



# State of New Jersey

## State Health Benefits Program

Plan Year 2021 Rate Setting Recommendation Analysis

State Employee Group

September 15, 2020

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# Executive Summary

The purpose of this analysis is to recommend premium rates for the State Employee and Retiree Group of the State Health Benefits Program (SHBP) for January 1, 2021 through December 31, 2021.

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

- The total recommended Plan Year 2021 premium rate change for the combined State Actives, Early Retirees, and Medicare Retirees is 2.9%. This reflects the following:
  - The recommended rate change for the State Actives is a 3.2% increase for medical and a 3.9% increase for the prescription drug premium rates, for a total increase of 3.3%
    - The recommended rate change for the State Active CWA Unity, CWA Unity New Hire, NJDIRECT, and NJDIRECT New Hire plan options is a 4.0% increase for medical and a 4.5% increase for the prescription drug premium rates, a total increase of 4.1%.
  - The recommended rate change for State Early Retirees is a 10.2% decrease for medical and a 2.8% increase for the prescription drug premium rates, for a total decrease of 8.0%
  - The Medicare Retirees medical decrease for Plan Year 2021 is 0.8%, which includes both self-insured medical premiums and fully insured Medicare Advantage premiums. The recommended prescription drug rate change for Plan Year 2021 is an 8.8% increase.

## Recommended Premium Renewal Changes

The recommended Plan Year 2021 premium rate changes are as follows: a 3.3% increase for Active Employees, an 8.0% decrease for Early Retirees, and a 5.1% increase for Medicare Retirees. For all groups combined, the recommendation is an increase of 2.9%.

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

	Medical	Rx	Total
<b>Actives</b>			
PPO/HDHP	(3.3%)	(0.5%)	(2.8%)
HMO	(3.3%)	(0.5%)	(2.9%)
Tiered Network	(2.8%)	(1.0%)	(2.4%)
CWA Unity / NJ DIRECT PPO	4.0%	4.5%	4.1%
<b>Total</b>	<b>3.2%</b>	<b>3.9%</b>	<b>3.3%</b>
<b>Early Retirees</b>			
PPO	(10.2%)	2.8%	(8.1%)
HMO	(10.2%)	2.8%	(7.8%)
CWA Unity / NJ DIRECT PPO	(10.2%)	2.8%	(8.1%)
<b>Total</b>	<b>(10.2%)</b>	<b>2.8%</b>	<b>(8.0%)</b>
<b>Medicare Retirees</b>			
Total	<b>(0.8%)</b>	<b>8.8%</b>	<b>5.1%</b>
<b>Grand Total</b>	<b>2.5%</b>	<b>4.9%</b>	<b>2.9%</b>

The Medicare Retirees medical increases for Plan Year 2021 include both self-insured medical plans administered by Horizon and fully insured Medicare Advantage plans administered by Aetna.

## COVID-19

The estimated Plan Year 2020 Active and Early Retiree projections, which include impacts for the cost of COVID-19 as well as the impact of claim deferrals and offsets, are based on Aon's Proprietary Employee Impact Model using census data as of April 2020. The projected costs reflect assumptions based on the model's "Distancing (Moderately Controlled)" mitigation scenario. For Plan Year 2020, it is estimated the cost of COVID-19 will be approximately \$93.6M for State Actives and \$20.8M for State Early Retirees. Additionally, it is estimated that deferred claims offsets will reduce Plan Year 2020 State Active and Early Retiree Medical claims \$67.0M and \$14.2M respectively. No impact has been included for the Self-Insured or Fully Insured Medicare populations.

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

- Cost of regular testing for COVID-19 and multiple infection peaks
- Cost of new drugs or vaccines that are developed and requirements for employers to cover those costs, at any price
- Unforeseen impact of provider economic distress & healthcare system capacity limits
- Potential higher ongoing costs of patients who recovered from COVID-19 illness
- Increased severity of claims as a result of delayed treatment
- Spillover of delayed non-essential care from 2020 into 2021
- Impact of federal assistance

- Potential to create anti-selection among employee population (i.e. COBRA, covered dependents, opt-in rates)

Plan Year 2021 estimated costs do not include any adjustment for the impact of COVID-19.

## **Additional Disclosures**

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

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

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

# Plan Year 2021 Overview

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

In addition to the implementation of Horizon Health Guide, as part of the Self-Insured Medical Bid Solicitation, Horizon negotiated additional discounts off in-network reimbursements which is expected to reduce Plan Year 2020 Active and Early Retiree medical claims by 1.4% and 1.2%, respectively.

PBM Bid Solicitation: Effective January 1, 2020, prescription drug benefits for Actives and Retirees will continue to be administered by Optum as a result of a 2019 Reverse Auction Bid Solicitation administered by Truveris, Inc. The PBM Bid Solicitation was released through a reverse auction platform powered by Truveris on April 22, 2019. The Notice of Award to Optum was released on July 22, 2019. Based on data provided by Truveris, the PBM Bid Solicitation is expected to reduce Plan Year 2020 prescription drug claims by 0.8% for State Actives and Early Retirees, and 2.1% for State Medicare Retirees.

Dependent Eligibility Verification Audit (DEVA): The State conducted a Dependent Eligibility Verification Audit beginning October 1, 2018 through June 30, 2019 which verified eligible dependents and removed ineligible dependents from the SHBP. Based on final audit data provided by the Division, over 2,800 State Active and Retiree dependent members were identified as being removed from the program and not reinstated. The estimated savings were determined using actual Plan Year 2018 dependent claims experience provided by Horizon, Aetna, and Optum as well as expected Plan Year 2020 and 2021 plan costs. Expected Plan Year 2020 and 2021 savings are included in the projected medical and prescription drug costs. The projected impact of this program is reduced from the projected impact reflected in the 2020 Renewal Analysis which assumed a higher number of removed dependents based on preliminary audit results.

CWA Unity PPO Plan: Effective July 1, 2019, the CWA Unity PPO Plan is available to all current CWA employees, and this plan option replaces the PPO plan options previously available to CWA employees (PPO15, PPO1525, PPO2030, and PPO2035). CWA employees hired after July 1, 2019 are eligible to enroll in the CWA Unity PPO New Hire Plan which includes an in-network deductible. All CWA Early Retirees who attain 25 years of service credit on or after July 1, 2019 and retire on or after July 1, 2019 are assumed to be enrolled in the CWA Unity PPO plan option with no in-network deductible.

NJDIRECT PPO Plan: As contracts are ratified, other State Active employees are eligible to enroll in the NJDIRECT PPO Plan. This plan option replaces the PPO plan options offered to State employees without ratified contracts (PPO15, PPO1525, PPO2030, and PPO2035). Other State Active employees who are hired after contracts have been ratified are eligible to enroll in the NJDIRECT PPO New Hire Plan which includes an in-network deductible. Other eligible State Early Retirees who attain 25 years of service credit and retire on or after the date which contracts are ratified are assumed to be enrolled in the NJDIRECT PPO Early Retiree plan option with no in-network deductible.

New State Early Retiree Plan Options: Effective June 26, 2019, the State Health Benefits Plan Design Committee approved PDC Resolution 2019-6 which required SHBP Early Retirees to be offered the same plan options as Actives (Tiered Network, CWA Unity/NJDIRECT PPO, HD1500 (excluding employer HSA funding), 2035 PPO). This resolution was intended to take effect as soon as practicable but no later than October 1, 2019.

First Responders Primary Care Medical Home Pilot: Effective January 1, 2020, a First Responders Primary Care Medical Home Pilot Program was established. This pilot program shall provide comprehensive primary care services, including pharmacy, preventive care, and other services. Eligible members have no deductibles, copays or coinsurance for any medical care received by the First Responders Pilot Program. This is not expected to impact the Plan Year 2020 or Plan Year 2021 estimated plan costs.

Implementation of Fair Health National Database Reimbursement Methodology: Effective March 1, 2020, Out-of-Network medical claims for plans that reimburse based on FAIR Health database will be reimbursed based on the National Database of associated charges, rather than based on charges grouped by three-digit zip code. This reimbursement methodology is estimated to reduce projected State Active and Early Retiree PPO (excluding CWA Unity and NJDIRECT) medical claims by 1.7% and 1.5%, respectively.

Out-of-Network Laboratory Changes: Effective January 1, 2019, both LabCorp and Quest are included as in-network providers of laboratory services for Aetna and Horizon. Additionally, Horizon has lowered reimbursements for out-of-network laboratory services. Lastly, effective July 1, 2019, use of an out-of-network lab for routine services results in a denied claim and members are required to utilize an in-network facility. Actual savings resulting from lower claim experience in Plan Year 2019 is reflected in Plan Year 2020 projected costs. These changes are estimated to reduce Plan Year 2020 Active and Early Retiree PPO medical claims (excluding CWA Unity and NJDIRECT) by 0.7% and 0.5%, respectively.

Implementation of Livongo: Effective January 31, 2020, Livongo, a diabetes management program was launched for Actives and Early Retirees. The goal of the program is to help keep members living with diabetes in the safe zone of blood glucose levels by providing a cellular-enabled glucometer with testing strips and access to coaching and a 24/7 chat feature. Livongo identifies eligible participants through Medical and Rx claims data sending targeted communications to members for enrollment. Livongo analyzes data to personalize the program for each member and provide real-time health insights. Livongo is also implementing the Livongo "Whole Person", which provides a broader set of services including Livongo for Diabetes, Livongo for Hypertension, Livongo for Weight Management, and Livongo for Behavioral Health. The implementation of these programs is estimated to reduce projected Plan Year 2021 State Active and Early Retiree medical claims by 1.1% and 2.4%, and reduce State Active and Early Retiree prescription drug claims by 0.8% and 1.6%, respectively. This program does not impact Medicare Retirees.

New Medicare Eligibility Vendor:

The State implemented SSDC services to identify and conduct outreach to pre-65 retirees and spouses who are currently eligible or could become eligible for Medicare, in order to ensure enrollment in Medicare when appropriate. The implementation of this program is estimated to reduce projected Plan Year 2020 and 2021 State Early retiree medical claims by 1.2% and 1.8%, respectively.

HMS Data Warehouse

In accordance with Public Law 2019, Chapter 143, the State recently conducted a bid solicitation awarding HMS the opportunity to provide Medical Claims Review and Data Warehouse services for self-insured Active, Early, and Medicare Retirees. This law requires the third party Medical Claims Reviewer to provide ongoing review and oversight of current medical claims processes. In addition, the Medical Claims Reviewer also must collect, store and maintain a secure archive of medical and prescription drug claims and other health services payment information, as well as document the cost and nature of claims incurred, demographic information on the covered population, emerging utilization and demographic trends. The implementation of this program is estimated to reduce projected Plan Year 2021 State Active, Early, and Medicare Retiree medical claims by 0.2%, 0.2% and 0.5%, and reduce State Active, Early, and Medicare Retiree prescription drug claims by 0.3%, 0.2% and 0.1%, respectively.

Resolution 2019-10: The SHBP PDC passed a prescription drug resolution for mail generic copays on September 6, 2019. As a result of this resolution, Optum provided savings estimates of Mail Service

Member Select Program effective in Plan Year 2020 for the State Active populations. This program is estimated to reduce projected Plan Year 2020 Prescription Drug claims by 2.2%.

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

Resolution 2019-13: Effective October 30, 2019, the EGWP Specialty fill and copay structure was revised to a 30-day program and includes a copay adjustment. No savings have been estimated for this resolution. This resolution is not expected to impact Plan Year 2020 and 2021 projected Prescription Drug claims.

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

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

## Employee/Retiree Contribution Changes

Actives: Prior renewals assumed that contribution increases under Chapter 78 would motivate a small number of employees to migrate to the PPO 1525, PPO 2030, PPO 2035, HD1500, and HD4000 plan options. With the implementation of the State CWA Unity and NJDIRECT PPO Active and New Hire Plan Options (effective 7/1/2019), it is anticipated that members will now choose to migrate to these lower cost, high value options in Plan Year 2021.

Retirees: Early Retirees who are eligible to enroll in the CWA Unity / NJDIRECT PPO Plans are assumed to contribute a percentage of retirement allowance for coverage. More information regarding this change is provided in the Appendix. Chapter 78 does not apply to existing Retirees as of 7/1/2011 or to Employees who had 20 or more years of service on 7/1/2011. For this reason, no changes to Retiree contributions are assumed for Plan Year 2021, which means that the majority of Retirees will continue to have no contributions towards the cost of their Retiree health benefits.

## CWA Unity & NJDIRECT PPO Enrollment

CWA/NJDIRECT Enrollment: For Plan Year 2020, it is assumed that the State Active and Early Retiree CWA Unity and NJ DIRECT PPO plan enrollment will be equal to actual enrollment through April 2020, as provided by the State.

For Plan Year 2021, it is assumed that all State Active employees currently enrolled in the PPO plan options (excluding the HD1500 and HD4000) will migrate to the CWA PPO plan with no in-network deductible. Additionally, it is assumed that 4% of the Plan Year 2021 total State Active population are New Hires who enroll in the CWA Unity / NJDIRECT PPO Plan with an in-network deductible and 1% of the State Active subscribers retire each year and enroll in the CWA Unity or the NJ DIRECT PPO Early Retiree plans. Furthermore, 10% of Active Legacy HMO enrollment is assumed to migrate to the CWA Unity / NJDIRECT PPO Plan in Plan Year 2021.

CWA/NJDIRECT Premium Development: The estimated CWA Unity and NJDIRECT projections reflect only 6 months of 2019 incurred claims data for the CWA Unity PPO and NJDIRECT PPO plan options,

which is not considered credible. As such, the Plan Year 2020 and 2021 Active claim projections for these options reflect a blend of 20% actual claims experience and 80% PPO15 claims experience adjusted for the expected relative plan cost differences.

For State Actives, it is assumed that the Plan Year 2021 CWA Unity Active and New Hire PPO plan options and NJDIRECT PPO Active and New Hire PPO plan options will be combined in the same experience pool.

For State Early Retirees, the Plan Year 2021 premium rates will be developed on a combined basis with all other plan options.

## Tiered Network Plans

Tiered Network Enrollment: The SHBP Plan Design Committee approved a Tiered Network plan option for SHBP Active Employees, effective January 1, 2016. The Tiered Network Plan is offered by Horizon. It is assumed that 0.5% of Legacy HMO participants migrate to the tiered network plan.

Tiered Network Active Premium Development: There is relatively low enrollment in the Tiered Network Plans. With four years of full claim experience, the Tiered Network plan premium change reflect 5% actual experience in these plans. Therefore, the Plan Year 2021 State Active premium rate change will continue to be based primarily on the NJDIRECT15 plan experience but will reflect a blend of actual experience and the theoretical pricing relative values that were used in the initial rate development for the Tiered Network plans for State Actives. State Early Retiree premium rates are based on theoretical pricing relative values from the NJDIRECT15 PPO plan.

Tiered Network Incentive: The State provided an incentive in the form of a gift card per Active Employee who enrolls in the Tiered Network plan for Plan Year 2018 and Plan Year 2019 with a two-year commitment. The incentive varied by tier and was offered to State Employees only. The incentive was continued for Plan Year 2020 and is assumed to be reinstated in Plan Year 2021. This renewal does not reflect the cost of the incentives or the administrative cost associated with providing gift cards.

## New Retiree Plan Enrollment

For Plan Year 2021, it is assumed that 0.25% of the State Early Retiree population will migrate from the NJDIRECT15 PPO plan option into each of the New Early Retiree Tiered Network, 2035 PPO, or HD1500 plan options.

## Federal Health Care Reform

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

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

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

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

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

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

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

## New Jersey State Mandates

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

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

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

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

These New Jersey State mandates are not expected to materially impact the SHBP Plan Costs.

