



State of New Jersey

State Health Benefits Program

Plan Year 2019 Rate Renewal Recommendation Report

State Employee Group

September 2018

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Executive Summary

The purpose of this report is to recommend premium levels for the State Employee and Retiree Group of the State Health Benefits Program (SHBP) for January 1, 2019 through December 31, 2019.

Benefits Maintained by the SHBP

The State of New Jersey operates the SHBP as a multiple-option program for State Employees and Retirees, with the following medical and prescription drug plan options for Plan Year 2019, which are summarized in Exhibit 5:

- Self-insured Preferred Provider Organization (PPO) plans – NJ DIRECT, administered by Horizon, and the Freedom PPO, administered by Aetna. In Plan Year 2019, both Horizon and Aetna will offer five options under their respective PPO plans. The 2035 option is only available to Actives and the \$10 copay option is only available to select Retirees. All other options are offered to Active Employees and Early Retirees.
- Self-insured Health Maintenance Organization (HMO) plans – Administered by Aetna and Horizon. There is one HMO option available to Active Employees and three HMO options available to Early Retirees.
- Self-insured High Deductible plans – Administered by Aetna and Horizon. Employees may select either the \$1,500 or \$4,000 High Deductible option. Early Retirees are only offered the \$4,000 High Deductible option and neither option is available to Medicare-eligible Retirees.
- Self-insured Tiered Network plans – Administered by Aetna and Horizon for Active Employees only, have no out-of-network coverage and provide the same prescription drug benefit as the PPO 1525.
- Insured Medicare Advantage Plans – All Medicare Advantage PPO and HMO plan options for Medicare-eligible members in Plan Year 2019 will be administered by Aetna.
- Self-Insured Medicare Supplement Plans – Medicare-eligible members enrolled in Horizon's PPO or HMO plans are covered under Horizon's self-insured Medicare Supplement plans.
- Active Employees and Retirees are also enrolled in a Prescription Drug Plan available under the SHBP, which is administered by Optum. The prescription drug card benefit options are linked to the medical plan selection.

Recommended Renewal Increases

Aon is recommending a 0.6% decrease for Active Employees, a 4.1% increase for Early Retirees, and a 32.8% decrease for Medicare Retirees. For all groups combined, the recommendation is a decrease of 3.5%.

The recommended renewal changes for Plan Year 2019 by benefit plan are listed below. Renewal changes were calculated separately for the PPO (which includes the High Deductible plans), the HMO, the Tiered Network, and the Prescription Drug Plans.

	Total	Single	EE + Spouse	Family	EE + Child(ren)
Actives					
PPO Medical	6.3%	6.3%	6.3%	6.3%	6.3%
HMO Medical	6.3%	6.3%	6.3%	6.3%	6.3%
Tiered Network Medical	3.7%	3.7%	3.7%	3.7%	3.7%
PPO Rx	(25.4%)	(25.4%)	(25.4%)	(25.4%)	(25.4%)
HMO Rx	(25.4%)	(25.4%)	(25.4%)	(25.4%)	(25.4%)
Tiered Network Rx	(21.1%)	(21.1%)	(21.1%)	(21.1%)	(21.1%)
Total	(0.6%)	(0.6%)	(0.6%)	(0.6%)	(0.6%)
Early Retirees					
PPO Medical	9.8%	9.8%	9.8%	9.8%	9.8%
HMO Medical	9.8%	9.8%	9.8%	9.8%	9.8%
PPO Rx	(17.9%)	(17.9%)	(17.9%)	(17.9%)	(17.9%)
HMO Rx	(17.9%)	(17.9%)	(17.9%)	(17.9%)	(17.9%)
Total	4.1%	4.1%	4.1%	4.1%	4.1%
Medicare Retirees					
PPO Medical	(58.1%)	(58.1%)	(58.1%)	(58.0%)	(58.0%)
HMO Medical	(29.1%)	(29.1%)	(29.1%)	(28.8%)	(28.6%)
PPO Rx	(18.8%)	(18.8%)	(18.8%)	(18.8%)	(18.8%)
HMO Rx	(18.8%)	(18.8%)	(18.8%)	(18.8%)	(18.8%)
Total	(32.8%)	(32.8%)	(32.8%)	(32.8%)	(32.7%)
Grand Total	(3.5%)	(3.5%)	(3.5%)	(3.5%)	(3.5%)

These premium changes for Plan Year 2019 are projected to produce no loss or gain for State Actives and Retirees.

Plan Year 2019 Overview

Benefit Design Changes

Retiree Prescription Drug: The renewal projections assume the retiree prescription drug copays and out-of-pocket maximums will remain unchanged from Plan Year 2018.

Other Changes: The SHBP Plan Design Committee approved several plan changes for Plan Year 2017 that were reaffirmed for both Plan Year 2018 and Plan Year 2019. These changes include an out-of-network reimbursement change for physical therapy 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. The Plan Year 2019 Renewal projections include the prescription drug formulary currently in place for Plan Year 2018 which was approved for continuation in Plan Year 2019.

Employee/Retiree Contribution Changes

Actives: It is anticipated that the Chapter 78 contributions will motivate a small number of employees to migrate to the lower-cost benefit plans, and Plan Year 2019 enrollment projections assume that 0.5% of the enrollment in the Horizon NJ DIRECT15 plan will migrate to lower-cost plans from Plan Year 2018 to Plan Year 2019.

Retirees: Chapter 78 does not apply to existing Retirees as of 7/1/2011 or to Employees who had 20 or more years of service on 7/1/2011. For this reason, no changes to Retiree contributions are assumed for Plan Year 2019, which means that the majority of Retirees will continue to have no contributions towards the cost of their Retiree health benefits.

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 both Horizon and Aetna. Plan Year 2018 enrollment projection assumptions for the Tiered Network Plan are consistent with Plan Year 2018 open enrollment results. It is assumed that 1.0% of State Active enrollment in the Aetna and Horizon PPO15 plans will migrate to the Tiered Network plans in Plan Year 2019. Tiered Network enrollment is assumed to be distributed among the tiers (Single, Family, etc.) consistent with the projected distribution of enrollment in the existing plans.

Tiered Network Premium Change: There is relatively low enrollment and immature plan experience in the Tiered Network Plans. With two years of full claim experience, the Tiered Network plan premium change will reflect 5% actual experience in these plans. Therefore, the Plan Year 2019 premium rate change will continue to be based primarily on the NJ DIRECT15 premium rates 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.

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 with a two-year commitment. The incentive varied by tier and was offered to State Employees only. This renewal assumes that the incentive will be continued for Plan Year 2019. This renewal does not reflect the cost of the incentives or the administrative cost associated with providing gift cards.

Federal Health Care Reform

In-Network Out-of-Pocket Maximum: Effective 1/1/2019, Federal Health Care Reform requires that in-network medical and prescription drug benefits have a combined out-of-pocket maximum no greater than \$7,900 single / \$15,800 family. This benefit change will not have a significant impact on projected costs. The chart below summarizes a history of these out-of-pocket maximums:

Plan Year	Out-of-Pocket Maximum (Single/Family)
2017	\$7,150 / \$14,300
2018	\$7,350 / \$14,700
2019	\$7,900 / \$15,800

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 of the 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 report.

ACA 9010: Section 9010 of the ACA imposes 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 places a moratorium on this tax in Plan Year 2019. Aon's projections assume that the HIF will not be reinstated for Plan Year 2019.

New Jersey State Mandates

Female Contraceptive Mandate: Effective March 15, 2018, existing State legislation was amended to require all health insurance/medical providers to cover female contraceptive drugs and devices in the same way other prescription drugs are covered. This legislation is not expected to materially impact the SHBP.

3-D Mammography/Breast Cancer Screening Mandate: Effective January 1, 2019, a State mandate will remove member cost-sharing for 3-D mammography screenings when the screening is routine for members ages 40 years or older. This mandate is estimated to increase non-Medicare medical claims by approximately 0.1% annually.

Vendor Changes

Medical Vendors: Aon assumes that Horizon and Aetna will be the only medical vendors in Plan Year 2019. No changes to the current self-insured contracts are assumed. Effective January 1, 2019 all SHBP fully-insured Medicare Advantage plans will be administered by Aetna.

Pharmacy Benefit Manager: Aon assumes that Optum will continue to administer the prescription benefits for Actives and Retirees in Plan Year 2019.

Eligibility Changes

Chapter 375 Coverage of Adult Children

New Jersey currently mandates the coverage of adult children under age 31 at a premium level that is equivalent to the child rate included in the standard premium tables, loaded 2% for additional expenses. The Adult child rate will be approximately 88% of the Single Employee rate. Adult dependent enrollment is 192 as of March 2018.

Part-Time Coverage

Part-time Employees may enroll in any of the SHBP plans and as of March 2018, 199 State Part-time Employees participate. Aon recommends a rate load of 1% for Plan Year 2019, a decrease from the rate load of 4% used in Plan Year 2018. This is based on the most recent three-year average loss ratio for Part-time Employees.

Enrollment Changes

Exhibit 1A shows historical enrollment patterns from January 2016 through July 2018 and includes a projection of enrollment from August 2018 through December 2019. This projection assumes that State Active enrollment will remain flat in Plan Years 2018 and 2019. Early Retiree enrollment is projected to decrease 3.0% per year in Plan Years 2018 and 2019; and Medicare Retiree enrollment is projected to increase 2.5% in Plan Year 2018 and 3.5% in Plan Year 2019.

Exhibit 1B shows the projected distribution of enrollment among benefit options and assumes that 0.5% of the enrollment in the Horizon NJ DIRECT15 plan will migrate to lower-cost benefit options from Plan Year 2018 to Plan Year 2019. In addition, 1.0% of enrollment in the Aetna and Horizon \$15 PPO plans is assumed to migrate to the Tiered Network plans in Plan Year 2019.

Exhibit 1C shows enrollment by benefit option and coverage tier as of July 2018.

Active Demographic Changes

The Active Employee average age increased by 0.4 from Plan Year 2017 to Plan Year 2018. The average HMO Employee age is almost two years older than the average PPO Employee age. The average age of Employees enrolling in the new benefit options increased by a year from Plan Year 2017 to 2018, and is approximately nine years younger than Employees in the Legacy Plans.

