with the clarity and confidence to make better risk and people decisions that help protect and grow their businesses.

Follow Aon on [LinkedIn](#), [X](#), [Facebook](#) and [Instagram](#). Stay up to date by visiting Aon's [newsroom](#) and sign up for news alerts [here](#).

© Aon plc 2025. All rights reserved.