## Vendor Changes

Medical Vendors: Effective January 1, 2020, all self-insured medical plans will be administered solely by Horizon. The Notice of Intent to Award for the Self-Insured Medical Bid Solicitation was sent to Horizon on August 5, 2019. Aon assumes that Horizon will continue to be the sole self-insured medical vendor in Plan Year 2021.

Aon assumes that Aetna will continue to administer the fully-insured Medicare Advantage plan options for Plan Year 2021.

Pharmacy Benefit Manager: Effective January 1, 2020, prescription drug benefits for Actives and Retirees will continue to be administered by Optum as a result of a 2019 Reverse Auction Bid Solicitation administered by Truveris, Inc. Optum is assumed to administer all of the prescription drug plans in Plan Year 2021.

## Eligibility Changes and Other Eligible Members

### Chapter 375 Coverage of Adult Children

New Jersey currently mandates the coverage of adult children under age 31 at a premium level that is equivalent to the child rate included in the standard premium tables, loaded 2% for additional expenses. The Adult child rate will be approximately 88% of the Single Employee rate. Adult dependent enrollment is 133 participants as of April 2020.

### Part-Time Coverage

Part-time Employees may enroll in any of the SHBP plans and as of April 2020, 196 State Part-time Employees participate. A rate load of 6% for Plan Year 2021 is recommended, an increase from the rate load of 0% used in Plan Year 2020. The recommendation is based on the most recent three-year average loss ratio for Part-time Employees.

## Enrollment Changes

Exhibit 1A shows historical enrollment patterns from 2018 through 2020 and includes a projection of enrollment from 2020 to 2021. This projection assumes that State Active enrollment will remain flat in Plan Year 2021. Early Retiree enrollment is projected to decrease 2.0% per year in Plan Year 2021; and Medicare Retiree enrollment is projected to increase 3.5% in Plan Year 2021. Exhibit 1B shows the projected distribution of enrollment among the available benefit options in Plan Year 2021. Exhibit 1C shows enrollment by benefit option and coverage tier as of April 2020. Projected enrollment changes noted above do not reflect any potential impacts associated with COVID-19 (i.e. furloughs, layoffs, etc.)

## Active Demographic Changes

The Active Employee average age decreased by 0.1 from Plan Year 2019 to Plan Year 2020. The average HMO Employee age is almost one years older than the average PPO Employee age. The average age of Employees enrolling in the new benefit options decreased slightly from Plan Year 2019 to 2020, and is approximately eight years younger than Employees in the Legacy Plans. Employees enrolled in the CWA Unity and NJDIRECT plan options are about 1 year older than employees enrolled in the Legacy PPO Plan.

**Average Employee Age**

	<b>April 2019</b>	<b>April 2020</b>	<b>Change</b>
Legacy PPO	48.4	47.4	(1.0)
Legacy HMO	49.1	48.2	(0.9)
Horizon New Plans	40.2	40.0	(0.2)
CWA/NJDIRECT	n/a	48.3	n/a
<b>Total</b>	<b>47.1</b>	<b>47.0</b>	<b>(0.1)</b>

# Trend Analysis

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

	Plan Year 2020		Plan Year 2021	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	6.00%	5.00%	6.00%	5.00%
PPO Early Retirees	5.00%	5.50%	5.00%	5.50%
Self-Insured Medicare Retirees	5.00%	5.50%	5.00%	5.50%
HMO Actives	7.00%	5.00%	6.50%	5.00%
HMO Early Retirees	7.00%	5.50%	6.50%	5.50%
Tiered Network	7.00%	5.00%	6.50%	5.00%

The Medicare Retiree medical trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2021 Medicare Advantage premium rates are provided by Aetna and are shown on the following page.

Exhibits 2A and 2B presents historical SHBP trend experience and the recommended trend assumptions for Plan Year 2021 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from January 1, 2018 to December 31, 2019 and have been normalized for estimated benefit and vendor changes.

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 2021	Vendor Recommendation		National AON Trend Guidance
	Horizon	Optum	
PPO Actives	7.0%	N/A	5.5%
PPO Early Retirees	7.0%	N/A	5.0%
HMO	6.0%	N/A	5.5%
Rx Actives	N/A	4.2%	6.5%
Rx Early Retirees	N/A	6.6%	6.5%

\*Gross trend shown before impact of plan design changes

## Medical Trends:

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

- **HMO Actives and Early Retirees:** The Plan Year 2020 HMO Actives and Early Retirees medical trend has been increased from 5.5% in the Plan Year 2020 Renewal Analysis to 7.0%. The HMO Active and Early Retiree trend assumption in Plan Year 2021 is 6.5%.

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

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

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

### **Aetna Monthly Per Member Medicare Advantage Premium Rates**

State	Aetna Medicare Advantage Rates		
	2020	2021	\$ Change
<b>PPO 10</b>	\$ 125.66	\$ 125.81	\$ 0.15
<b>PPO 15</b>	\$ 107.52	\$ 107.67	\$ 0.15
<b>HMO 10</b>	\$ 183.18	\$ 183.33	\$ 0.15
<b>HMO 1525</b>	\$ 147.75	\$ 147.90	\$ 0.15

# Financial Projections

## Aggregate Financial Projections

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

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

	<b>CWA Unity/ NJ DIRECT</b>	<b>PPO 10</b>	<b>PPO 15</b>	<b>Legacy HMOs</b>	<b>New Plans*</b>	<b>Total</b>
<b>Plan Year 2019</b>						
Premium Rates x Enrollment	\$246.7	\$69.4	\$1,563.2	\$329.5	\$168.2	\$2,377.0
Incurred Claims	\$239.8	\$52.7	\$1,484.6	\$311.3	\$118.2	\$2,206.6
Administrative Charges	\$6.5	\$2.1	\$35.3	\$9.1	\$6.6	\$59.6
Net Gain (Loss)	\$0.4	\$14.6	\$43.3	\$9.1	\$43.4	\$110.8
<b>Plan Year 2020</b>						
Premium Rates x Enrollment	\$648.8	\$69.7	\$1,303.0	\$245.6	\$183.7	\$2,450.8
Incurred Claims	\$653.2	\$61.8	\$1,234.4	\$230.3	\$173.3	\$2,353.0
Administrative Charges	\$19.3	\$2.1	\$31.8	\$7.7	\$7.9	\$68.8
Net Gain (Loss)	(\$23.7)	\$5.8	\$36.8	\$7.6	\$2.5	\$29.0
<b>Plan Year 2021</b>						
Premium Rates x Enrollment	\$1,564.6	\$73.7	\$406.6	\$220.5	\$97.1	\$2,362.5
Incurred Claims	\$1,509.7	\$65.5	\$390.2	\$214.9	\$98.5	\$2,278.8
Administrative Charges	\$54.7	\$2.3	\$13.1	\$8.4	\$5.6	\$84.1
Net Gain (Loss)	\$0.2	\$5.9	\$3.3	(\$2.8)	(\$7.0)	(\$0.4)

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

The current Plan Year 2019 financial results project a decrease of \$6 million in the gain provided in the 2020 Renewal Analysis for Plan Year 2019. This reduction in the gain is primarily due to worse than expected medical claims experience.

The current Plan Year 2020 financial results project approximately no change in the total gain as compared to the Plan Year 2020 Renewal Analysis for Plan Year 2020.

The Plan Year 2021 renewal premiums are projected to produce approximately no gain or loss for State Actives and Retirees. The Plan Year 2021 aggregate projected cost for the State Group is approximately \$2.4 billion: \$1.8 billion for Actives and \$0.6 billion for Retirees.

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

## Financial Gain/(Loss)

### Plan Year 2019

The total projected cost increased approximately 2.0% from the Plan Year 2020 Renewal Analysis. For actives, the projected cost increased 3.7% from the Plan Year 2020 Renewal Analysis, primarily a result of additional Plan Year 2019 claims runout through March 2020.

- There is a 4.3% increase in projected 2019 active cost due to updated Plan Year 2019 medical claims experience and updated actual 2019 enrollment.
  - The Plan Year 2020 Renewal Analysis assumed that all PPO subscribers migrated to the lower cost CWA Unity / NJDIRECT PPO plans as of July 1, 2019. Actual average 2019 enrollment showed that approximately 15% of subscribers enrolled in the CWA/NJDIRECT plans, reducing expected savings.
  - State Active Plan Year 2019 medical trends were assumed to be 4.5% in the Plan Year 2020 Renewal. Actual State Active Plan Year 2019 PPO claims trend was 6.8%, driven by:
    - 12.0% trend for same day surgeries
    - 15.0% trend for medical pharmacy
    - 13.0% trend for rehabilitation services
    - 9.9% trend for outpatient facility services
- There is an additional 0.2% increase in active cost as a result of differences between actual and expected administrative fees and overhead costs.
- The total active cost increase was offset by a 0.3% decrease due to updated Plan Year 2019 prescription drug claims experience through and a 0.5% decrease based on updated prescription drug rebates from Optum.
  - State Active Plan Year 2019 prescription drug trends were assumed to be 7.0% in the Plan Year 2020 Renewal Analysis. Actual State Active Plan Year 2019 prescription drug trend was 4.6%. These favorable claims trends were driven by:
    - 1.1% increase in the SHBP Active Generic Dispensing Rate
    - 5.1% reduction in SHBP Active Multiple Sclerosis drug spend PMPM.
    - There were increases in drug trends for Chronic Inflammatory Diseases (18% Plan Year 2019 claims trend) and Diabetes (7% Plan Year 2019 claims trend).

Total projected costs for retirees decreased approximately 2.9% from the Plan Year 2020 Renewal Analysis, primarily a result of updated prescription drug rebates and EGWP amounts from Optum.

- There is a 0.8% decrease in projected 2019 retiree costs due to updated medical claims experience through March 2020.
  - State Early Retiree Plan Year 2019 medical trends were assumed to be 5.0% in the Plan Year 2020 Renewal. Actual Plan Year 2019 PPO medical trend was 4.7%, driven by:
    - 5.5% decrease in Plan Year 2019 Emergency room spend
    - 9.2% trend for outpatient facility services
    - There were also high medical trends for medical pharmacy (27%), same day surgeries (19%), and rehabilitation services (15%)
- The decrease in retiree cost was offset by a 0.7% increase due to updated prescription drug claims experience through March 2020.

- State Early Retiree Plan Year 2019 prescription drug trends were assumed to be 7.0% in the Plan Year 2020 Renewal. Actual Plan Year 2019 Early Retiree prescription drug trend was 4.3%. These favorable claims trends were driven by:
  - 0.8% increase in the overall SHBP Early Retiree Generic Dispensing Rate
  - There were also increases in drug trends for Diabetes drugs (11%) and Chronic Inflammatory Conditions (22%)
- State Medicare Retiree Plan Year 2019 prescription drug trends were assumed to be 7.0% in the Plan Year 2020 Renewal. Actual Plan Year 2019 State Medicare prescription drug trends were 7.5%, driven by:
  - 9.5% trend in Oncology drugs
  - 19% increase in Chronic Inflammatory drugs PMPM
  - 0.3% increase in the overall SHBP Medicare Retiree Generic Dispensing Rate, offsetting higher trends.
- Based on updated information from Optum, increases in retiree prescription drug rebates and EGWP credits are projected to decrease projected retiree costs by approximately 3.0%.

### **Plan Year 2020**

For Plan Year 2020, there was a decrease in the projected total gain for Active Employees from the results shown in Plan Year 2020 Renewal Analysis due to a 10.8% increase in total active plan costs. This increase in plan cost is primarily a result of the following:

- There is a 5.3% increase in projected 2020 active cost due to updated Plan Year 2019 medical claims experience and enrollment through April 2020.
- There is a 5.8% increase in projected 2020 active cost due to updated enrollment through April 2020.
  - The Plan Year 2020 Renewal Analysis assumed that all PPO subscribers migrated to the lower cost CWA Unity / NJDIRECT PPO plans. Actual enrollment as of April 2020 showed that approximately 40% of the population is enrolled in the CWA/NJDIRECT plans.
- Estimated impact due to COVID-19 (net of estimated claim offsets) is expected to increase projected 2020 active costs by 1.7%.
- There is an additional 0.5% increase in cost as a result of changes in Plan Year 2020 trend assumptions and overhead costs.
- There is a 2.9% reduction in cost due to benefit changes (including Fair Health National, improved Hospital Discounts, HMS Data Warehouse, amongst others).
- Based on updated information from Optum, Plan Year 2020 active prescription drug rebates decreased from the Plan Year 2020 Renewal Analysis, increasing total cost by 0.4%.

For Retirees, there was an increase in the projected gain due to a 2.7% decrease in total retiree plan costs net of enrollment changes from the results shown in the Plan Year 2020 Renewal Analysis. This is a result of the following:

- There is a 0.2% decrease in projected 2020 retiree plan cost due to updated medical and prescription drug claims experience through March 2020.

- Estimated impact due to COVID-19 (net of estimated claim offsets) is expected to increase projected 2020 retiree costs by 1.1%.
- There is an additional 2.5% decrease in cost as a result of reduced Plan Year 2020 trend assumptions and adopted benefit changes (including Fair Health National, improved Hospital Discounts, HMS Data Warehouse, amongst others), offset by a 0.2% increase in cost due to overhead costs.
- Based on updated information from Optum, increases in retiree prescription drug rebates and EGWP credits are projected to decrease projected retiree costs by approximately 1.3%.

## Self-Insured Vendor Administrative Fees and Claim Charges

The sections below show Plan Year 2021 administrative fees and other claim charges, as applicable, separately by each of the medical and prescription drug vendors. The fees are reported by the vendors in different categories and may appear aggregated within different rows in Exhibit 3, including incurred medical and prescription drug claims, capitation and administrative fees.

### Horizon Medical PEPM Fees/Charges

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

\* Plan Year 2021 fees are per attributed NJWELL employee and paid on a Per Enrolled Per Month basis. An attributed member is defined as an employee that is engaged in the wellness platform through completion of one or more of the point-achieving activities including, but not limited to, Health Assessment, Biometric Screening, Flu Shots, Telemedicine Wellness/Disease Management Coaching, Online Activities, etc. The NJWELL program includes access to WebMD wellness resources, custom rewards lobby, online tracking tools, monthly webinars and a comprehensive Health Management portal to track all activities.

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

- NJWELL and Retiree Wellness Program fees (physician attestation forms, gift cards, etc.)
- DPCMH and PCMH administrative fees and capitation amounts
- Claim recovery services

### Prescription Drug Fees

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

## Minimum Value

Under the Affordable Care Act, beginning in 2014, eligible individuals who purchase coverage under a qualified health plan through a state health insurance exchange may receive a premium tax credit or cost-sharing subsidy unless they are eligible for other healthcare coverage, including coverage under an employer-sponsored health plan that is affordable to the employee and provides minimum value. A plan fails to provide minimum value if the plan's share of the total allowed costs of benefits provided under the plan is less than 60% of such costs. The Plan Year 2021 SHBP plans were tested using the Minimum Value calculator provided by Health and Human Services (HHS) and the Internal Revenue Service (IRS). All the SHBP plans have a minimum value greater than the 60% minimum requirement with values ranging from 66% for the \$4,000 High Deductible plan up to 95% for the NJ DIRECT15 plan.