Average Employee Age

	March 2017	March 2018	Change
Legacy PPO	47.7	48.3	0.5
Legacy HMO	49.4	50.1	0.7
Legacy Total	48.0	48.5	0.5
New Plans	38.7	39.7	1.0
Total	46.7	47.1	0.4

Trend Analysis

The recommended claim trend assumptions for Plan Years 2018 and 2019 are:

	Plan Year 2018		Plan Year 2019	
	Medical	Prescription Drugs	Medical	Prescription Drugs
PPO Actives	4.50%	8.00%	5.00%	8.00%
PPO Early Retirees	6.00%	8.00%	5.50%	8.00%
Self-Insured Medicare Retirees	4.50%	8.00%	4.00%	8.00%
HMO Actives	6.00%	8.00%	6.00%	8.00%
HMO Early Retirees	6.00%	8.00%	6.00%	8.00%

The Medicare Retiree medical trend assumptions do not reflect the fully insured Medicare Advantage plans. The Plan Year 2019 Medicare Advantage premium rates are provided by Aetna.

The Tiered Network Active medical and prescription drug trend assumptions are consistent with the HMO Active trend assumptions above.

Exhibits 2A and 2B presents historical SHBP trend experience and Aon’s trend assumptions for Plan Year 2019 for medical and prescription drug, respectively. These experience trends are based on estimated incurred claim trends from July 1, 2016 to June 30, 2018. The claim costs in these exhibits 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.

Medical Trends:

- PPO Actives: The PPO Active medical trend has been lowered to 4.5% in Plan Year 2018 from the Plan Year 2018 Renewal Report and has been lowered to 5.0% for Plan Year 2019.
- PPO Early Retirees: The Plan Year 2018 6.0% PPO medical trend for Early Retirees remains the same as was reflected in the Plan Year 2018 Renewal Report. The Plan Year 2019 medical trend has been lowered to 5.5%.
- Self-Insured Medicare Retirees (PPOs and HMOs): The self-insured Medicare Retiree medical trend is 4.5% in Plan Year 2018 and 4.0% in Plan Year 2019, as compared to the Plan Year 2018 Medicare Retiree medical trend of 3.5% in the Plan Year 2018 Renewal Report.
- HMO Actives: The medical trend assumption for HMO Actives is 6.0% in Plan Year 2018, a 50 basis point increase from the Plan Year 2018 Renewal Report trend of 5.5%. The HMO trend assumption in Plan Year 2019 is 6.0%.
- HMO Early Retirees: The medical trend assumption for HMO Early Retirees is 6.0% in Plan Years 2018 and 2019, which represents a 50 basis point increase as compared to the Plan Year 2018 trend assumption of 5.5% shown in the Plan Year 2018 Renewal Report.

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 prescription drug plan design changes approved by the SHBP Plan Design Committee in recent years have had a positive impact on prescription drug claims experience, which is reflected in Aon's recommended Plan Year 2018 and Plan Year 2019 trends for the SHBP.

The Aon prescription drug trend recommendation for Actives and Retirees has been lowered to 8.0% in Plan Year 2018 from 11.0% that was used in the Plan Year 2018 Renewal Report. The recommended prescription drug trend for Plan Year 2019 is 8.0%.

Medicare Advantage: Effective January 1, 2019, Aetna will administer all SHBP Medicare Advantage plans. Horizon will no longer administer the NJDIRECT10 and NJDIRECT15 Medicare Advantage plans. The Medicare Advantage rates in 2018 were provided by Aetna and Horizon. The Medicare Advantage rates in 2019 were provided by Aetna. These fully-insured premium rates reflect the moratorium of the Health Insurer Fee in Plan Year 2019. Below is a table summarizing the fully insured Medicare Advantage per member per month rates for Plan Years 2018 and 2019.

State	Aetna			Horizon		
	2018	2019	% Change	2018	2019	% Change
PPO 10	\$ 243.71	\$ 91.14	(62.6%)	\$ 215.00	NA	NA
PPO 15	\$ 241.89	\$ 72.80	(69.9%)	\$ 201.00	NA	NA
HMO 10	\$ 203.73	\$ 143.00	(29.8%)	NA	NA	NA
HMO 1525	\$ 175.82	\$ 108.00	(38.6%)	NA	NA	NA

Please note, the significant reduction in Medicare Advantage rates is due to the 2018 procurement of all Medicare Advantage plans.

Financial Projections

Aggregate Financial Projections

Using the assumptions and methodology described in this report's Renewal Rate Development section, below are Aon's current estimated projected costs for Plan Years 2017, 2018 and 2019. Plan Year 2019 renewal premiums were developed to match projected costs in aggregate, so there is no projected gain or loss for Plan Year 2019.

Projected Financial Results (in \$ millions)

	PPO 10	PPO 15	Legacy HMOs	New Plans	Total
Plan Year 2017					
Premium Rates x Enrollment	\$132.0	\$1,947.2	\$393.0	\$117.2	\$2,589.4
Incurred Claims	\$110.4	\$1,768.7	\$350.3	\$69.1	\$2,298.5
Administrative Charges	\$2.4	\$36.1	\$11.4	\$3.8	\$53.7
Net Gain (Loss)	\$19.2	\$142.4	\$31.3	\$44.3	\$237.2
Plan Year 2018					
Premium Rates x Enrollment	\$111.7	\$1,918.8	\$362.8	\$145.2	\$2,538.5
Incurred Claims	\$94.8	\$1,780.2	\$331.1	\$90.4	\$2,296.5
Administrative Charges	\$2.0	\$36.2	\$10.0	\$5.1	\$53.3
Net Gain (Loss)	\$14.9	\$102.4	\$21.7	\$49.7	\$188.7
Plan Year 2019					
Premium Rates x Enrollment	\$88.7	\$1,807.6	\$342.7	\$181.3	\$2,420.3
Incurred Claims	\$84.7	\$1,766.7	\$334.7	\$180.4	\$2,366.5
Administrative Charges	\$2.2	\$35.7	\$10.2	\$5.8	\$53.9
Net Gain (Loss)	\$1.8	\$5.1	(\$2.3)	(\$4.7)	(\$0.1)

The current Plan Year 2017 financial results project a gain of \$237.2 million. By comparison, last year's renewal analysis projected a gain of \$131.4 million for Plan Year 2017. This resulting gain is primarily due to better-than-expected medical and prescription drug claim experience.

The current Plan Year 2018 financial results project a gain of \$188.7 million. By comparison, last year's renewal analysis projected a gain of \$2.8 million for Plan Year 2018. This projected gain from last year's renewal analysis is largely due to better-than-expected medical and prescription drug claim experience.

The Plan Year 2019 average renewal recommendation is a decrease of 3.5%, which is projected to produce no loss or gain for State Actives and Retirees for Plan Year 2019. Plan Year 2019 projected cost for the State Group is equal to \$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.

Self-Insured Vendor Administrative Fees and Claim Charges

The sections below show Plan Year 2019 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. Unless otherwise noted, all per-employee per-month (PEPM) and per-member per-month (PMPM) fees will remain the same from Plan Year 2018 to Plan Year 2019.

Medical Fees/Charges

	Plan Year 2019 Per Employee Per Month (PEPM) Administrative Fees							
	Horizon				Aetna			
	PPO	HMO	HDHP	Tiered	PPO	HMO	HDHP	Tiered
Actives								
Base Administrative Fee	\$23.72	\$37.02	\$28.54*	\$47.40	\$33.11	\$45.15	\$34.54	\$46.95
NJWELL Administrative Fee	\$0.60	\$0.60	\$0.60	\$0.60	\$1.79	\$1.79	\$1.79	\$1.79
Early and Medicare Retirees								
Base Administrative Fee	\$23.72	\$37.02	\$28.54*	N/A	\$33.11	\$45.15	\$34.54	N/A
Base Administrative Fee – Split Contracts	\$11.86	N/A	N/A	N/A	\$16.56	\$22.58	N/A	N/A

* Includes \$4.82 Health Savings Account Fee per account per month

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 2019 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 2019 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 Active NJ DIRECT15 plan.

Renewal Rate Development

Rating Methodology

Exhibit 3 shows the aggregate projected costs for Plan Years 2017, 2018 and 2019, 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 2019 premium increases were calculated separately for Actives, Early Retirees and Medicare Retirees, and by coverage type: PPO, Tiered Network, HMO and prescription drugs. Aetna experience was used to develop the HMO premium increases; Horizon experience for the PPO and Tiered Network premium increases; and Express Scripts and Optum experience for the prescription drug premium increases.

Projection Assumptions

1. Using paid claim data through June 2018 supplied by Horizon, Aetna, Express Scripts (through December 2017), and Optum (beginning December 2017), Aon estimated completed incurred claims for Plan Year 2018, separately for each benefit plan, for medical versus prescription drugs and for Actives, Early Retirees and Medicare Retirees. Due to the change in PBM and limited prescription drug data through March of 2018, the renewal reports have been updated using paid claim data through June in an effort to capture savings due to the change in PBM.
2. Capitation and other similar fixed claim charges were added to the incurred claims.
3. Estimated incurred claims in Plan Year 2018 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 2019 using the annual trend rates listed in the Trend Analysis section of this document.
5. Aggregate claims for Plan Year 2019 are the product of projected enrollment and the projected claims per member.
6. Plan Year 2019 projected Medicare Advantage fully insured premiums are based on rates provided in Aetna's Medicare Advantage RFP Response.
7. Prescription drug rebates for Plan Years 2016 and 2017 are based on actual rebate payment data received from the State. Rebates for Plan Years 2018 and 2019 are based on data provided by Optum.
8. Prescription drug rebates paid through the medical plan for Plan Years 2016 and 2017 are based on actual rebate payment data provided by Aetna and Horizon. Prescription Drug Rebates paid through the medical plan for Plan Years 2018 and 2019 are incorporated in the medical claim projections.

9. EGWP projections include monthly CMS capitation payments per Medicare-eligible Retiree for prescription drug coverage, an annual CMS payment for reinsurance on catastrophic claims, prescription drug manufacturers' coverage gap reimbursement payments and CMS Low Income Cost Sharing (LICS) payments. These amounts are equal to recommendations from Express Scripts for Plan Year 2017 and from Optum for Plan Years 2018 and 2019.
 - a. CMS per capita payments: The Plan Year 2019 CMS per capita payment is assumed to be \$20.07 Per Member Per Month (PMPM).
 - b. Coverage Gap Discount: The Plan Year 2019 credits are assumed to be \$74.19 PMPM.
 - c. Catastrophic Reinsurance: This payment has a very long lag, and the Plan Year 2017 credit is not expected until the beginning of Plan Year 2019. The Plan Year 2019 credits are assumed to be \$106.57 PMPM.
 - d. Low Income Cost Sharing (LICS): Plan Year 2016 and 2017 actual LICS payments were provided by Express Scripts. For Plan Year 2019, the subsidy payment is assumed to be \$2.21 PMPM.
10. Total SHBP projected Plan Year 2019 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. Tiered Network projected costs in Plan Year 2019 reflect 5% of actual Plan Year 2018 medical and prescription drug claim experience.
12. 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 2019 administrative fees were provided by Horizon, Aetna and Optum.
13. Overhead charges, which are internal State of New Jersey administrative costs charged against the plans, are projected to be equal to \$4.4 million for Plan Year 2019.
14. All other fees and claim charges reported by the vendors have been reflected in the projections.