# Renewal Rate Development

## Rating Methodology

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

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

## Projection Assumptions

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

9. EGWP projections include monthly CMS capitation payments per Medicare-eligible Retiree for prescription drug coverage, prescription drug manufacturers' coverage gap reimbursement payments, an annual CMS payment for reinsurance on catastrophic claims and CMS Low Income Cost Sharing (LICS) payments. These amounts are equal to recommendations from Optum for Plan Years 2019, 2020, and 2021.
  - a. CMS per capita payments: Plan Years 2019, 2020, and 2021 expected CMS per capita payments were provided by Optum. The Plan Year 2021 CMS per capita payment is assumed to be \$6.15 Per Member Per Month (PMPM).
  - b. Coverage Gap Discount: Plan Years 2019, 2020, and 2021 expected coverage gap payments were provided by Optum. The Plan Year 2021 credits are assumed to be \$89.99 PMPM.
  - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2019 credit is not expected to be fully paid until the beginning of Plan Year 2021. Plan Years 2019, 2020, and 2021 expected catastrophic reinsurance payments were provided by Optum. The Plan Year 2021 credits are assumed to be \$100.31 PMPM.
  - d. Low Income Cost Sharing (LICS): Plan Years 2019 and 2020 actual and expected LICS payments were provided by Optum. For Plan Year 2021, the subsidy payment is assumed to be \$1.94 PMPM.
10. Total SHBP projected Plan Year 2021 claim costs are the sum of projected medical and prescription drug claims, capitation charges, payments from CMS related to EGWP Plus Wrap and prescription drug rebates.
11. CWA Unity/NJDIRECT Active projected costs in Plan Year 2021 reflects 20% of actual Plan Year 2019 medical and prescription drug claim experience.
12. Tiered Network Active projected costs in Plan Year 2021 reflects 5% of actual Plan Year 2019 medical and prescription drug claim experience.
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 2021 administrative fees were 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 \$7.9 million for Plan Year 2021. Overhead charges were provided by the State.
15. All other fees and claim charges reported by the vendors have been reflected in the projections.

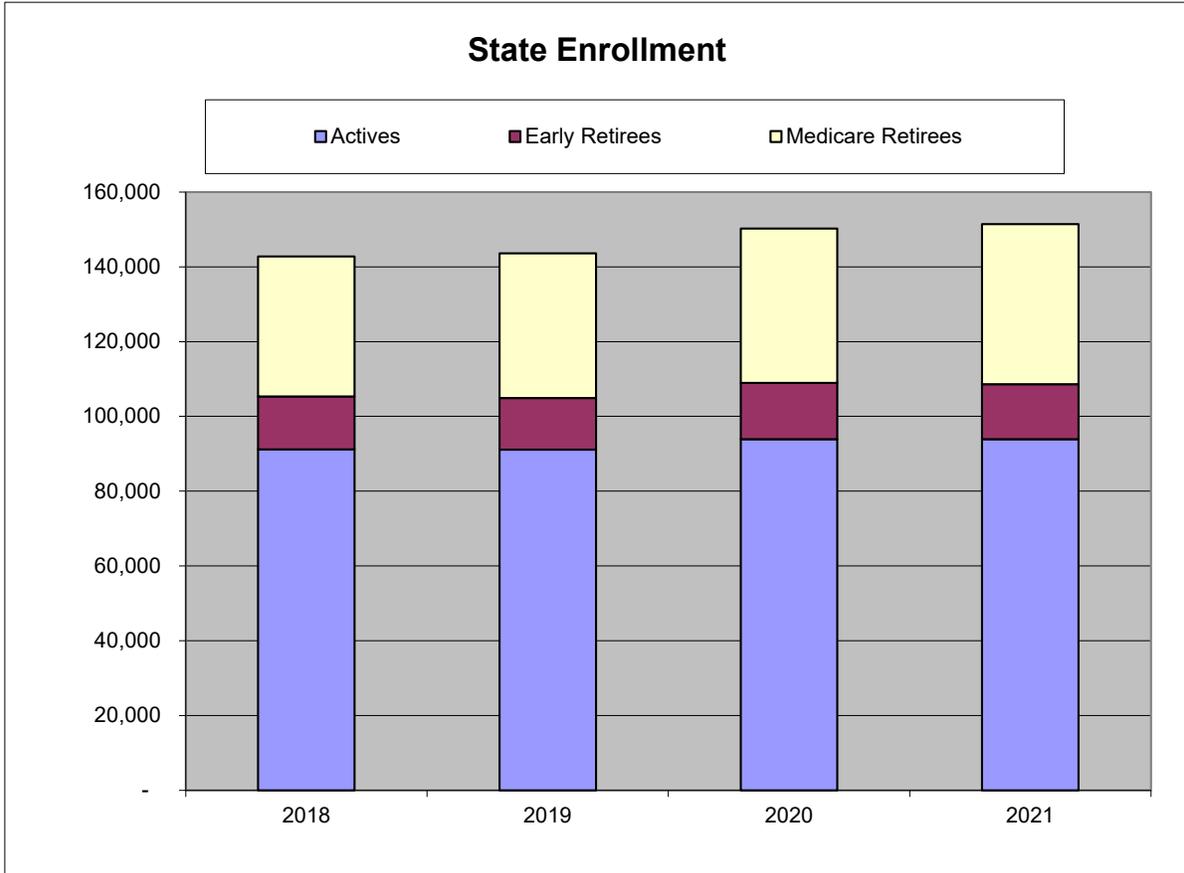
## Projected Premiums

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

## Data Assumptions

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

## Exhibit 1A – Enrollment Projections

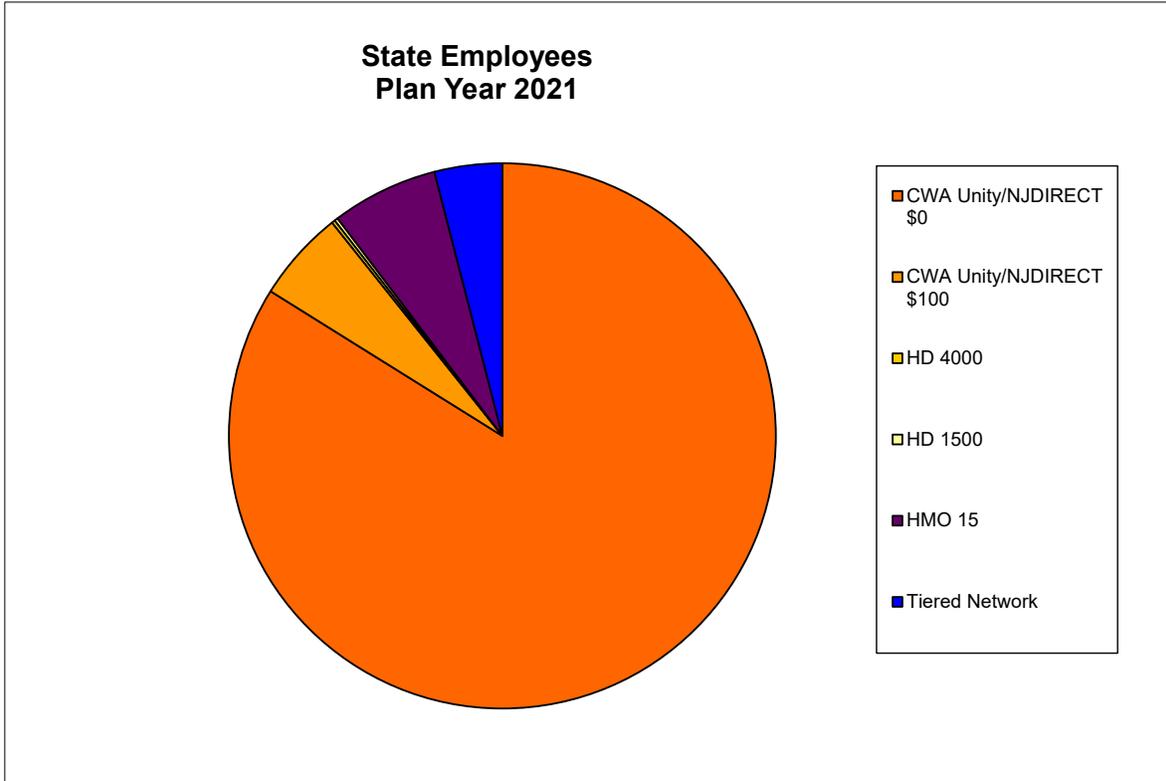


### Annual Change in Enrollment

	Actual 2018 to 2019	Actual 2019 to 2020	Projected 2020 to 2021
Actives	(0.1%)	3.1%	0.0%
Early Retirees	(2.1%)	8.6%	(2.0%)
Medicare Retirees	3.2%	6.8%	3.5%

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

Exhibit 1B Actives – Projected Plan Year 2021 Plan Distribution

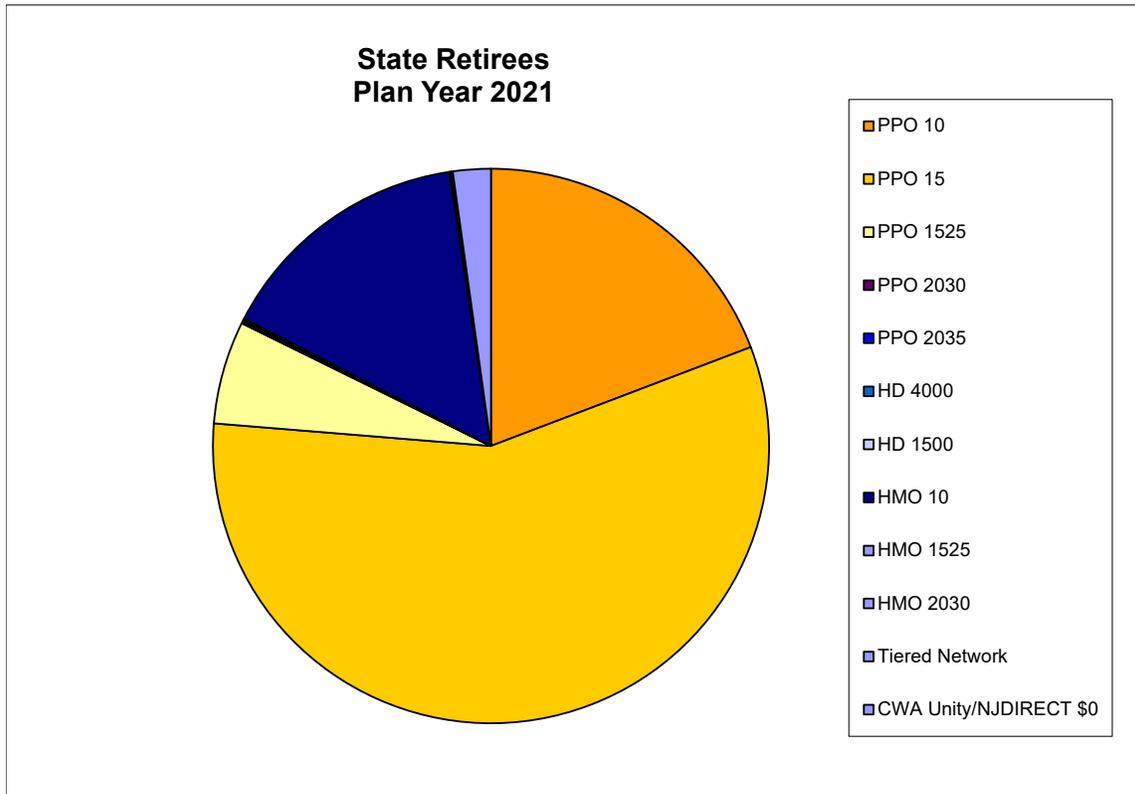


Assumes approximately 89% of Employees will enroll in the PPO plans, 6% in the HMO plans, 4% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 89% of Employees will enroll in the CWA plans, 6% in the Legacy plans, and approximately 11% in the new benefit options.

Actives	Horizon
CWA Unity/NJDIRECT \$0	83.9%
CWA Unity/NJDIRECT \$100	5.4%
HD 4000	0.2%
HD 1500	0.2%
HMO 15	6.3%
Tiered Network	4.0%
<b>Total</b>	<b>100.0%</b>

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



Assumes approximately 91% of Retirees will remain in the \$10 and \$15 copay plans.

Assumes approximately 85% of Retirees will enroll in the PPO plans, 15% in the HMO plans, and less than 1% in the High Deductible and Tiered Network plan.

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

Retirees	Horizon	Aetna	Total
PPO 10	1.4%	17.8%	19.2%
PPO 15	24.4%	32.7%	57.1%
PPO 1525	6.0%	0.0%	6.0%
PPO 2030	0.1%	0.0%	0.1%
PPO 2035	0.1%	0.0%	0.1%
HD 4000	0.0%	0.0%	0.0%
HD 1500	0.1%	0.0%	0.1%
HMO 10	6.2%	8.8%	15.0%
HMO 1525	0.1%	0.0%	0.1%
HMO 2030	0.0%	0.0%	0.0%
Tiered Network	0.1%	0.0%	0.1%
CWA Unity/NJDIRECT \$0	2.2%	0.0%	2.2%
<b>Total</b>	<b>40.7%</b>	<b>59.3%</b>	<b>100.0%</b>

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

Exhibit 1C Actives – April 2020 Enrollment

	Number of Contracts as of April 2020				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>STATE - ACTIVE &amp; COBRA</b>					
<b>Medical Plans</b>					
NJ DIRECT15	14,212	6,612	14,718	5,476	41,018
NJ DIRECT1525	1,251	347	719	245	2,562
NJ DIRECT2030	1,005	238	537	136	1,916
NJ DIRECT2035	765	107	195	49	1,116
NJ DIRECT HD4000	110	22	45	11	188
NJ DIRECT HD1500	130	25	45	14	214
Horizon Legacy HMO (15)	2,622	948	1,936	1,406	6,912
Horizon OMNIA	2,012	389	1,019	499	3,919
CWA Unity Direct \$0	8,670	4,037	8,437	4,416	25,560
CWA Unity Direct \$100	425	80	177	178	860
NJDIRECT \$0	3,371	1,410	2,555	2,050	9,386
NJDIRECT \$100	341	58	120	112	631
<b>Horizon Total</b>	<b>34,914</b>	<b>14,273</b>	<b>30,503</b>	<b>14,592</b>	<b>94,282</b>

Exhibit 1C Early and Medicare Retirees – April 2020 Enrollment

	Number of Contracts as of April 2020				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
<b>STATE RETIREES</b>					
<b>Medical Plans</b>					
NJ DIRECT10	164	392	184	108	848
NJ DIRECT15	3,842	5,214	4,172	1,557	14,785
NJ DIRECT1525	1,873	1,257	154	95	3,379
NJ DIRECT2030	51	15	8	2	76
NJ DIRECT2035	0	0	0	0	0
NJ DIRECT HD4000	16	4	1	1	22
NJ DIRECT HD1500	0	0	0	1	1
Horizon Legacy HMO (10)	1,017	1,260	930	499	3,706
Horizon HMO 1525	20	9	6	3	38
Horizon HMO 2030	7	3	3	0	13
Horizon OMNIA	1	6	0	0	7
CWA Unity Direct \$0	160	52	64	21	297
NJDIRECT \$0	44	28	10	8	90
<b>Horizon Total</b>	<b>7,195</b>	<b>8,240</b>	<b>5,532</b>	<b>2,295</b>	<b>23,262</b>
Aetna Freedom 10	6,526	3,376	0	0	9,902
Aetna Freedom 15	11,530	6,824	0	0	18,354
Aetna Legacy HMO (10)	3,293	1,583	0	0	4,876
Aetna HMO 1525	11	3	0	0	14
<b>Aetna Total</b>	<b>21,360</b>	<b>11,786</b>	<b>0</b>	<b>0</b>	<b>33,146</b>
<b>Total</b>	<b>28,555</b>	<b>20,026</b>	<b>5,532</b>	<b>2,295</b>	<b>56,408</b>

## Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<b>PPO Active</b>			
01/01/2018 - 12/31/2018	5.2%	0.0%	5.2%
01/01/2019 - 12/31/2019	5.0%	(1.8%)	6.8%
Average			6.0%
Recommended Plan Year 2021 Trend Assumption			<b>6.0%</b>
<b>PPO Early Retiree</b>			
01/01/2018 - 12/31/2018	2.3%	0.0%	2.3%
01/01/2019 - 12/31/2019	3.2%	(1.5%)	4.7%
Average			3.5%
Recommended Plan Year 2021 Trend Assumption			<b>5.0%</b>
<b>HMO Active and Early Retiree</b>			
01/01/2018 - 12/31/2018	8.1%	0.0%	8.1%
01/01/2019 - 12/31/2019	7.3%	(0.1%)	7.4%
Average			7.7%
Recommended Plan Year 2021 Trend Assumption			<b>6.5%</b>

Normalizing Adjustments

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

Exhibit 2B – Prescription Drug Trend Assumption

	(A) Increase in Claims/Mem	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<b>Active Rx</b>			
01/01/2018 - 12/31/2018	(10.4%)	(11.2%)	0.8%
01/01/2019 - 12/31/2019	4.3%	(0.3%)	4.6%
Average			2.7%
Recommended Plan Year 2021 Trend Assumption			<b>5.0%</b>

<b>Retiree Rx</b>			
01/01/2018 - 12/31/2018	(8.9%)	(10.9%)	2.0%
01/01/2019 - 12/31/2019	7.9%	0.0%	7.9%
Average			5.0%
Recommended Plan Year 2021 Trend Assumption			<b>5.5%</b>

Normalizing Adjustments

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

11/1/2019: Mail Service Member Select

## Exhibit 3A – Plan Year 2019 Aggregate Costs

Page 1 of 3

	CWA Unity/NJ DIRECT					Legacy Plans							
	Total	Aetna		Horizon		Aetna		Aetna		Aetna		Horizon	
		CWA/NJ DIRECT 0	CWA/NJ DIRECT 0	CWA/NJ Direct 100	CWA/NJ DIRECT 100	Freedom 10	Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO		
<b>Employees and Retirees</b>													
Average Medical Members	304,808	2,257	30,679	23	270	14,148	39,760	1,127	152,445	38,310	2,205		
Incurred Medical Claims	\$1,788,667,000	\$12,961,000	\$194,377,000	\$81,000	\$1,022,000	\$16,114,000	\$112,736,000	\$8,725,000	\$1,108,512,000	\$225,325,000	\$10,538,000		
Capitation	\$18,952,000	\$2,000	\$1,076,000	\$0	\$0	\$0	\$0	\$53,000	\$5,739,000	\$11,488,000	\$85,000		
Incurred Prescription Drug Claims	\$766,754,000	\$2,925,000	\$45,445,000	\$9,000	\$171,000	\$78,295,000	\$184,228,000	\$2,249,000	\$293,455,000	\$115,503,000	\$4,712,000		
Prescription Drug Rebates	(\$244,440,000)	(\$1,095,000)	(\$17,023,000)	(\$3,000)	(\$64,000)	(\$18,915,000)	(\$47,353,000)	(\$823,000)	(\$109,448,000)	(\$35,966,000)	(\$1,677,000)		
EGWP Credits	(\$123,341,000)	N/A	N/A	N/A	N/A	(\$32,921,000)	(\$63,289,000)	\$0	\$0	(\$18,297,000)	(\$283,000)		
Administrative Fees	\$59,617,000	\$524,000	\$5,870,000	\$7,000	\$64,000	\$1,906,000	\$6,655,000	\$179,000	\$28,677,000	\$8,370,000	\$691,000		
<b>Total Cost</b>	<b>\$2,266,209,000</b>	<b>\$15,317,000</b>	<b>\$229,745,000</b>	<b>\$94,000</b>	<b>\$1,193,000</b>	<b>\$44,479,000</b>	<b>\$192,977,000</b>	<b>\$10,383,000</b>	<b>\$1,326,935,000</b>	<b>\$306,423,000</b>	<b>\$14,066,000</b>		
<b>Total Premium</b>	<b>\$2,377,001,000</b>	<b>\$16,955,000</b>	<b>\$227,516,000</b>	<b>\$187,000</b>	<b>\$2,061,000</b>	<b>\$63,046,000</b>	<b>\$238,140,000</b>	<b>\$6,380,000</b>	<b>\$1,325,024,000</b>	<b>\$311,271,000</b>	<b>\$18,272,000</b>		
<b>Gain (Loss)</b>	<b>\$110,792,000</b>	<b>\$1,638,000</b>	<b>(\$2,229,000)</b>	<b>\$93,000</b>	<b>\$868,000</b>	<b>\$18,567,000</b>	<b>\$45,163,000</b>	<b>(\$4,003,000)</b>	<b>(\$1,911,000)</b>	<b>\$4,848,000</b>	<b>\$4,206,000</b>		
<b>Employees</b>													
Average Medical Members	216,463	2,256	30,673	23	270	N/A	11,378	N/A	129,452	21,182	2,001		
Incurred Medical Claims	\$1,417,587,000	\$12,941,000	\$194,293,000	\$81,000	\$1,022,000	N/A	\$77,342,000	N/A	\$906,191,000	\$135,041,000	\$9,349,000		
Capitation	\$13,605,000	\$2,000	\$1,076,000	\$0	\$0	N/A	\$0	N/A	\$4,857,000	\$7,201,000	\$74,000		
Incurred Prescription Drug Claims	\$366,234,000	\$2,918,000	\$45,388,000	\$9,000	\$171,000	N/A	\$18,919,000	N/A	\$237,890,000	\$40,079,000	\$3,861,000		
Prescription Drug Rebates	(\$137,189,000)	(\$1,093,000)	(\$17,002,000)	(\$3,000)	(\$64,000)	N/A	(\$7,087,000)	N/A	(\$89,113,000)	(\$15,013,000)	(\$1,446,000)		
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	\$44,485,000	\$524,000	\$5,869,000	\$7,000	\$64,000	N/A	\$2,779,000	N/A	\$24,329,000	\$5,058,000	\$615,000		
<b>Total Cost</b>	<b>\$1,704,722,000</b>	<b>\$15,292,000</b>	<b>\$229,624,000</b>	<b>\$94,000</b>	<b>\$1,193,000</b>	<b>N/A</b>	<b>\$91,953,000</b>	<b>N/A</b>	<b>\$1,084,154,000</b>	<b>\$172,366,000</b>	<b>\$12,453,000</b>		
<b>Total Premium</b>	<b>\$1,760,151,000</b>	<b>\$16,955,000</b>	<b>\$227,516,000</b>	<b>\$187,000</b>	<b>\$2,061,000</b>	<b>N/A</b>	<b>\$97,885,000</b>	<b>N/A</b>	<b>\$1,085,285,000</b>	<b>\$171,175,000</b>	<b>\$16,598,000</b>		
<b>Gain (Loss)</b>	<b>\$55,429,000</b>	<b>\$1,663,000</b>	<b>(\$2,108,000)</b>	<b>\$93,000</b>	<b>\$868,000</b>	<b>N/A</b>	<b>\$5,932,000</b>	<b>N/A</b>	<b>\$1,131,000</b>	<b>(\$1,191,000)</b>	<b>\$4,145,000</b>		
<b>Early Retirees</b>													
Average Medical Members	35,699	1	6	N/A	N/A	96	1,368	1,127	22,993	9,318	83		
Incurred Medical Claims	\$307,888,000	\$20,000	\$84,000	N/A	N/A	\$661,000	\$11,470,000	\$8,725,000	\$202,321,000	\$76,835,000	\$909,000		
Capitation	\$5,347,000	\$0	\$0	N/A	N/A	\$0	\$0	\$53,000	\$4,287,000	\$4,287,000	\$11,000		
Incurred Prescription Drug Claims	\$85,585,000	\$7,000	\$57,000	N/A	N/A	\$302,000	\$3,297,000	\$2,249,000	\$55,565,000	\$22,177,000	\$204,000		
Prescription Drug Rebates	(\$31,322,000)	(\$2,000)	(\$21,000)	N/A	N/A	(\$111,000)	(\$1,206,000)	(\$823,000)	(\$20,335,000)	(\$8,116,000)	(\$75,000)		
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	\$7,200,000	\$0	\$1,000	N/A	N/A	\$16,000	\$282,000	\$179,000	\$4,348,000	\$2,264,000	\$16,000		
<b>Total Cost</b>	<b>\$374,698,000</b>	<b>\$25,000</b>	<b>\$121,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$868,000</b>	<b>\$13,843,000</b>	<b>\$10,383,000</b>	<b>\$242,781,000</b>	<b>\$97,447,000</b>	<b>\$1,065,000</b>		
<b>Total Premium</b>	<b>\$396,084,000</b>	<b>\$0</b>	<b>\$0</b>	<b>N/A</b>	<b>N/A</b>	<b>\$6,215,000</b>	<b>\$36,946,000</b>	<b>\$6,380,000</b>	<b>\$239,739,000</b>	<b>\$100,146,000</b>	<b>\$818,000</b>		
<b>Gain (Loss)</b>	<b>\$21,386,000</b>	<b>(\$25,000)</b>	<b>(\$121,000)</b>	<b>N/A</b>	<b>N/A</b>	<b>\$5,347,000</b>	<b>\$23,103,000</b>	<b>(\$4,003,000)</b>	<b>(\$3,042,000)</b>	<b>\$2,699,000</b>	<b>(\$247,000)</b>		
<b>Medicare Retirees</b>													
Average Medical Members	52,646	N/A	N/A	N/A	N/A	14,052	27,014	N/A	N/A	7,810	121		
Incurred Medical Claims	\$63,192,000	N/A	N/A	N/A	N/A	\$15,453,000	\$23,924,000	N/A	N/A	\$13,449,000	\$280,000		
Capitation	N/A	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0		
Incurred Prescription Drug Claims	\$314,935,000	N/A	N/A	N/A	N/A	\$77,993,000	\$162,012,000	N/A	N/A	\$53,247,000	\$647,000		
Prescription Drug Rebates	(\$75,929,000)	N/A	N/A	N/A	N/A	(\$18,804,000)	(\$39,060,000)	N/A	N/A	(\$12,837,000)	(\$156,000)		
EGWP Credits	(\$123,341,000)	N/A	N/A	N/A	N/A	(\$32,921,000)	(\$63,289,000)	N/A	N/A	(\$18,297,000)	(\$283,000)		
Administrative Fees	\$7,932,000	N/A	N/A	N/A	N/A	\$1,890,000	\$3,594,000	N/A	N/A	\$1,048,000	\$60,000		
<b>Total Cost</b>	<b>\$186,789,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$43,611,000</b>	<b>\$87,181,000</b>	<b>N/A</b>	<b>\$36,610,000</b>	<b>\$36,610,000</b>	<b>\$548,000</b>		
<b>Total Premium</b>	<b>\$220,766,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$56,831,000</b>	<b>\$103,309,000</b>	<b>N/A</b>	<b>\$39,950,000</b>	<b>\$39,950,000</b>	<b>\$856,000</b>		
<b>Gain (Loss)</b>	<b>\$33,977,000</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$13,220,000</b>	<b>\$16,128,000</b>	<b>N/A</b>	<b>\$3,340,000</b>	<b>\$3,340,000</b>	<b>\$308,000</b>		

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3A – Plan Year 2019 Aggregate Costs

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	1525				2030			
	Aetna Freedom	NJ DIRECT	Aetna HMO	Horizon HMO	Aetna Freedom	NJ DIRECT	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>								
Average Medical Members	2,162	7,335	59	34	1,827	2,562	22	1
Incurred Medical Claims	\$10,627,000	\$32,395,000	\$288,000	\$188,000	\$8,754,000	\$11,647,000	\$52,000	\$3,000
Capitation	\$0	\$204,000	\$23,000	\$1,000	\$0	\$109,000	\$11,000	\$0
Incurred Prescription Drug Claims	\$2,019,000	\$24,953,000	\$275,000	\$104,000	\$1,611,000	\$2,481,000	\$53,000	\$4,000
Prescription Drug Rebates	(\$756,000)	(\$6,590,000)	(\$74,000)	(\$27,000)	(\$603,000)	(\$906,000)	(\$20,000)	(\$2,000)
EGWP Credits	N/A	(\$8,325,000)	(\$52,000)	(\$51,000)	N/A	(\$123,000)	N/A	N/A
Administrative Fees	\$562,000	\$2,057,000	\$13,000	\$13,000	\$478,000	\$562,000	\$6,000	\$1,000
<b>Total Cost</b>	<b>\$12,452,000</b>	<b>\$44,694,000</b>	<b>\$473,000</b>	<b>\$228,000</b>	<b>\$10,240,000</b>	<b>\$13,770,000</b>	<b>\$102,000</b>	<b>\$6,000</b>
<b>Total Premium</b>	<b>\$18,149,000</b>	<b>\$50,290,000</b>	<b>\$481,000</b>	<b>\$235,000</b>	<b>\$14,687,000</b>	<b>\$20,265,000</b>	<b>\$223,000</b>	<b>\$16,000</b>
Gain (Loss)	\$5,697,000	\$5,596,000	\$8,000	\$7,000	\$4,447,000	\$6,495,000	\$121,000	\$10,000
<b>Employees</b>								
Average Medical Members	2,143	3,250	N/A	N/A	1,813	2,467	N/A	N/A
Incurred Medical Claims	\$10,419,000	\$16,948,000	N/A	N/A	\$8,379,000	\$11,381,000	N/A	N/A
Capitation	\$0	\$134,000	N/A	N/A	\$0	\$101,000	N/A	N/A
Incurred Prescription Drug Claims	\$2,008,000	\$2,990,000	N/A	N/A	\$1,569,000	\$2,238,000	N/A	N/A
Prescription Drug Rebates	(\$752,000)	(\$1,120,000)	N/A	N/A	(\$588,000)	(\$838,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$557,000	\$704,000	N/A	N/A	\$475,000	\$532,000	N/A	N/A
<b>Total Cost</b>	<b>\$12,232,000</b>	<b>\$19,656,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$9,835,000</b>	<b>\$13,414,000</b>	<b>N/A</b>	<b>N/A</b>
<b>Total Premium</b>	<b>\$17,913,000</b>	<b>\$26,931,000</b>	<b>N/A</b>	<b>N/A</b>	<b>\$14,545,000</b>	<b>\$19,506,000</b>	<b>N/A</b>	<b>N/A</b>
Gain (Loss)	\$5,681,000	\$7,275,000	N/A	N/A	\$4,710,000	\$6,092,000	N/A	N/A
<b>Early Retirees</b>								
Average Medical Members	19	532	37	12	14	43	22	1
Incurred Medical Claims	\$208,000	\$5,487,000	\$259,000	\$172,000	\$375,000	\$185,000	\$52,000	\$3,000
Capitation	\$0	\$70,000	\$23,000	\$1,000	\$0	\$8,000	\$11,000	\$0
Incurred Prescription Drug Claims	\$11,000	\$1,406,000	\$60,000	\$10,000	\$42,000	\$73,000	\$53,000	\$4,000
Prescription Drug Rebates	(\$4,000)	(\$514,000)	(\$22,000)	(\$4,000)	(\$15,000)	(\$27,000)	(\$20,000)	(\$2,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$5,000	\$48,000	\$10,000	\$2,000	\$3,000	\$9,000	\$6,000	\$1,000
<b>Total Cost</b>	<b>\$220,000</b>	<b>\$6,497,000</b>	<b>\$330,000</b>	<b>\$181,000</b>	<b>\$405,000</b>	<b>\$248,000</b>	<b>\$102,000</b>	<b>\$6,000</b>
<b>Total Premium</b>	<b>\$236,000</b>	<b>\$4,056,000</b>	<b>\$384,000</b>	<b>\$92,000</b>	<b>\$142,000</b>	<b>\$482,000</b>	<b>\$223,000</b>	<b>\$16,000</b>
Gain (Loss)	\$16,000	(\$2,441,000)	\$54,000	(\$89,000)	(\$263,000)	\$234,000	\$121,000	\$10,000
<b>Medicare Retirees</b>								
Average Medical Members	N/A	3,553	22	22	N/A	52	N/A	-
Incurred Medical Claims	N/A	\$9,960,000	\$29,000	\$16,000	N/A	\$81,000	N/A	\$0
Capitation	N/A	\$0	\$0	\$0	N/A	\$0	N/A	\$0
Incurred Prescription Drug Claims	N/A	\$20,557,000	\$215,000	\$94,000	N/A	\$170,000	N/A	\$0
Prescription Drug Rebates	N/A	(\$4,956,000)	(\$52,000)	(\$23,000)	N/A	(\$41,000)	N/A	\$0
EGWP Credits	N/A	(\$8,325,000)	(\$52,000)	(\$51,000)	N/A	(\$123,000)	N/A	\$0
Administrative Fees	N/A	\$1,305,000	\$3,000	\$11,000	N/A	\$21,000	N/A	\$0
<b>Total Cost</b>	<b>N/A</b>	<b>\$18,541,000</b>	<b>\$143,000</b>	<b>\$47,000</b>	<b>N/A</b>	<b>\$108,000</b>	<b>N/A</b>	<b>\$0</b>
<b>Total Premium</b>	<b>N/A</b>	<b>\$19,303,000</b>	<b>\$97,000</b>	<b>\$143,000</b>	<b>N/A</b>	<b>\$277,000</b>	<b>N/A</b>	<b>\$0</b>
Gain (Loss)	N/A	\$762,000	(\$46,000)	\$96,000	N/A	\$169,000	N/A	\$0