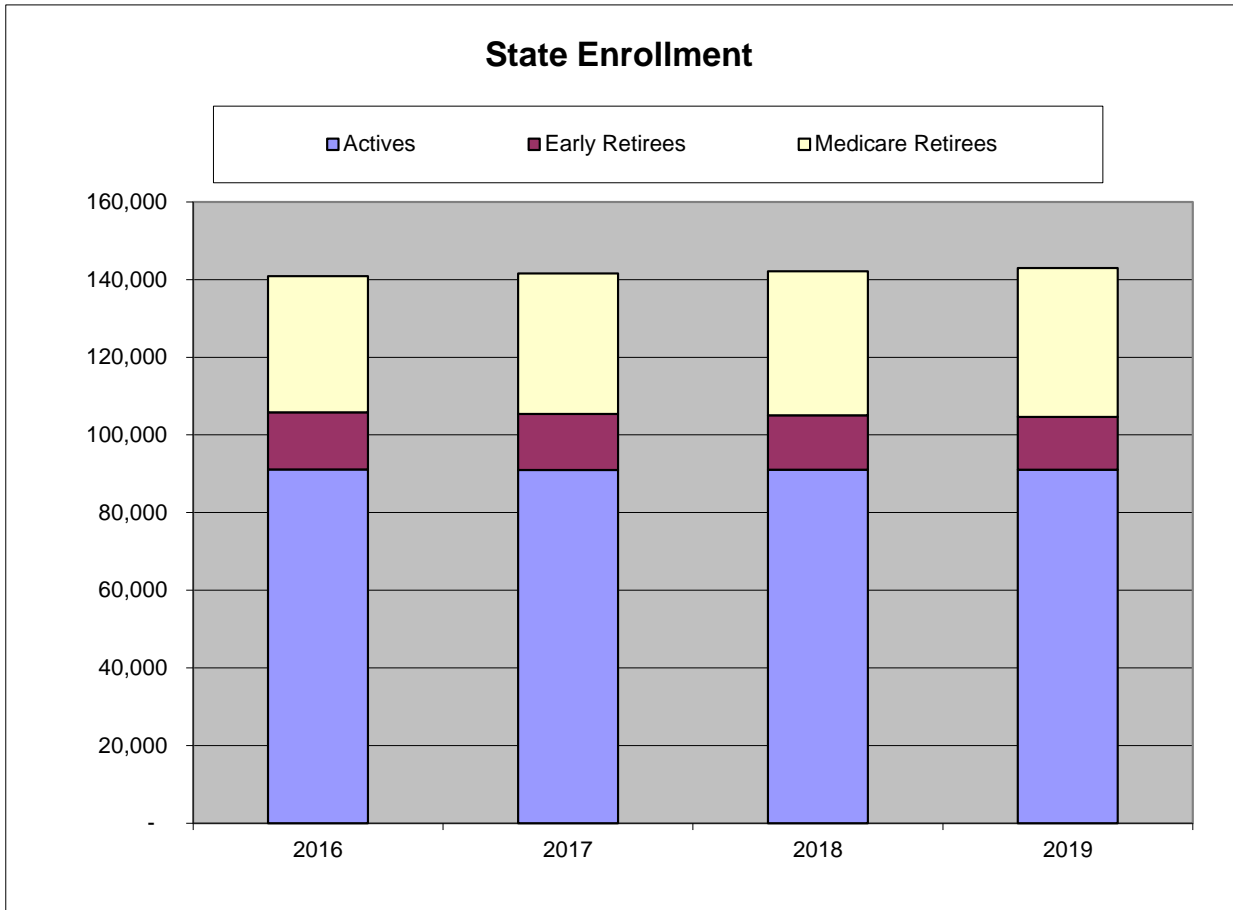
Projected Premiums

1. Plan Year 2019 self-insured premiums were developed by applying the projected premium increase percentages listed in the Executive Summary section of this document to Plan Year 2018 premium rates.
2. Aggregate Plan Year 2019 premiums are calculated by multiplying projected Plan Year 2019 enrollment and projected Plan Year 2019 premium rates.

Data Assumptions

1. Claims: For medical and prescription drug claims, claim files from each of the vendors, which have claims paid through June 30, 2018, were used.
2. Enrollment: Monthly census files received from the Division of Pensions and Benefits were matched against the claims data files to determine enrollments for Active and Retiree and for State participants as compared to Local Employers participants. Billing counts from the Division of Pensions and Benefits through July 2018 are used for the exposure units in the cost analysis.

Exhibit 1A – Enrollment Projections

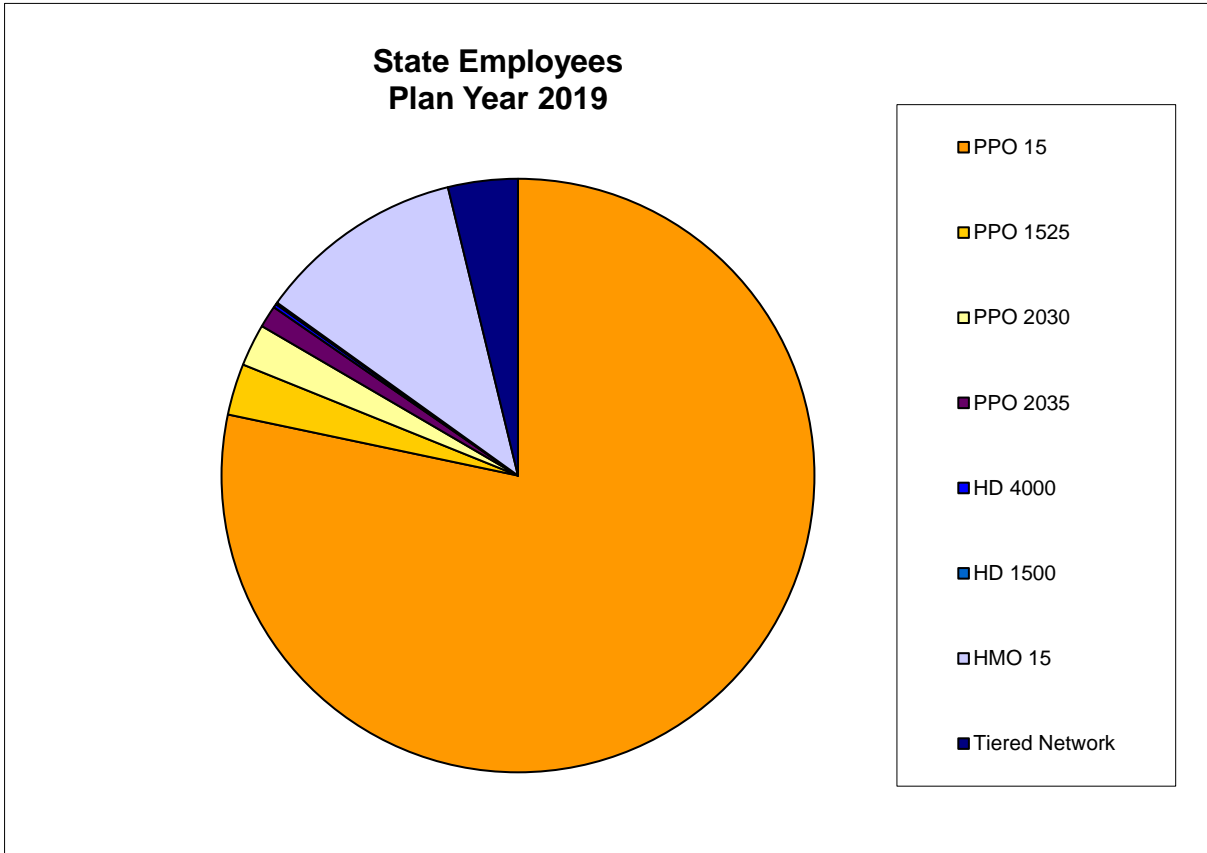


Annual Change in Enrollment

	Actual <u>2016 to 2017</u>	Projected <u>2017 to 2018</u>	Projected <u>2018 to 2019</u>
Actives	(0.2%)	0.1%	0.0%
Early Retirees	(1.6%)	(3.0%)	(3.0%)
Medicare Retirees	3.1%	2.5%	3.5%

Projected 2018 enrollment for Active Employees and Retirees was assumed to be consistent with open enrollment results.

Exhibit 1B Actives – Projected Plan Year 2019 Plan Distribution



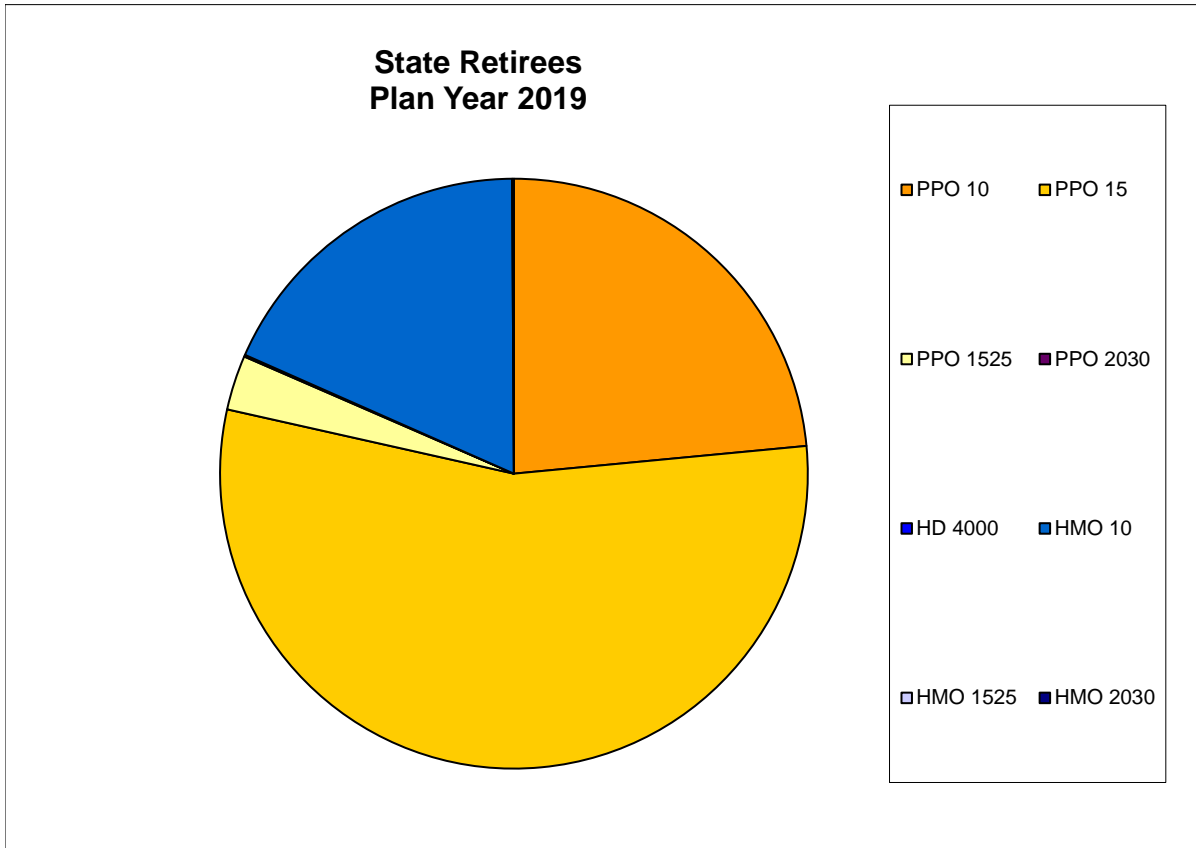
Assumes approximately 85% of employees will enroll in the PPO plans, 11% in the HMO plans, 4% in the Tiered Network plans, and less than 1% in the High Deductible plans.

Assumes approximately 90% of employees will enroll in the Legacy plans, with approximately 10% in the new benefit options.

Assumes approximately 80% of employees will enroll in the Horizon plans and approximately 20% of employees will enroll in the Aetna plans.

Actives	Horizon	Aetna	Total
PPO 15	72.3%	6.0%	78.3%
PPO 1525	1.7%	1.1%	2.8%
PPO 2030	1.3%	1.0%	2.3%
PPO 2035	0.6%	0.6%	1.2%
HD 4000	0.1%	0.1%	0.2%
HD 1500	0.1%	0.0%	0.1%
HMO 15	1.0%	10.3%	11.3%
Tiered Network	<u>2.7%</u>	<u>1.1%</u>	<u>3.8%</u>
Total	79.8%	20.2%	100.0%

Exhibit 1B Retirees – Projected Plan Year 2019 Plan Distribution



Assumes approximately 42% of retirees will remain in the \$10 copay plans.

Assumes approximately 82% of retirees will enroll in the PPO plans, 18% in the HMO plans, and less than 1% in the High Deductible plan.

Assumes approximately 97% of retirees will enroll in the Legacy plans, with approximately 3% in the new benefit options.

Assumes approximately 21% of retirees will enroll in the Horizon plans and approximately 79% of retirees will enroll in the Aetna plans.

Retirees	Horizon	Aetna	Total
PPO 10	0.7%	22.8%	23.5%
PPO 15	17.4%	37.6%	55.0%
PPO 1525	3.0%	0.0%	3.0%
PPO 2030	0.1%	0.0%	0.1%
HD 4000	0.0%	0.0%	0.0%
HMO 10	0.2%	18.1%	18.3%
HMO 1525	0.0%	0.1%	0.1%
HMO 2030	0.0%	0.0%	0.0%
Total	21.4%	78.6%	100.0%

Exhibit 1C Actives – May 2018 Enrollment

	Number of Contracts as of May 2018				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
STATE - ACTIVE & COBRA					
Medical Plans					
Horizon 15 PPO	22,066	10,846	23,598	10,464	66,974
Horizon 1525 PPO	741	177	388	151	1,457
Horizon 2030 PPO	547	151	330	98	1,126
Horizon 2035 PPO	383	63	94	33	573
Horizon HD4000	42	6	20	3	71
Horizon HD1500	35	8	5	1	49
Horizon Legacy HMO (15)	505	85	176	178	944
Horizon Tiered Network	794	178	530	257	1,759
Horizon Total	25,113	11,514	25,141	11,185	72,953
Aetna 15 PPO	2,552	749	1,605	605	5,511
Aetna 1525 PPO	511	101	223	102	937
Aetna 2030 PPO	476	96	216	53	841
Aetna 2035 PPO	371	52	66	21	510
Aetna HD4000	39	5	17	2	63
Aetna HD1500	23	1	9	4	37
Aetna Legacy HMO (15)	2,804	1,428	3,301	1,857	9,390
Aetna Tiered Network	503	88	289	101	981
Aetna Total	7,279	2,520	5,726	2,745	18,270
Total	32,392	14,034	30,867	13,930	91,223

Exhibit 1C Retirees – May 2018 Enrollment

	Number of Contracts as of May 2018				
	Single	Employee + Spouse	Family	Employee + Child(ren)	Total
STATE RETIREES					
Medical Plans					
Horizon 10 PPO	7,135	4,118	203	129	11,585
Horizon 15 PPO	12,599	9,619	3,485	1,289	26,992
Horizon 1525 PPO	857	601	38	24	1,520
Horizon 2030 PPO	37	7	5	2	51
Horizon HD4000	10	0	1	1	12
Horizon Legacy HMO (10)	69	33	12	7	121
Horizon 1525 HMO	7	2	1	0	10
Horizon 2030 HMO	3	0	0	0	3
Horizon Total	20,717	14,380	3,745	1,452	40,294
Aetna 10 PPO	131	114	17	3	265
Aetna 15 PPO	610	542	185	75	1,412
Aetna 1525 PPO	5	2	1	0	8
Aetna 2030 PPO	3	0	2	1	6
Aetna HD4000	3	1	0	0	4
Aetna Legacy HMO (10)	4,276	3,052	1,466	620	9,414
Aetna 1525 HMO	16	9	5	1	31
Aetna 2030 HMO	5	1	2	1	9
Aetna Total	5,049	3,721	1,678	701	11,149
Total	25,766	18,101	5,423	2,153	51,443

Exhibit 2A – Medical Trend Assumption

	(A) Increase in Claims/Ee	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
<u>PPO Active</u>			
07/01/2016 - 06/30/2017	0.8%	(0.8%)	1.6%
07/01/2017 - 06/30/2018	5.1%	(0.5%)	5.6%
Average			3.6%
Aon Plan Year 2019 Trend Assumption			5.0%
<u>PPO Early Retiree</u>			
07/01/2016 - 06/30/2017	7.4%	(0.7%)	8.1%
07/01/2017 - 06/30/2018	4.9%	(0.4%)	5.3%
Average			6.7%
Aon Plan Year 2019 Trend Assumption			5.5%
<u>HMO Active</u>			
07/01/2016 - 06/30/2017	(3.1%)	0.2%	(3.3%)
07/01/2017 - 06/30/2018	6.8%	0.4%	6.4%
Average			1.6%
Aon Plan Year 2019 Trend Assumption			6.0%
<u>HMO Early Retiree</u>			
07/01/2016 - 06/30/2017	10.6%	0.2%	10.4%
07/01/2017 - 06/30/2018	(2.1%)	0.4%	(2.5%)
Average			3.9%
Aon Plan Year 2019 Trend Assumption			6.0%

Normalizing Adjustments

- 1/1/2016: Increase Emergency Room copays and restrict physical therapy for OON coverage.
- 1/1/2017: Increase Emergency Room copays and OON physical therapy reimbursement change.
- 1/1/2017: Expansion of Health Programs requirements to transgender individuals (ACA 1557).
- 5/16/2017: Treatments for Substance Use Disorder and Restrictions on Opioids Law.

Exhibit 2B – Prescription Drug Trend Assumption

	(A) Increase in Claims/Ee	(B) Benefit + RFP Changes	(C) = (A) - (B) Claim Trend
Active Rx			
07/01/2016 - 06/30/2017	(14.7%)	(20.4%)	5.7%
07/01/2017 - 06/30/2018	(5.5%)	(5.0%)	(0.5%)
Average			2.6%
Aon Plan Year 2019 Trend Assumption			8.0%

Retiree Rx			
07/01/2016 - 06/30/2017	(7.3%)	(9.7%)	2.4%
07/01/2017 - 06/30/2018	(0.2%)	(1.9%)	1.7%
Average			2.0%
Aon Plan Year 2019 Trend Assumption			8.0%

Normalizing Adjustments:

3/1/2016: Adjustment for compound drugs.

1/1/2017: Step-Therapy, Mandatory Generic, Preferred Formulary changes.