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3A – Plan Year 2019 Aggregate Costs

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	2035		HD 4000		HD 1500		Tiered Network	
	Aetna Freedom	NJ DIRECT	Aetna Value	NJ DIRECT	Aetna Value	NJ DIRECT	Aetna Liberty	Horizon OMNIA
<b>Employees and Retirees</b>								
Average Medical Members	908	936	151	196	87	126	2,492	4,686
Incurred Medical Claims	\$2,376,000	\$2,345,000	\$267,000	\$321,000	\$133,000	\$359,000	\$9,061,000	\$19,460,000
Capitation	\$0	\$47,000	\$2,000	\$6,000	\$1,000	\$4,000	\$11,000	\$90,000
Incurred Prescription Drug Claims	\$378,000	\$584,000	\$113,000	\$131,000	\$127,000	\$99,000	\$2,361,000	\$4,469,000
Prescription Drug Rebates	(\$141,000)	(\$219,000)	(\$42,000)	(\$49,000)	(\$48,000)	(\$37,000)	(\$885,000)	(\$1,674,000)
EGWP Credits	N/A	\$0	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$294,000	\$266,000	\$44,000	\$52,000	\$29,000	\$37,000	\$733,000	\$1,527,000
Total Cost	\$2,907,000	\$3,023,000	\$384,000	\$461,000	\$242,000	\$462,000	\$11,281,000	\$23,872,000
Total Premium	\$6,629,000	\$6,866,000	\$734,000	\$974,000	\$611,000	\$906,000	\$16,417,000	\$30,666,000
Gain (Loss)	\$3,722,000	\$3,843,000	\$350,000	\$513,000	\$369,000	\$444,000	\$5,136,000	\$6,794,000
<b>Employees</b>								
Average Medical Members	908	936	143	177	87	126	2,492	4,686
Incurred Medical Claims	\$2,376,000	\$2,345,000	\$242,000	\$224,000	\$133,000	\$359,000	\$9,061,000	\$19,460,000
Capitation	\$0	\$47,000	\$2,000	\$5,000	\$1,000	\$4,000	\$11,000	\$90,000
Incurred Prescription Drug Claims	\$378,000	\$584,000	\$58,000	\$118,000	\$127,000	\$99,000	\$2,361,000	\$4,469,000
Prescription Drug Rebates	(\$141,000)	(\$219,000)	(\$22,000)	(\$44,000)	(\$48,000)	(\$37,000)	(\$885,000)	(\$1,674,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$294,000	\$266,000	\$41,000	\$45,000	\$29,000	\$37,000	\$733,000	\$1,527,000
Total Cost	\$2,907,000	\$3,023,000	\$321,000	\$348,000	\$242,000	\$462,000	\$11,281,000	\$23,872,000
Total Premium	\$6,629,000	\$6,866,000	\$672,000	\$827,000	\$611,000	\$906,000	\$16,417,000	\$30,666,000
Gain (Loss)	\$3,722,000	\$3,843,000	\$351,000	\$479,000	\$369,000	\$444,000	\$5,136,000	\$6,794,000
<b>Early Retirees</b>								
Average Medical Members	N/A	N/A	8	19	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	N/A	\$25,000	\$97,000	N/A	N/A	N/A	N/A
Capitation	N/A	N/A	\$0	\$1,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	\$55,000	\$13,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	(\$20,000)	(\$5,000)	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	\$3,000	\$7,000	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	\$63,000	\$113,000	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	\$62,000	\$147,000	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	(\$1,000)	\$34,000	N/A	N/A	N/A	N/A
<b>Medicare Retirees</b>								
Average Medical Members	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Medical Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Capitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Rebates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Premium	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gain (Loss)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3B – Plan Year 2020 Aggregate Costs

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	Total	CWA Unity/NJ DIRECT		Legacy Plans					
		Horizon CWA/NJ DIRECT 0	Horizon CWA/NJ DIRECT 100	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	316,877	84,187	2,739	13,897	30,029	1,219	128,693	6,454	24,206
Incurred Medical Claims	\$1,885,059,000	\$539,331,000	\$17,421,000	\$20,981,000	\$38,799,000	\$9,239,000	\$947,584,000	\$14,202,000	\$158,665,000
Capitation	\$11,511,000	\$3,385,000	\$110,000	\$0	\$0	\$60,000	\$5,459,000	\$0	\$1,608,000
Incurred Prescription Drug Claims	\$831,500,000	\$138,209,000	\$4,480,000	\$79,426,000	\$185,450,000	\$2,638,000	\$256,467,000	\$45,160,000	\$57,670,000
Prescription Drug Rebates	(\$246,218,000)	(\$48,216,000)	(\$1,563,000)	(\$17,838,000)	(\$41,650,000)	(\$899,000)	(\$88,915,000)	(\$10,143,000)	(\$18,705,000)
EGWP Credits	(\$128,800,000)	N/A	N/A	(\$31,819,000)	(\$68,756,000)	N/A	N/A	(\$14,776,000)	(\$3,379,000)
Administrative Fees	\$68,752,000	\$18,609,000	\$726,000	\$1,854,000	\$3,839,000	\$245,000	\$27,958,000	\$875,000	\$6,815,000
Total Cost	\$2,421,802,000	\$651,318,000	\$21,174,000	\$52,604,000	\$117,682,000	\$11,283,000	\$1,148,553,000	\$35,318,000	\$202,674,000
Total Premium	\$2,450,784,000	\$627,989,000	\$20,818,000	\$56,362,000	\$115,252,000	\$13,308,000	\$1,187,762,000	\$33,126,000	\$212,515,000
Gain (Loss)	\$28,982,000	(\$23,329,000)	(\$356,000)	\$3,758,000	(\$2,430,000)	\$2,025,000	\$39,209,000	(\$2,192,000)	\$9,841,000
<b>Employees</b>									
Average Medical Members	222,269	83,556	2,739	N/A	-	N/A	100,002	-	15,951
Incurred Medical Claims	\$1,467,161,000	\$534,257,000	\$17,421,000	N/A	\$0	N/A	\$698,768,000	\$0	\$99,241,000
Capitation	\$9,208,000	\$3,360,000	\$110,000	N/A	\$0	N/A	\$4,303,000	\$0	\$682,000
Incurred Prescription Drug Claims	\$388,976,000	\$136,652,000	\$4,480,000	N/A	\$0	N/A	\$184,490,000	\$0	\$30,586,000
Prescription Drug Rebates	(\$135,732,000)	(\$47,685,000)	(\$1,563,000)	N/A	\$0	N/A	(\$64,378,000)	\$0	(\$10,673,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$51,212,000	\$18,439,000	\$726,000	N/A	\$0	N/A	\$21,593,000	\$0	\$4,539,000
Total Cost	\$1,780,825,000	\$645,023,000	\$21,174,000	N/A	\$0	N/A	\$844,776,000	\$0	\$124,375,000
Total Premium	\$1,784,803,000	\$621,082,000	\$20,818,000	N/A	\$0	N/A	\$860,142,000	\$0	\$132,518,000
Gain (Loss)	\$3,978,000	(\$23,941,000)	(\$356,000)	N/A	\$0	N/A	\$15,366,000	\$0	\$8,143,000
<b>Early Retirees</b>									
Average Medical Members	38,354	631	N/A	-	-	1,219	28,691	1	6,779
Incurred Medical Claims	\$326,999,000	\$5,074,000	N/A	\$0	\$0	\$9,239,000	\$248,816,000	\$5,000	\$55,384,000
Capitation	\$2,303,000	\$25,000	N/A	\$0	\$0	\$60,000	\$1,156,000	\$0	\$926,000
Incurred Prescription Drug Claims	\$95,429,000	\$1,557,000	N/A	\$0	\$0	\$2,638,000	\$71,977,000	\$2,000	\$16,757,000
Prescription Drug Rebates	(\$32,533,000)	(\$531,000)	N/A	\$0	\$0	(\$899,000)	(\$24,537,000)	(\$1,000)	(\$5,713,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$8,639,000	\$170,000	N/A	\$0	\$1,000	\$245,000	\$6,365,000	\$0	\$1,699,000
Total Cost	\$400,837,000	\$6,295,000	N/A	\$0	\$1,000	\$11,283,000	\$303,777,000	\$6,000	\$69,053,000
Total Premium	\$425,609,000	\$6,907,000	N/A	\$0	\$0	\$13,308,000	\$327,620,000	\$1,000	\$68,999,000
Gain (Loss)	\$24,772,000	\$612,000	N/A	\$0	(\$1,000)	\$2,025,000	\$23,843,000	(\$5,000)	(\$54,000)
<b>Medicare Retirees</b>									
Average Medical Members	56,254	N/A	N/A	13,897	30,029	N/A	N/A	6,453	1,476
Incurred Medical Claims	\$90,899,000	N/A	N/A	\$20,981,000	\$38,799,000	N/A	N/A	\$14,197,000	\$4,040,000
Capitation	\$0	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0
Incurred Prescription Drug Claims	\$347,095,000	N/A	N/A	\$79,426,000	\$185,450,000	N/A	N/A	\$45,158,000	\$10,327,000
Prescription Drug Rebates	(\$77,953,000)	N/A	N/A	(\$17,838,000)	(\$41,650,000)	N/A	N/A	(\$10,142,000)	(\$2,319,000)
EGWP Credits	(\$128,802,000)	N/A	N/A	(\$31,819,000)	(\$68,756,000)	N/A	N/A	(\$14,776,000)	(\$3,379,000)
Administrative Fees	\$8,901,000	N/A	N/A	\$1,854,000	\$3,838,000	N/A	N/A	\$875,000	\$577,000
Total Cost	\$240,140,000	N/A	N/A	\$52,604,000	\$117,681,000	N/A	N/A	\$35,312,000	\$9,246,000
Total Premium	\$240,372,000	N/A	N/A	\$56,362,000	\$115,252,000	N/A	N/A	\$33,125,000	\$10,998,000
Gain (Loss)	\$232,000	N/A	N/A	\$3,758,000	(\$2,429,000)	N/A	N/A	(\$2,187,000)	\$1,752,000

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3B – Plan Year 2020 Aggregate Costs

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	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	10,542	17	69	4,065	26	1,859	391	386	8,098
Incurred Medical Claims	\$56,432,000	\$30,000	\$409,000	\$25,852,000	\$186,000	\$10,213,000	\$1,531,000	\$2,200,000	\$41,984,000
Capitation	\$372,000	\$0	\$4,000	\$197,000	\$1,000	\$108,000	\$12,000	\$15,000	\$180,000
Incurred Prescription Drug Claims	\$37,237,000	\$110,000	\$266,000	\$7,214,000	\$64,000	\$2,850,000	\$408,000	\$581,000	\$13,270,000
Prescription Drug Rebates	(\$9,730,000)	(\$25,000)	(\$71,000)	(\$2,474,000)	(\$20,000)	(\$994,000)	(\$142,000)	(\$203,000)	(\$4,630,000)
EGWP Credits	(\$9,845,000)	(\$39,000)	(\$59,000)	(\$127,000)	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$3,166,000	\$2,000	\$22,000	\$1,045,000	\$9,000	\$587,000	\$116,000	\$117,000	\$2,767,000
Total Cost	\$77,632,000	\$78,000	\$571,000	\$31,707,000	\$238,000	\$12,764,000	\$1,925,000	\$2,710,000	\$53,571,000
Total Premium	\$77,012,000	\$75,000	\$587,000	\$33,150,000	\$258,000	\$13,818,000	\$1,942,000	\$2,745,000	\$54,065,000
Gain (Loss)	(\$620,000)	(\$3,000)	\$16,000	\$1,443,000	\$20,000	\$1,054,000	\$17,000	\$35,000	\$494,000
<b>Employees</b>									
Average Medical Members	5,383	N/A	N/A	3,949	N/A	1,859	359	383	8,088
Incurred Medical Claims	\$36,561,000	N/A	N/A	\$25,218,000	N/A	\$10,213,000	\$1,380,000	\$2,182,000	\$41,920,000
Capitation	\$254,000	N/A	N/A	\$185,000	N/A	\$108,000	\$11,000	\$15,000	\$180,000
Incurred Prescription Drug Claims	\$9,007,000	N/A	N/A	\$6,724,000	N/A	\$2,850,000	\$364,000	\$576,000	\$13,247,000
Prescription Drug Rebates	(\$3,143,000)	N/A	N/A	(\$2,346,000)	N/A	(\$994,000)	(\$127,000)	(\$201,000)	(\$4,622,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$1,339,000	N/A	N/A	\$1,005,000	N/A	\$587,000	\$104,000	\$116,000	\$2,764,000
Total Cost	\$44,018,000	N/A	N/A	\$30,786,000	N/A	\$12,764,000	\$1,732,000	\$2,688,000	\$53,489,000
Total Premium	\$45,866,000	N/A	N/A	\$32,179,000	N/A	\$13,818,000	\$1,709,000	\$2,729,000	\$53,942,000
Gain (Loss)	\$1,848,000	N/A	N/A	\$1,393,000	N/A	\$1,054,000	(\$23,000)	\$41,000	\$453,000
<b>Early Retirees</b>									
Average Medical Members	859	-	43	61	25	N/A	32	3	10
Incurred Medical Claims	\$7,244,000	\$0	\$340,000	\$481,000	\$183,000	N/A	\$151,000	\$18,000	\$64,000
Capitation	\$118,000	\$0	\$4,000	\$12,000	\$1,000	N/A	\$1,000	\$0	\$0
Incurred Prescription Drug Claims	\$2,120,000	\$0	\$98,000	\$151,000	\$57,000	N/A	\$44,000	\$5,000	\$23,000
Prescription Drug Rebates	(\$723,000)	\$0	(\$33,000)	(\$52,000)	(\$19,000)	N/A	(\$15,000)	(\$2,000)	(\$8,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$108,000	\$0	\$11,000	\$16,000	\$8,000	N/A	\$12,000	\$1,000	\$3,000
Total Cost	\$8,867,000	\$0	\$420,000	\$608,000	\$230,000	N/A	\$193,000	\$22,000	\$82,000
Total Premium	\$7,075,000	\$0	\$405,000	\$671,000	\$251,000	N/A	\$233,000	\$16,000	\$123,000
Gain (Loss)	(\$1,792,000)	\$0	(\$15,000)	\$63,000	\$21,000	N/A	\$40,000	(\$6,000)	\$41,000
<b>Medicare Retirees</b>									
Average Medical Members	4,300	17	26	55	1	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$12,627,000	\$30,000	\$69,000	\$153,000	\$3,000	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$26,110,000	\$110,000	\$168,000	\$339,000	\$7,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$5,864,000)	(\$25,000)	(\$38,000)	(\$76,000)	(\$1,000)	N/A	N/A	N/A	N/A
EGWP Credits	(\$9,845,000)	(\$39,000)	(\$59,000)	(\$127,000)	(\$2,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$1,719,000	\$2,000	\$11,000	\$24,000	\$1,000	N/A	N/A	N/A	N/A
Total Cost	\$24,747,000	\$78,000	\$151,000	\$313,000	\$8,000	N/A	N/A	N/A	N/A
Total Premium	\$24,071,000	\$75,000	\$182,000	\$300,000	\$7,000	N/A	N/A	N/A	N/A
Gain (Loss)	(\$676,000)	(\$3,000)	\$31,000	(\$13,000)	(\$1,000)	N/A	N/A	N/A	N/A

\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3C – Projected Plan Year 2021 Aggregate Costs

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	Total	CWA Unity/NJ DIRECT		Legacy Plans					
		Horizon CWA/NJ DIRECT 0	Horizon CWA/NJ DIRECT 100	Aetna Freedom 10	Aetna Freedom 15	NJ DIRECT10	NJ DIRECT15	Aetna HMO	Horizon HMO
<b>Employees and Retirees</b>									
Average Medical Members	318,120	188,720	12,008	14,380	30,932	1,197	26,678	6,679	21,944
Incurred Medical Claims	\$1,794,560,000	\$1,199,413,000	\$75,723,000	\$21,710,000	\$39,965,000	\$8,602,000	\$219,281,000	\$14,694,000	\$141,676,000
Capitation	\$11,703,000	\$8,043,000	\$512,000	\$0	\$0	\$62,000	\$1,128,000	\$0	\$1,567,000
Incurred Prescription Drug Claims	\$855,946,000	\$322,474,000	\$20,391,000	\$86,628,000	\$201,342,000	\$2,685,000	\$69,337,000	\$49,263,000	\$55,368,000
Prescription Drug Rebates	(\$245,193,000)	(\$109,890,000)	(\$6,952,000)	(\$19,008,000)	(\$44,178,000)	(\$894,000)	(\$23,094,000)	(\$10,809,000)	(\$17,408,000)
EGWP Credits	(\$138,147,000)	N/A	N/A	(\$34,234,000)	(\$73,638,000)	N/A	N/A	(\$15,901,000)	(\$3,560,000)
Administrative Fees	\$84,063,000	\$51,481,000	\$3,251,000	\$1,932,000	\$3,983,000	\$325,000	\$9,148,000	\$913,000	\$7,512,000
Total Cost	\$2,362,932,000	\$1,471,521,000	\$92,925,000	\$57,028,000	\$127,474,000	\$10,780,000	\$275,800,000	\$38,160,000	\$185,155,000
Total Premium	\$2,362,488,000	\$1,471,725,000	\$92,882,000	\$61,545,000	\$125,650,000	\$12,133,000	\$280,911,000	\$36,010,000	\$184,467,000
Gain (Loss)	(\$444,000)	\$204,000	(\$43,000)	\$4,517,000	(\$1,824,000)	\$1,353,000	\$5,111,000	(\$2,150,000)	(\$688,000)
<b>Employees</b>									
Average Medical Members	222,271	186,376	12,008	N/A	N/A	N/A	-	N/A	14,083
Incurred Medical Claims	\$1,394,765,000	\$1,181,509,000	\$75,723,000	N/A	N/A	N/A	\$0	N/A	\$87,276,000
Capitation	\$9,341,000	\$7,944,000	\$512,000	N/A	N/A	N/A	\$0	N/A	\$641,000
Incurred Prescription Drug Claims	\$381,242,000	\$316,483,000	\$20,391,000	N/A	N/A	N/A	\$0	N/A	\$28,037,000
Prescription Drug Rebates	(\$129,972,000)	(\$107,895,000)	(\$6,952,000)	N/A	N/A	N/A	\$0	N/A	(\$9,558,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$61,621,000	\$50,453,000	\$3,251,000	N/A	N/A	N/A	\$0	N/A	\$4,569,000
Total Cost	\$1,716,997,000	\$1,448,494,000	\$92,925,000	N/A	N/A	N/A	\$0	N/A	\$110,965,000
Total Premium	\$1,716,554,000	\$1,448,120,000	\$92,882,000	N/A	N/A	N/A	\$0	N/A	\$113,816,000
Gain (Loss)	(\$443,000)	(\$374,000)	(\$43,000)	N/A	N/A	N/A	\$0	N/A	\$2,851,000
<b>Early Retirees</b>									
Average Medical Members	37,820	2,344	N/A	N/A	N/A	1,197	26,678	N/A	6,366
Incurred Medical Claims	\$305,246,000	\$17,904,000	N/A	N/A	N/A	\$8,602,000	\$219,281,000	N/A	\$50,122,000
Capitation	\$2,362,000	\$99,000	N/A	N/A	N/A	\$62,000	\$1,128,000	N/A	\$926,000
Incurred Prescription Drug Claims	\$97,345,000	\$5,991,000	N/A	N/A	N/A	\$2,685,000	\$69,337,000	N/A	\$16,302,000
Prescription Drug Rebates	(\$32,422,000)	(\$1,995,000)	N/A	N/A	N/A	(\$894,000)	(\$23,094,000)	N/A	(\$5,430,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$13,170,000	\$1,028,000	N/A	N/A	N/A	\$325,000	\$9,148,000	N/A	\$2,341,000
Total Cost	\$385,701,000	\$23,027,000	N/A	N/A	N/A	\$10,780,000	\$275,800,000	N/A	\$64,261,000
Total Premium	\$385,779,000	\$23,605,000	N/A	N/A	N/A	\$12,133,000	\$280,911,000	N/A	\$59,453,000
Gain (Loss)	\$78,000	\$578,000	N/A	N/A	N/A	\$1,353,000	\$5,111,000	N/A	(\$4,808,000)
<b>Medicare Retirees</b>									
Average Medical Members	58,029	N/A	N/A	14,380	30,932	N/A	N/A	6,679	1,495
Incurred Medical Claims	\$94,549,000	N/A	N/A	\$21,710,000	\$39,965,000	N/A	N/A	\$14,694,000	\$4,278,000
Capitation	\$0	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0
Incurred Prescription Drug Claims	\$377,359,000	N/A	N/A	\$86,628,000	\$201,342,000	N/A	N/A	\$49,263,000	\$11,029,000
Prescription Drug Rebates	(\$82,799,000)	N/A	N/A	(\$19,008,000)	(\$44,178,000)	N/A	N/A	(\$10,809,000)	(\$2,420,000)
EGWP Credits	(\$138,147,000)	N/A	N/A	(\$34,234,000)	(\$73,638,000)	N/A	N/A	(\$15,901,000)	(\$3,560,000)
Administrative Fees	\$9,272,000	N/A	N/A	\$1,932,000	\$3,983,000	N/A	N/A	\$913,000	\$602,000
Total Cost	\$260,234,000	N/A	N/A	\$57,028,000	\$127,474,000	N/A	N/A	\$38,160,000	\$9,929,000
Total Premium	\$260,155,000	N/A	N/A	\$61,545,000	\$125,650,000	N/A	N/A	\$36,010,000	\$11,198,000
Gain (Loss)	(\$79,000)	N/A	N/A	\$4,517,000	(\$1,824,000)	N/A	N/A	(\$2,150,000)	\$1,269,000

\*\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 3C – Projected Plan Year 2021 Aggregate Costs

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	1525			2030		2035	HD 4000	HD 1500	Tiered Network
	NJ DIRECT	Aetna HMO	Horizon HMO	NJ DIRECT	Horizon HMO	NJ DIRECT	NJ DIRECT	NJ DIRECT	Horizon OMNIA
<b>Employees and Retirees</b>									
Average Medical Members	5,288	18	68	113	24	75	453	551	8,992
Incurred Medical Claims	\$20,404,000	\$31,000	\$385,000	\$586,000	\$166,000	\$484,000	\$1,741,000	\$3,183,000	\$46,516,000
Capitation	\$122,000	\$0	\$4,000	\$12,000	\$1,000	\$2,000	\$15,000	\$22,000	\$213,000
Incurred Prescription Drug Claims	\$30,586,000	\$120,000	\$279,000	\$513,000	\$61,000	\$162,000	\$488,000	\$903,000	\$15,346,000
Prescription Drug Rebates	(\$6,957,000)	(\$26,000)	(\$72,000)	(\$129,000)	(\$20,000)	(\$54,000)	(\$166,000)	(\$306,000)	(\$5,230,000)
EGWP Credits	(\$10,570,000)	(\$42,000)	(\$64,000)	(\$136,000)	(\$2,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$1,964,000	\$2,000	\$27,000	\$49,000	\$12,000	\$28,000	\$138,000	\$163,000	\$3,135,000
Total Cost	\$35,549,000	\$85,000	\$559,000	\$895,000	\$218,000	\$622,000	\$2,216,000	\$3,965,000	\$59,980,000
Total Premium	\$31,599,000	\$81,000	\$538,000	\$884,000	\$221,000	\$580,000	\$2,062,000	\$3,718,000	\$57,482,000
Gain (Loss)	(\$3,950,000)	(\$4,000)	(\$21,000)	(\$11,000)	\$3,000	(\$42,000)	(\$154,000)	(\$247,000)	(\$2,498,000)
<b>Employees</b>									
Average Medical Members	-	N/A	N/A	-	N/A	-	424	474	8,906
Incurred Medical Claims	\$0	N/A	N/A	\$0	N/A	\$0	\$1,610,000	\$2,668,000	\$45,979,000
Capitation	\$0	N/A	N/A	\$0	N/A	\$0	\$14,000	\$19,000	\$211,000
Incurred Prescription Drug Claims	\$0	N/A	N/A	\$0	N/A	\$0	\$447,000	\$740,000	\$15,144,000
Prescription Drug Rebates	\$0	N/A	N/A	\$0	N/A	\$0	(\$152,000)	(\$252,000)	(\$5,163,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$0	N/A	N/A	\$0	N/A	\$0	\$120,000	\$133,000	\$3,095,000
Total Cost	\$0	N/A	N/A	\$0	N/A	\$0	\$2,039,000	\$3,308,000	\$59,266,000
Total Premium	\$0	N/A	N/A	\$0	N/A	\$0	\$1,864,000	\$3,088,000	\$56,784,000
Gain (Loss)	\$0	N/A	N/A	\$0	N/A	\$0	(\$175,000)	(\$220,000)	(\$2,482,000)
<b>Early Retirees</b>									
Average Medical Members	848	N/A	41	56	23	75	29	77	86
Incurred Medical Claims	\$6,776,000	N/A	\$310,000	\$421,000	\$163,000	\$484,000	\$131,000	\$515,000	\$537,000
Capitation	\$122,000	N/A	\$4,000	\$12,000	\$1,000	\$2,000	\$1,000	\$3,000	\$2,000
Incurred Prescription Drug Claims	\$2,168,000	N/A	\$96,000	\$144,000	\$54,000	\$162,000	\$41,000	\$163,000	\$202,000
Prescription Drug Rebates	(\$722,000)	N/A	(\$32,000)	(\$48,000)	(\$18,000)	(\$54,000)	(\$14,000)	(\$54,000)	(\$67,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$162,000	N/A	\$15,000	\$24,000	\$11,000	\$28,000	\$18,000	\$30,000	\$40,000
Total Cost	\$8,506,000	N/A	\$393,000	\$553,000	\$211,000	\$622,000	\$177,000	\$657,000	\$714,000
Total Premium	\$6,438,000	N/A	\$350,000	\$569,000	\$214,000	\$580,000	\$198,000	\$630,000	\$698,000
Gain (Loss)	(\$2,068,000)	N/A	(\$43,000)	\$16,000	\$3,000	(\$42,000)	\$21,000	(\$27,000)	(\$16,000)
<b>Medicare Retirees</b>									
Average Medical Members	4,440	18	27	57	1	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$13,628,000	\$31,000	\$75,000	\$165,000	\$3,000	N/A	N/A	N/A	N/A
Capitation	\$0	\$0	\$0	\$0	\$0	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$28,418,000	\$120,000	\$183,000	\$369,000	\$7,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$6,235,000)	(\$26,000)	(\$40,000)	(\$81,000)	(\$2,000)	N/A	N/A	N/A	N/A
EGWP Credits	(\$10,570,000)	(\$42,000)	(\$64,000)	(\$136,000)	(\$2,000)	N/A	N/A	N/A	N/A
Administrative Fees	\$1,802,000	\$2,000	\$12,000	\$25,000	\$1,000	N/A	N/A	N/A	N/A
Total Cost	\$27,043,000	\$85,000	\$166,000	\$342,000	\$7,000	N/A	N/A	N/A	N/A
Total Premium	\$25,161,000	\$81,000	\$188,000	\$315,000	\$7,000	N/A	N/A	N/A	N/A
Gain (Loss)	(\$1,882,000)	(\$4,000)	\$22,000	(\$27,000)	\$0	N/A	N/A	N/A	N/A

\*\*Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0. The Incurred Medical Claims cost category reflects the Medicare Advantage plan premiums for the Fully Insured Medicare Retiree medical plan options.