Exhibit 3A – Plan Year 2017 Aggregate Costs

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	Legacy Plans							1525			
	Total	Aetna PPO 10	Aetna PPO 15	NJ DIRECT 10	NJ DIRECT 15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	307,731	621	12,454	17,758	216,025	43,520	1,740	1,585	3,806	59	15
Incurred Medical Claims	\$1,703,032,000	\$2,764,000	\$76,844,000	\$48,564,000	\$1,281,065,000	\$232,407,000	\$6,547,000	\$8,430,000	\$14,744,000	\$161,000	\$25,000
Capitation	\$30,617,000	\$0	\$0	\$142,000	\$15,171,000	\$14,514,000	\$123,000	\$0	\$225,000	\$18,000	\$1,000
Incurred Prescription Drug Claims	\$799,041,000	\$2,776,000	\$27,936,000	\$96,769,000	\$517,701,000	\$132,358,000	\$2,440,000	\$1,516,000	\$7,955,000	\$281,000	\$36,000
Prescription Drug Rebates	(\$157,439,000)	(\$440,000)	(\$5,822,000)	(\$14,669,000)	(\$106,090,000)	(\$26,081,000)	(\$498,000)	(\$341,000)	(\$1,369,000)	(\$49,000)	(\$6,000)
EGWP Credits	(\$76,827,000)	(\$730,000)	(\$1,600,000)	(\$24,808,000)	(\$36,453,000)	(\$11,313,000)	(\$173,000)	\$0	(\$1,637,000)	(\$32,000)	(\$14,000)
Administrative Fees	\$53,722,000	\$91,000	\$2,634,000	\$2,333,000	\$33,430,000	\$10,850,000	\$500,000	\$387,000	\$869,000	\$14,000	\$6,000
Total Cost	\$2,352,146,000	\$4,461,000	\$99,992,000	\$108,331,000	\$1,704,824,000	\$352,735,000	\$8,939,000	\$9,992,000	\$20,787,000	\$393,000	\$48,000
Total Premium	\$2,589,361,000	\$4,936,000	\$107,578,000	\$127,024,000	\$1,839,625,000	\$378,137,000	\$14,841,000	\$13,438,000	\$29,514,000	\$552,000	\$130,000
Gain (Loss)	\$237,215,000	\$475,000	\$7,586,000	\$18,693,000	\$134,801,000	\$25,402,000	\$5,902,000	\$3,446,000	\$8,727,000	\$159,000	\$82,000
Employees											
Average Medical Members	221,438	N/A	10,459	N/A	169,152	26,055	1,543	1,572	2,612	N/A	N/A
Incurred Medical Claims	\$1,296,769,000	N/A	\$63,970,000	N/A	\$1,039,164,000	\$137,847,000	\$5,869,000	\$8,322,000	\$10,681,000	N/A	N/A
Capitation	\$22,332,000	N/A	\$0	N/A	\$13,285,000	\$8,324,000	\$108,000	\$0	\$202,000	N/A	N/A
Incurred Prescription Drug Claims	\$400,808,000	N/A	\$19,057,000	N/A	\$314,865,000	\$52,730,000	\$1,489,000	\$1,484,000	\$2,279,000	N/A	N/A
Prescription Drug Rebates	(\$90,338,000)	N/A	(\$4,295,000)	N/A	(\$70,967,000)	(\$11,885,000)	(\$336,000)	(\$334,000)	(\$514,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$39,915,000	N/A	\$2,290,000	N/A	\$26,557,000	\$7,194,000	\$429,000	\$382,000	\$492,000	N/A	N/A
Total Cost	\$1,669,486,000	N/A	\$81,022,000	N/A	\$1,322,904,000	\$194,210,000	\$7,559,000	\$9,854,000	\$13,140,000	N/A	N/A
Total Premium	\$1,840,063,000	N/A	\$90,156,000	N/A	\$1,418,445,000	\$210,596,000	\$13,069,000	\$13,261,000	\$21,822,000	N/A	N/A
Gain (Loss)	\$170,577,000	N/A	\$9,134,000	N/A	\$95,541,000	\$16,386,000	\$5,510,000	\$3,407,000	\$8,682,000	N/A	N/A
Retirees											
Average Medical Members	86,293	621	1,995	17,758	46,873	17,465	197	13	1,194	59	15
Incurred Medical Claims	\$406,263,000	\$2,764,000	\$12,874,000	\$48,564,000	\$241,901,000	\$94,560,000	\$678,000	\$108,000	\$4,063,000	\$161,000	\$25,000
Capitation	\$8,285,000	\$0	\$0	\$142,000	\$1,886,000	\$6,190,000	\$15,000	\$0	\$23,000	\$18,000	\$1,000
Incurred Prescription Drug Claims	\$398,233,000	\$2,776,000	\$8,879,000	\$96,769,000	\$202,836,000	\$79,628,000	\$951,000	\$32,000	\$5,676,000	\$281,000	\$36,000
Prescription Drug Rebates	(\$67,101,000)	(\$440,000)	(\$1,527,000)	(\$14,669,000)	(\$35,123,000)	(\$14,196,000)	(\$162,000)	(\$7,000)	(\$855,000)	(\$49,000)	(\$6,000)
EGWP Credits	(\$76,827,000)	(\$730,000)	(\$1,600,000)	(\$24,808,000)	(\$36,453,000)	(\$11,313,000)	(\$173,000)	\$0	(\$1,637,000)	(\$32,000)	(\$14,000)
Administrative Fees	\$13,807,000	\$91,000	\$344,000	\$2,333,000	\$6,873,000	\$3,656,000	\$71,000	\$5,000	\$377,000	\$14,000	\$6,000
Total Cost	\$682,660,000	\$4,461,000	\$18,970,000	\$108,331,000	\$381,920,000	\$158,525,000	\$1,380,000	\$138,000	\$7,647,000	\$393,000	\$48,000
Total Premium	\$749,298,000	\$4,936,000	\$17,422,000	\$127,024,000	\$421,180,000	\$167,541,000	\$1,772,000	\$177,000	\$7,692,000	\$552,000	\$130,000
Gain (Loss)	\$66,638,000	\$475,000	(\$1,548,000)	\$18,693,000	\$39,260,000	\$9,016,000	\$392,000	\$39,000	\$45,000	\$159,000	\$82,000

Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0.

Exhibit 3A – Plan Year 2017 Aggregate Costs

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	2030				2035		HD 4000		HD 1500		Tiered Network	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees												
Average Medical Members	1,395	2,330	15	3	764	906	109	156	54	57	1,689	2,670
Incurred Medical Claims	\$5,540,000	\$8,404,000	\$67,000	\$41,000	\$1,376,000	\$2,102,000	\$209,000	\$289,000	\$162,000	\$264,000	\$5,183,000	\$7,844,000
Capitation	\$0	\$175,000	\$7,000	\$0	\$0	\$75,000	\$0	\$10,000	\$0	\$4,000	\$4,000	\$148,000
Incurred Prescription Drug Claims	\$1,214,000	\$2,676,000	\$75,000	\$11,000	\$328,000	\$650,000	\$48,000	\$21,000	\$757,000	\$55,000	\$1,437,000	\$2,001,000
Prescription Drug Rebates	(\$274,000)	(\$587,000)	(\$17,000)	(\$2,000)	(\$74,000)	(\$146,000)	(\$11,000)	(\$5,000)	(\$171,000)	(\$12,000)	(\$324,000)	(\$451,000)
EGWP Credits	\$0	(\$64,000)	\$0	(\$3,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative Fees	\$340,000	\$439,000	\$6,000	\$2,000	\$232,000	\$208,000	\$28,000	\$34,000	\$14,000	\$16,000	\$508,000	\$781,000
Total Cost	\$6,820,000	\$11,043,000	\$138,000	\$49,000	\$1,862,000	\$2,889,000	\$274,000	\$349,000	\$762,000	\$327,000	\$6,808,000	\$10,323,000
Total Premium	\$11,360,000	\$18,517,000	\$162,000	\$30,000	\$5,707,000	\$6,637,000	\$514,000	\$756,000	\$363,000	\$441,000	\$11,292,000	\$17,807,000
Gain (Loss)	\$4,540,000	\$7,474,000	\$24,000	(\$19,000)	\$3,845,000	\$3,748,000	\$240,000	\$407,000	(\$399,000)	\$114,000	\$4,484,000	\$7,484,000
Employees												
Average Medical Members	1,384	2,269	N/A	N/A	764	906	105	147	54	57	1,689	2,670
Incurred Medical Claims	\$5,490,000	\$8,024,000	N/A	N/A	\$1,376,000	\$2,102,000	\$207,000	\$264,000	\$162,000	\$264,000	\$5,183,000	\$7,844,000
Capitation	\$0	\$173,000	N/A	N/A	\$0	\$75,000	\$0	\$9,000	\$0	\$4,000	\$4,000	\$148,000
Incurred Prescription Drug Claims	\$1,185,000	\$2,422,000	N/A	N/A	\$328,000	\$650,000	\$48,000	\$21,000	\$757,000	\$55,000	\$1,437,000	\$2,001,000
Prescription Drug Rebates	(\$267,000)	(\$546,000)	N/A	N/A	(\$74,000)	(\$146,000)	(\$11,000)	(\$5,000)	(\$171,000)	(\$12,000)	(\$324,000)	(\$451,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$337,000	\$417,000	N/A	N/A	\$232,000	\$208,000	\$27,000	\$31,000	\$14,000	\$16,000	\$508,000	\$781,000
Total Cost	\$6,745,000	\$10,490,000	N/A	N/A	\$1,862,000	\$2,889,000	\$271,000	\$320,000	\$762,000	\$327,000	\$6,808,000	\$10,323,000
Total Premium	\$11,241,000	\$18,050,000	N/A	N/A	\$5,707,000	\$6,637,000	\$483,000	\$693,000	\$363,000	\$441,000	\$11,292,000	\$17,807,000
Gain (Loss)	\$4,496,000	\$7,560,000	N/A	N/A	\$3,845,000	\$3,748,000	\$212,000	\$373,000	(\$399,000)	\$114,000	\$4,484,000	\$7,484,000
Retirees												
Average Medical Members	11	61	15	3	N/A	N/A	4	9	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$50,000	\$380,000	\$67,000	\$41,000	N/A	N/A	\$2,000	\$25,000	N/A	N/A	N/A	N/A
Capitation	\$0	\$2,000	\$7,000	\$0	N/A	N/A	\$0	\$1,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$29,000	\$254,000	\$75,000	\$11,000	N/A	N/A	\$0	\$0	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$7,000)	(\$41,000)	(\$17,000)	(\$2,000)	N/A	N/A	\$0	\$0	N/A	N/A	N/A	N/A
EGWP Credits	\$0	(\$64,000)	\$0	(\$3,000)	N/A	N/A	\$0	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$3,000	\$22,000	\$6,000	\$2,000	N/A	N/A	\$1,000	\$3,000	N/A	N/A	N/A	N/A
Total Cost	\$75,000	\$553,000	\$138,000	\$49,000	N/A	N/A	\$3,000	\$29,000	N/A	N/A	N/A	N/A
Total Premium	\$119,000	\$467,000	\$162,000	\$30,000	N/A	N/A	\$31,000	\$63,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$44,000	(\$86,000)	\$24,000	(\$19,000)	N/A	N/A	\$28,000	\$34,000	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.