Exhibit 4A – Plan Year 2021 Monthly Active Premiums

	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Medical Coverage Only</b>					
Single	\$693.09	\$689.44	\$741.96	\$710.88	\$721.19
Employee+Spouse	\$1,386.18	\$1,378.88	\$1,483.92	\$1,421.76	\$1,442.38
Family	\$1,982.24	\$1,971.80	\$2,122.01	\$2,033.12	\$2,062.60
Employee+Child(ren)	\$1,289.15	\$1,282.36	\$1,380.05	\$1,322.24	\$1,341.41
Adult Child Rate	\$607.98	\$604.78	\$650.85	\$623.59	\$632.62
	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Rx Card</b>					
Single	\$119.88	\$119.88	\$134.75	\$134.75	\$122.21
Employee+Spouse	\$239.76	\$239.76	\$269.50	\$269.50	\$244.42
Family	\$342.86	\$342.86	\$385.39	\$385.39	\$349.52
Employee+Child(ren)	\$222.98	\$222.98	\$250.64	\$250.64	\$227.31
Adult Child Rate	\$105.16	\$105.16	\$118.21	\$118.21	\$107.20

	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>					
Single	\$678.15	\$583.21	\$377.78	\$560.29	\$539.59
Employee+Spouse	\$1,356.30	\$1,166.42	\$755.56	\$1,120.58	\$1,079.18
Family	\$1,939.51	\$1,667.98	\$1,080.45	\$1,602.43	\$1,543.23
Employee+Child(ren)	\$1,261.36	\$1,084.77	\$702.67	\$1,042.14	\$1,003.64
Adult Child Rate	\$594.87	\$511.59	\$331.39	\$491.49	\$473.33
	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Rx Card</b>					
Single	\$124.39	\$111.95	\$82.18	\$121.87	\$127.54
Employee+Spouse	\$248.78	\$223.90	\$164.36	\$243.74	\$255.10
Family	\$355.76	\$320.18	\$235.03	\$348.55	\$364.76
Employee+Child(ren)	\$231.37	\$208.23	\$152.85	\$226.68	\$237.22
Adult Child Rate	\$109.12	\$98.21	\$72.08	\$106.91	\$111.87

Exhibit 4B – Plan Year 2021 Annual Active Premiums

	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Medical Coverage Only</b>					
Single	\$8,317	\$8,273	\$8,904	\$8,531	\$8,654
Employee+Spouse	\$16,634	\$16,547	\$17,807	\$17,061	\$17,309
Family	\$23,787	\$23,662	\$25,464	\$24,397	\$24,751
Employee+Child(ren)	\$15,470	\$15,388	\$16,561	\$15,867	\$16,097
Adult Child Rate	\$7,296	\$7,257	\$7,810	\$7,483	\$7,591
	<b>CWA Unity / NJ DIRECT PPO</b>		<b>Legacy Plans</b>		<b>1525</b>
	Horizon PPO \$0	Horizon PPO \$100	Horizon DIR15	Horizon HMO	Horizon PPO
<b>Rx Card</b>					
Single	\$1,439	\$1,439	\$1,617	\$1,617	\$1,467
Employee+Spouse	\$2,877	\$2,877	\$3,234	\$3,234	\$2,933
Family	\$4,114	\$4,114	\$4,625	\$4,625	\$4,194
Employee+Child(ren)	\$2,676	\$2,676	\$3,008	\$3,008	\$2,728
Adult Child Rate	\$1,262	\$1,262	\$1,419	\$1,419	\$1,286

	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Medical Coverage Only</b>					
Single	\$8,138	\$6,999	\$4,533	\$6,723	\$6,475
Single	\$16,276	\$13,997	\$9,067	\$13,447	\$12,950
Family	\$23,274	\$20,016	\$12,965	\$19,229	\$18,519
Family	\$15,136	\$13,017	\$8,432	\$12,506	\$12,044
Adult Child Rate	\$7,138	\$6,139	\$3,977	\$5,898	\$5,680
	<b>2030</b>	<b>2035</b>	<b>HD 4000</b>	<b>HD 1500</b>	<b>Tiered Network</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO
<b>Rx Card</b>					
Single	\$1,493	\$1,343	\$986	\$1,462	\$1,530
Single	\$2,985	\$2,687	\$1,972	\$2,925	\$3,061
Family	\$4,269	\$3,842	\$2,820	\$4,183	\$4,377
Family	\$2,776	\$2,499	\$1,834	\$2,720	\$2,847
Adult Child Rate	\$1,309	\$1,179	\$865	\$1,283	\$1,342

Exhibit 4C – Plan Year 2021 Monthly Retiree Premiums

	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
<b>Total Premium</b>										
Single - 0 Medicare	\$1,202.33	N/A	\$1,202.33	\$1,142.71	N/A	\$1,142.71	\$1,076.59	N/A	\$1,076.59	\$1,076.59
Single - 1 Medicare	N/A	\$360.17	\$360.17	N/A	\$342.03	\$342.03	N/A	\$453.33	\$453.33	\$628.12
EE+Spouse - 0 Medicare	\$2,621.09	N/A	\$2,621.09	\$2,491.10	N/A	\$2,491.10	\$2,345.57	N/A	\$2,345.57	\$2,345.57
EE+Spouse - 1 Medicare	\$1,172.89	\$360.17	\$1,533.06	\$1,173.65	\$342.03	\$1,515.68	\$834.43	\$453.33	\$1,287.76	\$1,462.55
EE+Spouse - 2 Medicare	N/A	\$720.34	\$720.35	N/A	\$684.06	\$684.07	N/A	\$906.66	\$906.64	\$1,256.22
Family - 0 Medicare	\$2,981.81	N/A	\$2,981.81	\$2,833.92	N/A	\$2,833.92	\$2,668.42	N/A	\$2,668.42	\$2,668.42
Family - 1 Medicare	\$1,484.45	\$360.17	\$1,844.62	\$1,485.48	\$342.03	\$1,827.51	\$1,103.68	\$453.33	\$1,557.01	\$1,731.80
Family - 2 Medicare	\$205.96	\$720.34	\$926.30	\$200.41	\$684.06	\$884.47	\$207.52	\$906.66	\$1,114.18	\$1,541.60
EE+Ch - 0 Medicare	\$1,683.26	N/A	\$1,683.26	\$1,599.77	N/A	\$1,599.77	\$1,506.17	N/A	\$1,506.17	\$1,506.17
EE+Ch - 1 Medicare	\$207.67	\$360.17	\$567.84	\$202.04	\$342.03	\$544.07	\$213.13	\$453.33	\$666.46	\$921.12
<b>Medical Premium</b>										
Single - 0 Medicare	\$993.30	N/A	\$993.30	\$933.68	N/A	\$933.68	\$855.32	N/A	\$855.32	\$855.32
Single - 1 Medicare	N/A	\$125.81	\$125.81	N/A	\$107.67	\$107.67	N/A	\$183.33	\$183.33	\$358.12
EE+Spouse - 0 Medicare	\$2,165.40	N/A	\$2,165.40	\$2,035.41	N/A	\$2,035.41	\$1,864.60	N/A	\$1,864.60	\$1,864.60
EE+Spouse - 1 Medicare	\$975.40	\$125.81	\$1,101.21	\$976.16	\$107.67	\$1,083.83	\$622.54	\$183.33	\$805.87	\$980.66
EE+Spouse - 2 Medicare	N/A	\$251.62	\$251.62	N/A	\$215.34	\$215.34	N/A	\$366.66	\$366.66	\$716.24
Family - 0 Medicare	\$2,463.40	N/A	\$2,463.40	\$2,315.51	N/A	\$2,315.51	\$2,121.20	N/A	\$2,121.20	\$2,121.20
Family - 1 Medicare	\$1,231.09	\$125.81	\$1,356.90	\$1,232.12	\$107.67	\$1,339.79	\$833.64	\$183.33	\$1,016.97	\$1,191.76
Family - 2 Medicare	\$70.35	\$251.62	\$321.97	\$64.80	\$215.34	\$280.14	\$85.07	\$366.66	\$451.73	\$879.15
EE+Ch - 0 Medicare	\$1,390.63	N/A	\$1,390.63	\$1,307.14	N/A	\$1,307.14	\$1,197.45	N/A	\$1,197.45	\$1,197.45
EE+Ch - 1 Medicare	\$70.95	\$125.81	\$196.76	\$65.32	\$107.67	\$172.99	\$87.26	\$183.33	\$270.59	\$525.25
<b>Rx Premium</b>										
Single - 0 Medicare	\$209.03	N/A	\$209.03	\$209.03	N/A	\$209.03	\$221.27	N/A	\$221.27	\$221.27
Single - 1 Medicare	N/A	\$234.36	\$234.36	N/A	\$234.36	\$234.36	N/A	\$270.00	\$270.00	\$270.00
EE+Spouse - 0 Medicare	\$455.69	N/A	\$455.69	\$455.69	N/A	\$455.69	\$480.97	N/A	\$480.97	\$480.97
EE+Spouse - 1 Medicare	\$197.49	\$234.36	\$431.85	\$197.49	\$234.36	\$431.85	\$211.89	\$270.00	\$481.89	\$481.89
EE+Spouse - 2 Medicare	N/A	\$468.72	\$468.73	N/A	\$468.72	\$468.73	N/A	\$540.00	\$539.98	\$539.98
Family - 0 Medicare	\$518.41	N/A	\$518.41	\$518.41	N/A	\$518.41	\$547.22	N/A	\$547.22	\$547.22
Family - 1 Medicare	\$253.36	\$234.36	\$487.72	\$253.36	\$234.36	\$487.72	\$270.04	\$270.00	\$540.04	\$540.04
Family - 2 Medicare	\$135.61	\$468.72	\$604.33	\$135.61	\$468.72	\$604.33	\$122.45	\$540.00	\$662.45	\$662.45
EE+Ch - 0 Medicare	\$292.63	N/A	\$292.63	\$292.63	N/A	\$292.63	\$308.72	N/A	\$308.72	\$308.72
EE+Ch - 1 Medicare	\$136.72	\$234.36	\$371.08	\$136.72	\$234.36	\$371.08	\$125.87	\$270.00	\$395.87	\$395.87

Exhibit 4C – Plan Year 2021 Monthly Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
		1525 HMO					
	Horizon PPO	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon HMO	Horizon PPO	Horizon HMO
<b>Total Premium</b>							
Single - 0 Medicare	\$1,102.19	\$993.65	N/A	\$993.65	\$993.65	\$1,054.63	\$951.34
Single - 1 Medicare	\$475.73	N/A	\$388.83	\$388.83	\$588.68	\$462.38	\$573.36
EE+Spouse - 0 Medicare	\$2,402.77	\$2,166.13	N/A	\$2,166.13	\$2,166.13	\$2,299.12	\$2,073.97
EE+Spouse - 1 Medicare	\$1,355.16	\$764.62	\$388.83	\$1,153.45	\$1,353.30	\$1,306.27	\$1,307.42
EE+Spouse - 2 Medicare	\$951.46	N/A	\$777.66	\$777.67	\$1,177.33	\$924.79	\$1,146.78
Family - 0 Medicare	\$2,733.42	\$2,464.21	N/A	\$2,464.21	\$2,464.21	\$2,615.49	\$2,359.36
Family - 1 Medicare	\$1,632.66	\$1,014.38	\$388.83	\$1,403.21	\$1,603.06	\$1,572.05	\$1,546.80
Family - 2 Medicare	\$1,226.71	\$189.86	\$777.66	\$967.52	\$1,432.24	\$1,192.29	\$1,394.53
EE+Ch - 0 Medicare	\$1,543.04	\$1,391.07	N/A	\$1,391.07	\$1,391.07	\$1,476.49	\$1,331.88
EE+Ch - 1 Medicare	\$753.24	\$193.81	\$388.83	\$582.64	\$851.21	\$732.11	\$828.65
<b>Medical Premium</b>							
Single - 0 Medicare	\$896.64	\$779.98	N/A	\$779.98	\$779.98	\$847.16	\$735.69
Single - 1 Medicare	\$245.26	N/A	\$147.90	\$147.90	\$347.75	\$229.76	\$330.16
EE+Spouse - 0 Medicare	\$1,954.68	\$1,700.35	N/A	\$1,700.35	\$1,700.35	\$1,846.81	\$1,603.81
EE+Spouse - 1 Medicare	\$930.51	\$562.89	\$147.90	\$710.79	\$910.64	\$877.65	\$860.63
EE+Spouse - 2 Medicare	\$490.54	N/A	\$295.80	\$295.80	\$695.46	\$459.56	\$660.39
Family - 0 Medicare	\$2,223.67	\$1,934.34	N/A	\$1,934.34	\$1,934.34	\$2,100.97	\$1,824.52
Family - 1 Medicare	\$1,153.08	\$755.38	\$147.90	\$903.28	\$1,103.13	\$1,087.96	\$1,042.18
Family - 2 Medicare	\$632.44	\$50.43	\$295.80	\$346.23	\$810.95	\$592.46	\$767.44
EE+Ch - 0 Medicare	\$1,255.30	\$1,091.96	N/A	\$1,091.96	\$1,091.96	\$1,186.03	\$1,029.97
EE+Ch - 1 Medicare	\$388.36	\$53.27	\$147.90	\$201.17	\$469.74	\$363.80	\$443.61
<b>Rx Premium</b>							
Single - 0 Medicare	\$205.55	\$213.67	N/A	\$213.67	\$213.67	\$207.47	\$215.65
Single - 1 Medicare	\$230.47	N/A	\$240.93	\$240.93	\$240.93	\$232.62	\$243.20
EE+Spouse - 0 Medicare	\$448.09	\$465.78	N/A	\$465.78	\$465.78	\$452.31	\$470.16
EE+Spouse - 1 Medicare	\$424.65	\$201.73	\$240.93	\$442.66	\$442.66	\$428.62	\$446.79
EE+Spouse - 2 Medicare	\$460.92	N/A	\$481.86	\$481.87	\$481.87	\$465.23	\$486.39
Family - 0 Medicare	\$509.75	\$529.87	N/A	\$529.87	\$529.87	\$514.52	\$534.84
Family - 1 Medicare	\$479.58	\$259.00	\$240.93	\$499.93	\$499.93	\$484.09	\$504.62
Family - 2 Medicare	\$594.27	\$139.43	\$481.86	\$621.29	\$621.29	\$599.83	\$627.09
EE+Ch - 0 Medicare	\$287.74	\$299.11	N/A	\$299.11	\$299.11	\$290.46	\$301.91
EE+Ch - 1 Medicare	\$364.88	\$140.54	\$240.93	\$381.47	\$381.47	\$368.31	\$385.04

Exhibit 4C – Plan Year 2021 Monthly Retiree Premiums

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	<b>HD 4000</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>CWA</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO
<b><u>Total Premium</u></b>					
Single - 0 Medicare	\$606.75	\$901.65	\$888.24	\$883.58	\$1,052.22
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,322.67	\$1,965.60	\$1,936.35	\$1,926.20	\$2,293.84
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,504.68	\$2,236.10	\$2,202.84	\$2,191.28	\$2,609.50
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$849.41	\$1,262.29	\$1,243.51	\$1,236.99	\$1,473.11
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b><u>Medical Premium</u></b>					
Single - 0 Medicare	\$470.70	\$729.44	\$700.78	\$695.58	\$851.41
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$1,026.10	\$1,590.17	\$1,527.68	\$1,516.36	\$1,856.07
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$1,167.30	\$1,809.01	\$1,737.92	\$1,725.04	\$2,111.49
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$658.95	\$1,021.21	\$981.08	\$973.81	\$1,191.98
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b><u>Rx Premium</u></b>					
Single - 0 Medicare	\$136.05	\$172.21	\$187.46	\$188.00	\$200.81
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$296.57	\$375.43	\$408.67	\$409.84	\$437.77
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$337.38	\$427.09	\$464.92	\$466.24	\$498.01
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$190.46	\$241.08	\$262.43	\$263.18	\$281.13
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A