Exhibit 3B – Plan Year 2018 Aggregate Costs

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	Legacy Plans							1525			
	Total	Aetna PPO 10	Aetna PPO 15	NJ DIRECT 10	NJ DIRECT 15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	306,577	456	14,503	16,302	212,684	40,909	2,040	1,884	5,322	55	15
Incurred Medical Claims	\$1,793,009,000	\$1,789,000	\$94,127,000	\$49,924,000	\$1,333,101,000	\$233,957,000	\$7,201,000	\$8,644,000	\$21,477,000	\$130,000	\$18,000
Capitation	\$27,375,000	\$0	\$0	\$121,000	\$15,212,000	\$11,043,000	\$157,000	\$0	\$281,000	\$20,000	\$1,000
Incurred Prescription Drug Claims	\$780,936,000	\$1,685,000	\$28,323,000	\$88,612,000	\$507,691,000	\$124,382,000	\$2,347,000	\$1,582,000	\$15,096,000	\$248,000	\$46,000
Prescription Drug Rebates	(\$211,643,000)	(\$365,000)	(\$8,116,000)	(\$18,887,000)	(\$142,853,000)	(\$33,282,000)	(\$687,000)	(\$497,000)	(\$3,480,000)	(\$59,000)	(\$10,000)
EGWP Credits	(\$93,231,000)	(\$680,000)	(\$2,476,000)	(\$27,430,000)	(\$44,811,000)	(\$13,749,000)	(\$210,000)	\$0	(\$3,745,000)	(\$35,000)	(\$18,000)
Administrative Fees	\$53,346,000	\$58,000	\$3,182,000	\$1,984,000	\$33,040,000	\$9,398,000	\$596,000	\$478,000	\$1,250,000	\$13,000	\$6,000
Total Cost	\$2,349,792,000	\$2,487,000	\$115,040,000	\$94,324,000	\$1,701,380,000	\$331,749,000	\$9,404,000	\$10,207,000	\$30,879,000	\$317,000	\$43,000
Total Premium	\$2,538,479,000	\$3,352,000	\$124,813,000	\$108,336,000	\$1,794,022,000	\$345,668,000	\$17,166,000	\$15,836,000	\$39,444,000	\$488,000	\$113,000
Gain (Loss)	\$188,687,000	\$865,000	\$9,773,000	\$14,012,000	\$92,642,000	\$13,919,000	\$7,762,000	\$5,629,000	\$8,565,000	\$171,000	\$70,000
Employees											
Average Medical Members	219,852	N/A	12,000	N/A	165,095	23,706	1,845	1,871	3,061	N/A	N/A
Incurred Medical Claims	\$1,358,751,000	N/A	\$78,121,000	N/A	\$1,071,690,000	\$138,641,000	\$6,378,000	\$8,589,000	\$13,639,000	N/A	N/A
Capitation	\$22,577,000	N/A	\$0	N/A	\$13,296,000	\$8,375,000	\$140,000	\$0	\$241,000	N/A	N/A
Incurred Prescription Drug Claims	\$379,878,000	N/A	\$18,533,000	N/A	\$298,077,000	\$46,872,000	\$1,693,000	\$1,570,000	\$2,707,000	N/A	N/A
Prescription Drug Rebates	(\$119,218,000)	N/A	(\$5,816,000)	N/A	(\$93,547,000)	(\$14,710,000)	(\$531,000)	(\$493,000)	(\$849,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$39,831,000	N/A	\$2,784,000	N/A	\$26,070,000	\$6,106,000	\$522,000	\$474,000	\$573,000	N/A	N/A
Total Cost	\$1,681,819,000	N/A	\$93,622,000	N/A	\$1,315,586,000	\$185,284,000	\$8,202,000	\$10,140,000	\$16,311,000	N/A	N/A
Total Premium	\$1,826,725,000	N/A	\$103,419,000	N/A	\$1,386,513,000	\$192,044,000	\$15,489,000	\$15,668,000	\$25,459,000	N/A	N/A
Gain (Loss)	\$144,906,000	N/A	\$9,797,000	N/A	\$70,927,000	\$6,760,000	\$7,287,000	\$5,528,000	\$9,148,000	N/A	N/A
Retirees											
Average Medical Members	86,725	456	2,503	16,302	47,589	17,203	195	13	2,261	55	15
Incurred Medical Claims	\$434,258,000	\$1,789,000	\$16,006,000	\$49,924,000	\$261,411,000	\$95,316,000	\$823,000	\$55,000	\$7,838,000	\$130,000	\$18,000
Capitation	\$4,798,000	\$0	\$0	\$121,000	\$1,916,000	\$2,668,000	\$17,000	\$0	\$40,000	\$20,000	\$1,000
Incurred Prescription Drug Claims	\$401,058,000	\$1,685,000	\$9,790,000	\$88,612,000	\$209,614,000	\$77,510,000	\$654,000	\$12,000	\$12,389,000	\$248,000	\$46,000
Prescription Drug Rebates	(\$92,425,000)	(\$365,000)	(\$2,300,000)	(\$18,887,000)	(\$49,306,000)	(\$18,572,000)	(\$156,000)	(\$4,000)	(\$2,631,000)	(\$59,000)	(\$10,000)
EGWP Credits	(\$93,231,000)	(\$680,000)	(\$2,476,000)	(\$27,430,000)	(\$44,811,000)	(\$13,749,000)	(\$210,000)	\$0	(\$3,745,000)	(\$35,000)	(\$18,000)
Administrative Fees	\$13,515,000	\$58,000	\$398,000	\$1,984,000	\$6,970,000	\$3,292,000	\$74,000	\$4,000	\$677,000	\$13,000	\$6,000
Total Cost	\$667,973,000	\$2,487,000	\$21,418,000	\$94,324,000	\$385,794,000	\$146,465,000	\$1,202,000	\$67,000	\$14,568,000	\$317,000	\$43,000
Total Premium	\$711,754,000	\$3,352,000	\$21,394,000	\$108,336,000	\$407,509,000	\$153,624,000	\$1,677,000	\$168,000	\$13,985,000	\$488,000	\$113,000
Gain (Loss)	\$43,781,000	\$865,000	(\$24,000)	\$14,012,000	\$21,715,000	\$7,159,000	\$475,000	\$101,000	(\$583,000)	\$171,000	\$70,000

Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0.

Exhibit 3B – Plan Year 2018 Aggregate Costs

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	2030				2035		HD 4000		HD 1500		Tiered Network	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees												
Average Medical Members	1,665	2,508	16	3	800	974	130	160	68	76	2,102	3,905
Incurred Medical Claims	\$7,289,000	\$9,507,000	\$34,000	\$318,000	\$1,544,000	\$1,860,000	\$63,000	\$77,000	\$111,000	\$156,000	\$8,171,000	\$13,511,000
Capitation	\$0	\$194,000	\$10,000	\$0	\$0	\$81,000	\$1,000	\$10,000	\$0	\$5,000	\$14,000	\$225,000
Incurred Prescription Drug Claims	\$1,150,000	\$2,593,000	\$76,000	\$107,000	\$492,000	\$779,000	\$117,000	\$66,000	\$141,000	\$49,000	\$2,077,000	\$3,277,000
Prescription Drug Rebates	(\$361,000)	(\$795,000)	(\$23,000)	(\$32,000)	(\$154,000)	(\$244,000)	(\$37,000)	(\$21,000)	(\$44,000)	(\$15,000)	(\$652,000)	(\$1,029,000)
EGWP Credits	\$0	(\$74,000)	\$0	(\$3,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative Fees	\$425,000	\$466,000	\$5,000	\$2,000	\$261,000	\$225,000	\$35,000	\$38,000	\$19,000	\$22,000	\$659,000	\$1,184,000
Total Cost	\$8,503,000	\$11,891,000	\$102,000	\$392,000	\$2,143,000	\$2,701,000	\$179,000	\$170,000	\$227,000	\$217,000	\$10,269,000	\$17,168,000
Total Premium	\$13,486,000	\$19,918,000	\$160,000	\$35,000	\$5,992,000	\$7,108,000	\$629,000	\$780,000	\$467,000	\$573,000	\$14,120,000	\$25,973,000
Gain (Loss)	\$4,983,000	\$8,027,000	\$58,000	(\$357,000)	\$3,849,000	\$4,407,000	\$450,000	\$610,000	\$240,000	\$356,000	\$3,851,000	\$8,805,000
Employees												
Average Medical Members	1,652	2,429	N/A	N/A	800	974	124	144	68	76	2,102	3,905
Incurred Medical Claims	\$7,126,000	\$9,077,000	N/A	N/A	\$1,544,000	\$1,860,000	\$61,000	\$76,000	\$111,000	\$156,000	\$8,171,000	\$13,511,000
Capitation	\$0	\$190,000	N/A	N/A	\$0	\$81,000	\$1,000	\$9,000	\$0	\$5,000	\$14,000	\$225,000
Incurred Prescription Drug Claims	\$1,131,000	\$2,345,000	N/A	N/A	\$492,000	\$779,000	\$72,000	\$63,000	\$141,000	\$49,000	\$2,077,000	\$3,277,000
Prescription Drug Rebates	(\$355,000)	(\$736,000)	N/A	N/A	(\$154,000)	(\$244,000)	(\$23,000)	(\$20,000)	(\$44,000)	(\$15,000)	(\$652,000)	(\$1,029,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$422,000	\$444,000	N/A	N/A	\$261,000	\$225,000	\$33,000	\$33,000	\$19,000	\$22,000	\$659,000	\$1,184,000
Total Cost	\$8,324,000	\$11,320,000	N/A	N/A	\$2,143,000	\$2,701,000	\$144,000	\$161,000	\$227,000	\$217,000	\$10,269,000	\$17,168,000
Total Premium	\$13,356,000	\$19,291,000	N/A	N/A	\$5,992,000	\$7,108,000	\$582,000	\$671,000	\$467,000	\$573,000	\$14,120,000	\$25,973,000
Gain (Loss)	\$5,032,000	\$7,971,000	N/A	N/A	\$3,849,000	\$4,407,000	\$438,000	\$510,000	\$240,000	\$356,000	\$3,851,000	\$8,805,000
Retirees												
Average Medical Members	13	79	16	3	N/A	N/A	6	16	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$163,000	\$430,000	\$34,000	\$318,000	N/A	N/A	\$2,000	\$1,000	N/A	N/A	N/A	N/A
Capitation	\$0	\$4,000	\$10,000	\$0	N/A	N/A	\$0	\$1,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$19,000	\$248,000	\$76,000	\$107,000	N/A	N/A	\$45,000	\$3,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$6,000)	(\$59,000)	(\$23,000)	(\$32,000)	N/A	N/A	(\$14,000)	(\$1,000)	N/A	N/A	N/A	N/A
EGWP Credits	\$0	(\$74,000)	\$0	(\$3,000)	N/A	N/A	\$0	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$3,000	\$22,000	\$5,000	\$2,000	N/A	N/A	\$2,000	\$5,000	N/A	N/A	N/A	N/A
Total Cost	\$179,000	\$571,000	\$102,000	\$392,000	N/A	N/A	\$35,000	\$9,000	N/A	N/A	N/A	N/A
Total Premium	\$130,000	\$627,000	\$160,000	\$35,000	N/A	N/A	\$47,000	\$109,000	N/A	N/A	N/A	N/A
Gain (Loss)	(\$49,000)	\$56,000	\$58,000	(\$357,000)	N/A	N/A	\$12,000	\$100,000	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.

Exhibit 3C – Projected Plan Year 2019 Aggregate Costs

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	Legacy Plans							1525			
	Total	Aetna PPO 10	Aetna PPO 15	NJ DIRECT 10	NJ DIRECT 15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees											
Average Medical Members	307,580	15,753	40,471	2,747	180,929	39,428	2,487	2,515	6,174	56	16
Incurred Medical Claims	\$1,838,418,000	\$17,934,000	\$122,398,000	\$23,350,000	\$1,287,038,000	\$228,089,000	\$14,836,000	\$16,778,000	\$34,854,000	\$299,000	\$75,000
Capitation	\$25,324,000	\$0	\$0	\$207,000	\$12,930,000	\$11,032,000	\$167,000	\$0	\$325,000	\$20,000	\$1,000
Incurred Prescription Drug Claims	\$878,933,000	\$98,126,000	\$209,844,000	\$6,260,000	\$368,877,000	\$133,473,000	\$5,522,000	\$4,885,000	\$21,107,000	\$249,000	\$82,000
Prescription Drug Rebates	(\$249,104,000)	(\$21,095,000)	(\$48,637,000)	(\$1,990,000)	(\$121,607,000)	(\$36,845,000)	(\$1,728,000)	(\$1,621,000)	(\$5,416,000)	(\$62,000)	(\$19,000)
EGWP Credits	(\$127,148,000)	(\$38,151,000)	(\$64,104,000)	\$0	\$0	(\$19,442,000)	(\$313,000)	\$0	(\$4,929,000)	(\$57,000)	(\$27,000)
Administrative Fees	\$53,924,000	\$1,880,000	\$6,092,000	\$343,000	\$29,648,000	\$9,568,000	\$594,000	\$529,000	\$1,310,000	\$12,000	\$6,000
Total Cost	\$2,420,415,076	\$58,709,753	\$225,620,346	\$28,172,747	\$1,576,908,229	\$325,875,000	\$19,078,000	\$20,571,000	\$47,251,000	\$461,000	\$118,000
Total Premium	\$2,420,277,000	\$79,268,000	\$241,794,000	\$9,421,000	\$1,565,810,000	\$322,525,000	\$20,154,000	\$20,339,000	\$44,426,000	\$441,000	\$123,000
Gain (Loss)	(\$138,076)	\$20,558,247	\$16,173,654	(\$18,751,747)	(\$11,098,229)	(\$3,350,000)	\$1,076,000	(\$232,000)	(\$2,825,000)	(\$20,000)	\$5,000
Employees											
Average Medical Members	219,849	N/A	13,125	N/A	158,700	22,633	2,282	2,498	3,775	N/A	N/A
Incurred Medical Claims	\$1,460,335,000	N/A	\$89,865,000	N/A	\$1,082,734,000	\$140,449,000	\$13,839,000	\$16,623,000	\$25,037,000	N/A	N/A
Capitation	\$20,814,000	N/A	\$0	N/A	\$11,300,000	\$8,476,000	\$152,000	\$0	\$262,000	N/A	N/A
Incurred Prescription Drug Claims	\$431,682,000	N/A	\$28,029,000	N/A	\$309,453,000	\$48,331,000	\$4,450,000	\$4,838,000	\$6,677,000	N/A	N/A
Prescription Drug Rebates	(\$143,289,000)	N/A	(\$9,304,000)	N/A	(\$102,717,000)	(\$16,042,000)	(\$1,477,000)	(\$1,606,000)	(\$2,216,000)	N/A	N/A
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$40,112,000	N/A	\$2,761,000	N/A	\$25,678,000	\$6,114,000	\$521,000	\$525,000	\$611,000	N/A	N/A
Total Cost	\$1,809,654,000	N/A	\$111,351,000	N/A	\$1,326,448,000	\$187,328,000	\$17,485,000	\$20,380,000	\$30,371,000	N/A	N/A
Total Premium	\$1,809,506,000	N/A	\$110,082,000	N/A	\$1,330,994,000	\$184,690,000	\$18,467,000	\$20,143,000	\$30,446,000	N/A	N/A
Gain (Loss)	(\$148,000)	N/A	(\$1,269,000)	N/A	\$4,546,000	(\$2,638,000)	\$982,000	(\$237,000)	\$75,000	N/A	N/A
Retirees											
Average Medical Members	87,731	15,753	27,346	2,747	22,229	16,795	205	17	2,399	56	16
Incurred Medical Claims	\$378,083,000	\$17,934,000	\$32,533,000	\$23,350,000	\$204,304,000	\$87,640,000	\$997,000	\$155,000	\$9,817,000	\$299,000	\$75,000
Capitation	\$4,510,000	\$0	\$0	\$207,000	\$1,630,000	\$2,556,000	\$15,000	\$0	\$63,000	\$20,000	\$1,000
Incurred Prescription Drug Claims	\$447,251,000	\$98,126,000	\$181,815,000	\$6,260,000	\$59,424,000	\$85,142,000	\$1,072,000	\$47,000	\$14,430,000	\$249,000	\$82,000
Prescription Drug Rebates	(\$105,815,000)	(\$21,095,000)	(\$39,333,000)	(\$1,990,000)	(\$18,890,000)	(\$20,803,000)	(\$251,000)	(\$15,000)	(\$3,200,000)	(\$62,000)	(\$19,000)
EGWP Credits	(\$127,148,000)	(\$38,151,000)	(\$64,104,000)	\$0	\$0	(\$19,442,000)	(\$313,000)	\$0	(\$4,929,000)	(\$57,000)	(\$27,000)
Administrative Fees	\$13,812,000	\$1,880,000	\$3,331,000	\$343,000	\$3,970,000	\$3,454,000	\$73,000	\$4,000	\$699,000	\$12,000	\$6,000
Total Cost	\$610,761,076	\$58,709,753	\$114,269,346	\$28,172,747	\$250,460,229	\$138,547,000	\$1,593,000	\$191,000	\$16,880,000	\$461,000	\$118,000
Total Premium	\$610,771,000	\$79,268,000	\$131,712,000	\$9,421,000	\$234,816,000	\$137,835,000	\$1,687,000	\$196,000	\$13,980,000	\$441,000	\$123,000
Gain (Loss)	\$9,924	\$20,558,247	\$17,442,654	(\$18,751,747)	(\$15,644,229)	(\$712,000)	\$94,000	\$5,000	(\$2,900,000)	(\$20,000)	\$5,000

Some plans may show \$0 in certain cost categories. These plans may have costs which are less than \$500 and round to \$0.

Exhibit 3C – Projected Plan Year 2019 Aggregate Costs

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	2030				2035		HD 4000		HD 1500		Tiered Network	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Employees and Retirees												
Average Medical Members	2,241	3,044	19	7	1,285	1,422	185	225	109	141	2,497	5,828
Incurred Medical Claims	\$14,055,000	\$18,910,000	\$142,000	\$39,000	\$6,918,000	\$7,626,000	\$709,000	\$878,000	\$606,000	\$786,000	\$12,696,000	\$29,402,000
Capitation	\$0	\$207,000	\$12,000	\$0	\$0	\$106,000	\$1,000	\$12,000	\$1,000	\$8,000	\$18,000	\$277,000
Incurred Prescription Drug Claims	\$4,428,000	\$5,754,000	\$48,000	\$25,000	\$2,280,000	\$2,303,000	\$220,000	\$251,000	\$189,000	\$225,000	\$4,728,000	\$10,057,000
Prescription Drug Rebates	(\$1,470,000)	(\$1,870,000)	(\$15,000)	(\$6,000)	(\$757,000)	(\$765,000)	(\$73,000)	(\$83,000)	(\$63,000)	(\$75,000)	(\$1,569,000)	(\$3,338,000)
EGWP Credits	\$0	(\$120,000)	\$0	(\$5,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative Fees	\$472,000	\$501,000	\$5,000	\$2,000	\$270,000	\$231,000	\$40,000	\$42,000	\$24,000	\$26,000	\$697,000	\$1,632,000
Total Cost	\$17,485,000	\$23,382,000	\$192,000	\$55,000	\$8,711,000	\$9,501,000	\$897,000	\$1,100,000	\$757,000	\$970,000	\$16,570,000	\$38,030,000
Total Premium	\$17,251,000	\$23,363,000	\$183,000	\$57,000	\$8,552,000	\$9,461,000	\$829,000	\$1,028,000	\$709,000	\$923,000	\$16,082,000	\$37,538,000
Gain (Loss)	(\$234,000)	(\$19,000)	(\$9,000)	\$2,000	(\$159,000)	(\$40,000)	(\$68,000)	(\$72,000)	(\$48,000)	(\$47,000)	(\$488,000)	(\$492,000)
Employees												
Average Medical Members	2,228	2,952	N/A	N/A	1,285	1,422	175	199	109	141	2,497	5,828
Incurred Medical Claims	\$13,944,000	\$18,406,000	N/A	N/A	\$6,918,000	\$7,626,000	\$658,000	\$746,000	\$606,000	\$786,000	\$12,696,000	\$29,402,000
Capitation	\$0	\$203,000	N/A	N/A	\$0	\$106,000	\$1,000	\$10,000	\$1,000	\$8,000	\$18,000	\$277,000
Incurred Prescription Drug Claims	\$4,392,000	\$5,312,000	N/A	N/A	\$2,280,000	\$2,303,000	\$205,000	\$213,000	\$189,000	\$225,000	\$4,728,000	\$10,057,000
Prescription Drug Rebates	(\$1,458,000)	(\$1,763,000)	N/A	N/A	(\$757,000)	(\$765,000)	(\$68,000)	(\$71,000)	(\$63,000)	(\$75,000)	(\$1,569,000)	(\$3,338,000)
EGWP Credits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Administrative Fees	\$469,000	\$478,000	N/A	N/A	\$270,000	\$231,000	\$38,000	\$37,000	\$24,000	\$26,000	\$697,000	\$1,632,000
Total Cost	\$17,347,000	\$22,636,000	N/A	N/A	\$8,711,000	\$9,501,000	\$834,000	\$935,000	\$757,000	\$970,000	\$16,570,000	\$38,030,000
Total Premium	\$17,108,000	\$22,663,000	N/A	N/A	\$8,552,000	\$9,461,000	\$771,000	\$877,000	\$709,000	\$923,000	\$16,082,000	\$37,538,000
Gain (Loss)	(\$239,000)	\$27,000	N/A	N/A	(\$159,000)	(\$40,000)	(\$63,000)	(\$58,000)	(\$48,000)	(\$47,000)	(\$488,000)	(\$492,000)
Retirees												
Average Medical Members	13	92	19	7	N/A	N/A	10	26	N/A	N/A	N/A	N/A
Incurred Medical Claims	\$111,000	\$504,000	\$142,000	\$39,000	N/A	N/A	\$51,000	\$132,000	N/A	N/A	N/A	N/A
Capitation	\$0	\$4,000	\$12,000	\$0	N/A	N/A	\$0	\$2,000	N/A	N/A	N/A	N/A
Incurred Prescription Drug Claims	\$36,000	\$442,000	\$48,000	\$25,000	N/A	N/A	\$15,000	\$38,000	N/A	N/A	N/A	N/A
Prescription Drug Rebates	(\$12,000)	(\$107,000)	(\$15,000)	(\$6,000)	N/A	N/A	(\$5,000)	(\$12,000)	N/A	N/A	N/A	N/A
EGWP Credits	\$0	(\$120,000)	\$0	(\$5,000)	N/A	N/A	\$0	\$0	N/A	N/A	N/A	N/A
Administrative Fees	\$3,000	\$23,000	\$5,000	\$2,000	N/A	N/A	\$2,000	\$5,000	N/A	N/A	N/A	N/A
Total Cost	\$138,000	\$746,000	\$192,000	\$55,000	N/A	N/A	\$63,000	\$165,000	N/A	N/A	N/A	N/A
Total Premium	\$143,000	\$700,000	\$183,000	\$57,000	N/A	N/A	\$58,000	\$151,000	N/A	N/A	N/A	N/A
Gain (Loss)	\$5,000	(\$46,000)	(\$9,000)	\$2,000	N/A	N/A	(\$5,000)	(\$14,000)	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.