**Exhibit 4D – Plan Year 2021 Annual Retiree Premiums**

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	Legacy Plans						Legacy HMO (Aetna Medicare Subscriber)			Legacy HMO
	PPO10			PPO15			Legacy HMO			Horizon HMO
	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Total Plan Premium	
<b>Total Premium</b>										
Single - 0 Medicare	\$14,428	N/A	\$14,428	\$13,713	N/A	\$13,713	\$12,919	N/A	\$12,919	\$12,919
Single - 1 Medicare	N/A	\$4,322	\$4,322	N/A	\$4,104	\$4,104	N/A	\$5,440	\$5,440	\$7,537
EE+Spouse - 0 Medicare	\$31,453	N/A	\$31,453	\$29,893	N/A	\$29,893	\$28,147	N/A	\$28,147	\$28,147
EE+Spouse - 1 Medicare	\$14,075	\$4,322	\$18,397	\$14,084	\$4,104	\$18,188	\$10,013	\$5,440	\$15,453	\$17,551
EE+Spouse - 2 Medicare	N/A	\$8,644	\$8,644	N/A	\$8,209	\$8,209	N/A	\$10,880	\$10,880	\$15,075
Family - 0 Medicare	\$35,782	N/A	\$35,782	\$34,007	N/A	\$34,007	\$32,021	N/A	\$32,021	\$32,021
Family - 1 Medicare	\$17,813	\$4,322	\$22,135	\$17,826	\$4,104	\$21,930	\$13,244	\$5,440	\$18,684	\$20,782
Family - 2 Medicare	\$2,472	\$8,644	\$11,116	\$2,405	\$8,209	\$10,614	\$2,490	\$10,880	\$13,370	\$18,499
EE+Ch - 0 Medicare	\$20,199	N/A	\$20,199	\$19,197	N/A	\$19,197	\$18,074	N/A	\$18,074	\$18,074
EE+Ch - 1 Medicare	\$2,492	\$4,322	\$6,814	\$2,424	\$4,104	\$6,529	\$2,558	\$5,440	\$7,998	\$11,053
<b>Medical Premium</b>										
Single - 0 Medicare	\$11,920	N/A	\$11,920	\$11,204	N/A	\$11,204	\$10,264	N/A	\$10,264	\$10,264
Single - 1 Medicare	N/A	\$1,510	\$1,510	N/A	\$1,292	\$1,292	N/A	\$2,200	\$2,200	\$4,297
EE+Spouse - 0 Medicare	\$25,985	N/A	\$25,985	\$24,425	N/A	\$24,425	\$22,375	N/A	\$22,375	\$22,375
EE+Spouse - 1 Medicare	\$11,705	\$1,510	\$13,215	\$11,714	\$1,292	\$13,006	\$7,470	\$2,200	\$9,670	\$11,768
EE+Spouse - 2 Medicare	N/A	\$3,019	\$3,019	N/A	\$2,584	\$2,584	N/A	\$4,400	\$4,400	\$8,595
Family - 0 Medicare	\$29,561	N/A	\$29,561	\$27,786	N/A	\$27,786	\$25,454	N/A	\$25,454	\$25,454
Family - 1 Medicare	\$14,773	\$1,510	\$16,283	\$14,785	\$1,292	\$16,077	\$10,004	\$2,200	\$12,204	\$14,301
Family - 2 Medicare	\$844	\$3,019	\$3,864	\$778	\$2,584	\$3,362	\$1,021	\$4,400	\$5,421	\$10,550
EE+Ch - 0 Medicare	\$16,688	N/A	\$16,688	\$15,686	N/A	\$15,686	\$14,369	N/A	\$14,369	\$14,369
EE+Ch - 1 Medicare	\$851	\$1,510	\$2,361	\$784	\$1,292	\$2,076	\$1,047	\$2,200	\$3,247	\$6,303
<b>Rx Premium</b>										
Single - 0 Medicare	\$2,508	N/A	\$2,508	\$2,508	N/A	\$2,508	\$2,655	N/A	\$2,655	\$2,655
Single - 1 Medicare	N/A	\$2,812	\$2,812	N/A	\$2,812	\$2,812	N/A	\$3,240	\$3,240	\$3,240
EE+Spouse - 0 Medicare	\$5,468	N/A	\$5,468	\$5,468	N/A	\$5,468	\$5,772	N/A	\$5,772	\$5,772
EE+Spouse - 1 Medicare	\$2,370	\$2,812	\$5,182	\$2,370	\$2,812	\$5,182	\$2,543	\$3,240	\$5,783	\$5,783
EE+Spouse - 2 Medicare	N/A	\$5,625	\$5,625	N/A	\$5,625	\$5,625	N/A	\$6,480	\$6,480	\$6,480
Family - 0 Medicare	\$6,221	N/A	\$6,221	\$6,221	N/A	\$6,221	\$6,567	N/A	\$6,567	\$6,567
Family - 1 Medicare	\$3,040	\$2,812	\$5,853	\$3,040	\$2,812	\$5,853	\$3,240	\$3,240	\$6,480	\$6,480
Family - 2 Medicare	\$1,627	\$5,625	\$7,252	\$1,627	\$5,625	\$7,252	\$1,469	\$6,480	\$7,949	\$7,949
EE+Ch - 0 Medicare	\$3,512	N/A	\$3,512	\$3,512	N/A	\$3,512	\$3,705	N/A	\$3,705	\$3,705
EE+Ch - 1 Medicare	\$1,641	\$2,812	\$4,453	\$1,641	\$2,812	\$4,453	\$1,510	\$3,240	\$4,750	\$4,750

Exhibit 4D – Plan Year 2021 Annual Retiree Premiums

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	1525 PPO	1525 HMO (Aetna Medicare Subscriber)			1525 HMO	2030	
	Horizon PPO	Horizon Early Retiree Subscriber	1525 HMO Aetna Medicare Advantage Subscriber	Total Plan Premium	Horizon HMO	Horizon PPO	Horizon HMO
<b>Total Premium</b>							
Single - 0 Medicare	\$13,226	\$11,924	N/A	\$11,924	\$11,924	\$12,656	\$11,416
Single - 1 Medicare	\$5,709	N/A	\$4,666	\$4,666	\$7,064	\$5,549	\$6,880
EE+Spouse - 0 Medicare	\$28,833	\$25,994	N/A	\$25,994	\$25,994	\$27,589	\$24,888
EE+Spouse - 1 Medicare	\$16,262	\$9,175	\$4,666	\$13,841	\$16,240	\$15,675	\$15,689
EE+Spouse - 2 Medicare	\$11,418	N/A	\$9,332	\$9,332	\$14,128	\$11,097	\$13,761
Family - 0 Medicare	\$32,801	\$29,571	N/A	\$29,571	\$29,571	\$31,386	\$28,312
Family - 1 Medicare	\$19,592	\$12,173	\$4,666	\$16,839	\$19,237	\$18,865	\$18,562
Family - 2 Medicare	\$14,721	\$2,278	\$9,332	\$11,610	\$17,187	\$14,307	\$16,734
EE+Ch - 0 Medicare	\$18,516	\$16,693	N/A	\$16,693	\$16,693	\$17,718	\$15,983
EE+Ch - 1 Medicare	\$9,039	\$2,326	\$4,666	\$6,992	\$10,215	\$8,785	\$9,944
<b>Medical Premium</b>							
Single - 0 Medicare	\$10,760	\$9,360	N/A	\$9,360	\$9,360	\$10,166	\$8,828
Single - 1 Medicare	\$2,943	N/A	\$1,775	\$1,775	\$4,173	\$2,757	\$3,962
EE+Spouse - 0 Medicare	\$23,456	\$20,404	N/A	\$20,404	\$20,404	\$22,162	\$19,246
EE+Spouse - 1 Medicare	\$11,166	\$6,755	\$1,775	\$8,529	\$10,928	\$10,532	\$10,328
EE+Spouse - 2 Medicare	\$5,886	N/A	\$3,550	\$3,550	\$8,346	\$5,515	\$7,925
Family - 0 Medicare	\$26,684	\$23,212	N/A	\$23,212	\$23,212	\$25,212	\$21,894
Family - 1 Medicare	\$13,837	\$9,065	\$1,775	\$10,839	\$13,238	\$13,056	\$12,506
Family - 2 Medicare	\$7,589	\$605	\$3,550	\$4,155	\$9,731	\$7,110	\$9,209
EE+Ch - 0 Medicare	\$15,064	\$13,104	N/A	\$13,104	\$13,104	\$14,232	\$12,360
EE+Ch - 1 Medicare	\$4,660	\$639	\$1,775	\$2,414	\$5,637	\$4,366	\$5,323
<b>Rx Premium</b>							
Single - 0 Medicare	\$2,467	\$2,564	N/A	\$2,564	\$2,564	\$2,490	\$2,588
Single - 1 Medicare	\$2,766	N/A	\$2,891	\$2,891	\$2,891	\$2,791	\$2,918
EE+Spouse - 0 Medicare	\$5,377	\$5,589	N/A	\$5,589	\$5,589	\$5,428	\$5,642
EE+Spouse - 1 Medicare	\$5,096	\$2,421	\$2,891	\$5,312	\$5,312	\$5,143	\$5,361
EE+Spouse - 2 Medicare	\$5,531	N/A	\$5,782	\$5,782	\$5,782	\$5,583	\$5,837
Family - 0 Medicare	\$6,117	\$6,358	N/A	\$6,358	\$6,358	\$6,174	\$6,418
Family - 1 Medicare	\$5,755	\$3,108	\$2,891	\$5,999	\$5,999	\$5,809	\$6,055
Family - 2 Medicare	\$7,131	\$1,673	\$5,782	\$7,455	\$7,455	\$7,198	\$7,525
EE+Ch - 0 Medicare	\$3,453	\$3,589	N/A	\$3,589	\$3,589	\$3,486	\$3,623
EE+Ch - 1 Medicare	\$4,379	\$1,686	\$2,891	\$4,578	\$4,578	\$4,420	\$4,620

Exhibit 4D – Plan Year 2021 Annual Retiree Premiums

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	<b>HD 4000</b>	<b>2035</b>	<b>HD 1500</b>	<b>Tiered Network</b>	<b>CWA</b>
	Horizon PPO	Horizon PPO	Horizon PPO	Horizon HMO	Horizon PPO
<b>Total Premium</b>					
Single - 0 Medicare	\$7,281	\$10,820	\$10,659	\$10,603	\$12,627
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$15,872	\$23,587	\$23,236	\$23,114	\$27,526
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$18,056	\$26,833	\$26,434	\$26,295	\$31,314
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$10,193	\$15,147	\$14,922	\$14,844	\$17,677
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b>Medical Premium</b>					
Single - 0 Medicare	\$5,648	\$8,753	\$8,409	\$8,347	\$10,217
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$12,313	\$19,082	\$18,332	\$18,196	\$22,273
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$14,008	\$21,708	\$20,855	\$20,700	\$25,338
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$7,907	\$12,255	\$11,773	\$11,686	\$14,304
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A
<b>Rx Premium</b>					
Single - 0 Medicare	\$1,633	\$2,067	\$2,250	\$2,256	\$2,410
Single - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 0 Medicare	\$3,559	\$4,505	\$4,904	\$4,918	\$5,253
EE+Spouse - 1 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Spouse - 2 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 0 Medicare	\$4,049	\$5,125	\$5,579	\$5,595	\$5,976
Family - 1 Medicare	N/A	N/A	N/A	N/A	N/A
Family - 2 Medicare	N/A	N/A	N/A	N/A	N/A
EE+Ch - 0 Medicare	\$2,286	\$2,893	\$3,149	\$3,158	\$3,374
EE+Ch - 1 Medicare	N/A	N/A	N/A	N/A	N/A

## Exhibit 5A – Plan Year 2021 Employee Plan Option Summary

State Actives												
	CWA Unity PPO Plan	CWA Unity New Hire PPO Plan <sup>2</sup>	NJDIRECT PPO Plan	NJDIRECT PPO New Hire Plan <sup>2</sup>	\$15 PPO	\$15 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>												
Deductible (Single/Family) <sup>1</sup>	None	\$100	None	\$100	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,500/\$3,000	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/Family)	\$800/\$2,000	\$800/\$2,000	\$800/\$2,000	\$800/\$2,000	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$6,840/\$13,680	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	10% <sup>3</sup>	20%	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 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	\$150 copay	\$150 copay	\$100 copay	\$100 copay	\$100 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>												
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$400/\$1000	\$400/\$1000	\$100/\$250	Not covered	\$100/\$250	\$200/\$500	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	\$5,000/\$12,500	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30% (175% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30% (195% CMS)	30%	Not covered	30%	30%	40%	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$500/Stay	\$500/Stay	None	Not covered	None	None	None	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Not Covered	Not Covered	Not covered
<b>Prescription Drug</b>												
OOP Maximum (Single/Family)	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420	\$1,710/\$3,420
Retail - Generic	\$7	\$7	\$7	\$7	\$3	\$3	\$7	\$3	\$7	\$7	\$7	\$7
Retail - Brand	\$16	\$16	\$16	\$16	\$10	\$10	\$16	\$18	\$21	\$21	\$21	\$16
Retail - Brand w/ Generic Available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference
Mail - Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mail - Brand	\$40	\$40	\$40	\$40	\$15	\$15	\$40	\$36	\$52	\$52	\$52	\$40
Mail - Brand w/ Generic Available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference

<sup>1</sup> For all HDHP plans the in-network and out-of-network OOP Maximum and the in-network Deductible for Medical and Prescription Drug are integrated.  
<sup>2</sup> Actives that are hired on or after 7/1/2019 are automatically enrolled in the Unity New Hire or 2019 New Hire Plan based on the Group they belong to.  
<sup>3</sup> On Select Services

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

## Exhibit 5B – Plan Year 2021 Early Retiree Plan Option Summary

State Early Retirees													
	CWA Unity Early Retiree PPO Plan	NJDIRECT PPO Early Retiree Plan	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
<b>In-Network</b>													
Deductible (Single/Family) <sup>1</sup>	\$0	\$0	None	None	None	None	None	None	None	\$200/\$500 for non-copayment services	\$4,000/\$8,000	\$1,500/\$3,000	Tier 1: \$0 Tier 2: \$1,500/\$3,000
Coinsurance OOP Maximum (Single/Family)	\$800/\$2,000	\$800/\$2,000	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) <sup>1</sup>	\$7,199/\$14,398	\$7,199/\$14,398	\$400/\$1,000	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	10% <sup>2</sup>	20%	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$5 copay Tier 2: \$20 copay
Specialist	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	\$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	\$100 copay	\$125 copay	\$125 copay	\$300 copay	20% coinsurance after deductible	20% coinsurance after deductible	\$100 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
<b>Out-of-Network</b>													
Deductible (Single/Family)	\$400/\$1000	\$400/\$1000	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	\$800/\$2,000	Combined with In-Network Deductible	Combined with In-Network Deductible	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,500/\$13,000	\$6,000/\$12,000	\$3,500/\$7,000	Not covered
Overall Coinsurance	30% (175% CMS)	30% (175% CMS)	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%	40%	40%	Not covered
MH/SA Coinsurance	30% (195% CMS)	30% (195% CMS)	20%	30%	Not Covered	30%	Not Covered	30%	Not Covered	40%	40%	40%	Not covered
Inpatient Hospital Deductible	\$500/Stay	\$500/Stay	\$200/Stay	\$200/Stay	Not Covered	\$200/Stay	Not Covered	\$500/Stay	Not Covered	None	None	None	Not covered
Routine Lab Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not Covered	Not Covered	Not covered
<b>Prescription Drug</b>													
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702		\$1,351/\$2,702
Retail - Generic	\$7	\$7	\$10	\$10	\$6	\$7	\$7	\$3	\$3	\$7			\$7
Retail - Preferred Brand	\$16	\$16	\$22	\$22	\$12	\$16	\$16	\$18	\$18	\$21			\$16
Retail - Non-Preferred Brand	\$35	\$35	\$44	\$44	\$24	\$35	\$35	\$46	\$46	Member Pays the Difference			\$35
Retail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference
Mail - Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5			\$18
Mail - Preferred Brand	\$40	\$40	\$28	\$28	\$18	\$40	\$40	\$36	\$36	\$52			\$40
Mail - Non-Preferred Brand	\$88	\$88	\$55	\$55	\$30	\$88	\$88	\$92	\$92	Member Pays the Difference			\$88
Mail - Brand w/ Generic available	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference	Member Pays the Difference			Member Pays the Difference

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

<sup>2</sup> On Select Services

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

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

	State Medicare Advantage <sup>2</sup>				State Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
<b>In-Network</b>									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398	\$7,199/\$14,398
Overall Coinsurance	None	None	None	None	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>	10% <sup>5</sup>
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Out-of-Network</b>									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) <sup>1</sup>	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$400 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
<b>Prescription Drug<sup>4</sup></b>									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
Retail - Generic	\$10	\$10	\$6	\$7	\$6	\$7	\$7	\$3	\$3
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$12	\$16	\$16	\$18	\$18
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$24	\$35	\$35	\$46	\$46
Mail - Generic <sup>3</sup>	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand <sup>3</sup>	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand <sup>3</sup>	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

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

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

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

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

<sup>5</sup> On Select Services

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

# About Aon

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

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