Exhibit 4A – Plan Year 2019 Monthly Active Premiums

	Legacy Plans				1525			
	Aetna PPO15	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only								
Single	\$740.07	\$740.07	\$716.24	\$709.07	\$719.35	\$719.35	N/A	N/A
Employee+Spouse	\$1,480.14	\$1,480.14	\$1,432.48	\$1,418.14	\$1,438.70	\$1,438.70	N/A	N/A
Family	\$2,116.60	\$2,116.60	\$2,048.45	\$2,027.94	\$2,057.34	\$2,057.34	N/A	N/A
Employee+Child(ren)	\$1,376.53	\$1,376.53	\$1,332.21	\$1,318.87	\$1,337.99	\$1,337.99	N/A	N/A
Adult Child Rate	\$649.19	\$649.19	\$628.29	\$622.00	\$631.01	\$631.01	N/A	N/A
	Legacy Plans				1525			
	Aetna PPO15	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card								
Single	\$141.89	\$141.89	\$141.89	\$141.89	\$128.69	\$128.69	N/A	N/A
Employee+Spouse	\$283.78	\$283.78	\$283.78	\$283.78	\$257.38	\$257.38	N/A	N/A
Family	\$405.81	\$405.81	\$405.81	\$405.81	\$368.05	\$368.05	N/A	N/A
Employee+Child(ren)	\$263.92	\$263.92	\$263.92	\$263.92	\$239.36	\$239.36	N/A	N/A
Adult Child Rate	\$124.47	\$124.47	\$124.47	\$124.47	\$112.88	\$112.88	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only								
Single	\$676.42	\$676.42	N/A	N/A	\$581.72	\$581.72	N/A	N/A
Employee+Spouse	\$1,352.84	\$1,352.84	N/A	N/A	\$1,163.44	\$1,163.44	N/A	N/A
Family	\$1,934.56	\$1,934.56	N/A	N/A	\$1,663.72	\$1,663.72	N/A	N/A
Employee+Child(ren)	\$1,258.14	\$1,258.14	N/A	N/A	\$1,082.00	\$1,082.00	N/A	N/A
Adult Child Rate	\$593.35	\$593.35	N/A	N/A	\$510.29	\$510.29	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card								
Single	\$130.98	\$130.98	N/A	N/A	\$117.89	\$117.89	N/A	N/A
Employee+Spouse	\$261.96	\$261.96	N/A	N/A	\$235.78	\$235.78	N/A	N/A
Family	\$374.60	\$374.60	N/A	N/A	\$337.17	\$337.17	N/A	N/A
Employee+Child(ren)	\$243.62	\$243.62	N/A	N/A	\$219.28	\$219.28	N/A	N/A
Adult Child Rate	\$114.89	\$114.89	N/A	N/A	\$103.42	\$103.42	N/A	N/A
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Medical Coverage Only								
Single	\$376.82	\$376.82	\$558.86	\$558.86	\$540.86	\$540.86		
Employee+Spouse	\$753.64	\$753.64	\$1,117.72	\$1,117.72	\$1,081.72	\$1,081.72		
Family	\$1,077.71	\$1,077.71	\$1,598.34	\$1,598.34	\$1,546.86	\$1,546.86		
Employee+Child(ren)	\$700.89	\$700.89	\$1,039.48	\$1,039.48	\$1,006.00	\$1,006.00		
Adult Child Rate	\$330.55	\$330.55	\$490.23	\$490.23	\$474.44	\$474.44		
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Rx Card								
Single	\$86.53	\$86.53	\$128.33	\$128.33	\$136.43	\$136.43		
Employee+Spouse	\$173.06	\$173.06	\$256.66	\$256.66	\$272.88	\$272.88		
Family	\$247.48	\$247.48	\$367.02	\$367.02	\$390.19	\$390.19		
Employee+Child(ren)	\$160.95	\$160.95	\$238.69	\$238.69	\$253.76	\$253.76		
Adult Child Rate	\$75.91	\$75.91	\$112.57	\$112.57	\$119.68	\$119.68		

Exhibit 4B – Plan Year 2019 Annual Active Premiums

	Legacy Plans				1525			
	Aetna PPO15	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only								
Single	\$8,881	\$8,881	\$8,595	\$8,509	\$8,632	\$8,632	N/A	N/A
Employee+Spouse	\$17,762	\$17,762	\$17,190	\$17,018	\$17,264	\$17,264	N/A	N/A
Family	\$25,399	\$25,399	\$24,581	\$24,335	\$24,688	\$24,688	N/A	N/A
Employee+Child(ren)	\$16,518	\$16,518	\$15,987	\$15,826	\$16,056	\$16,056	N/A	N/A
Adult Child Rate	\$7,790	\$7,790	\$7,539	\$7,464	\$7,572	\$7,572	N/A	N/A
	Legacy Plans				1525			
	Aetna PPO15	Horizon DIR15	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card								
Single	\$1,703	\$1,703	\$1,703	\$1,703	\$1,544	\$1,544	N/A	N/A
Employee+Spouse	\$3,405	\$3,405	\$3,405	\$3,405	\$3,089	\$3,089	N/A	N/A
Family	\$4,870	\$4,870	\$4,870	\$4,870	\$4,417	\$4,417	N/A	N/A
Employee+Child(ren)	\$3,167	\$3,167	\$3,167	\$3,167	\$2,872	\$2,872	N/A	N/A
Adult Child Rate	\$1,494	\$1,494	\$1,494	\$1,494	\$1,355	\$1,355	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Medical Coverage Only								
Single	\$8,117	\$8,117	N/A	N/A	\$6,981	\$6,981	N/A	N/A
Employee+Spouse	\$16,234	\$16,234	N/A	N/A	\$13,961	\$13,961	N/A	N/A
Family	\$23,215	\$23,215	N/A	N/A	\$19,965	\$19,965	N/A	N/A
Employee+Child(ren)	\$15,098	\$15,098	N/A	N/A	\$12,984	\$12,984	N/A	N/A
Adult Child Rate	\$7,120	\$7,120	N/A	N/A	\$6,123	\$6,123	N/A	N/A
	2030				2035			
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO
Rx Card								
Single	\$1,572	\$1,572	N/A	N/A	\$1,415	\$1,415	N/A	N/A
Employee+Spouse	\$3,144	\$3,144	N/A	N/A	\$2,829	\$2,829	N/A	N/A
Family	\$4,495	\$4,495	N/A	N/A	\$4,046	\$4,046	N/A	N/A
Employee+Child(ren)	\$2,923	\$2,923	N/A	N/A	\$2,631	\$2,631	N/A	N/A
Adult Child Rate	\$1,379	\$1,379	N/A	N/A	\$1,241	\$1,241	N/A	N/A
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Medical Coverage Only								
Single	\$4,522	\$4,522	\$6,706	\$6,706	\$6,490	\$6,490		
Employee+Spouse	\$9,044	\$9,044	\$13,413	\$13,413	\$12,981	\$12,981		
Family	\$12,933	\$12,933	\$19,180	\$19,180	\$18,562	\$18,562		
Employee+Child(ren)	\$8,411	\$8,411	\$12,474	\$12,474	\$12,072	\$12,072		
Adult Child Rate	\$3,967	\$3,967	\$5,883	\$5,883	\$5,693	\$5,693		
	HD 4000		HD 1500		Tiered Network			
	Aetna PPO	Horizon PPO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO		
Rx Card								
Single	\$1,038	\$1,038	\$1,540	\$1,540	\$1,637	\$1,637		
Employee+Spouse	\$2,077	\$2,077	\$3,080	\$3,080	\$3,275	\$3,275		
Family	\$2,970	\$2,970	\$4,404	\$4,404	\$4,682	\$4,682		
Employee+Child(ren)	\$1,931	\$1,931	\$2,864	\$2,864	\$3,045	\$3,045		
Adult Child Rate	\$911	\$911	\$1,351	\$1,351	\$1,436	\$1,436		

Exhibit 4C – Plan Year 2019 Monthly Retiree Premiums
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	Legacy Plans									
	Horizon DIR10					Horizon DIR15				
	Aetna PPO10	Aetna PPO15	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor PPO10 Cost	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor PPO15 Cost	Aetna HMO	Horizon HMO
Total Premium										
Single - 0 Medicare	\$1,352.58	\$1,283.56	\$1,352.58	N/A	\$1,352.58	\$1,283.56	N/A	\$1,283.56	\$1,214.76	\$1,204.74
Single - 1 Medicare	\$340.77	\$322.43	N/A	N/A	N/A	N/A	N/A	N/A	\$430.58	\$595.52
EE+Spouse - 0 Medicare	\$2,948.64	\$2,798.18	\$2,948.64	N/A	\$2,948.64	\$2,798.18	N/A	\$2,798.18	\$2,646.82	\$2,624.99
EE+Spouse - 1 Medicare	\$1,499.30	\$1,419.17	\$1,088.19	\$340.77	\$1,428.96	\$1,051.63	\$322.43	\$1,374.06	\$1,466.12	\$1,459.31
EE+Spouse - 2 Medicare	\$681.54	\$644.87	N/A	N/A	N/A	N/A	N/A	N/A	\$861.16	\$1,191.04
Family - 0 Medicare	\$3,354.43	\$3,183.26	\$3,354.43	N/A	\$3,354.43	\$3,183.26	N/A	\$3,183.26	\$3,011.13	\$2,986.29
Family - 1 Medicare	\$1,802.51	\$1,707.57	\$1,375.01	\$340.77	\$1,715.78	\$1,329.43	\$322.43	\$1,651.86	\$1,736.18	\$1,727.26
Family - 2 Medicare	\$877.01	\$833.18	N/A	N/A	N/A	N/A	N/A	N/A	\$1,058.00	\$1,461.55
EE+Ch - 0 Medicare	\$1,893.61	\$1,796.98	\$1,893.61	N/A	\$1,893.61	\$1,796.98	N/A	\$1,796.98	\$1,699.65	\$1,685.63
EE+Ch - 1 Medicare	\$537.85	\$512.28	N/A	N/A	N/A	N/A	N/A	N/A	\$632.77	\$873.30
Medical Premium										
Single - 0 Medicare	\$1,149.75	\$1,080.73	\$1,149.75	N/A	\$1,149.75	\$1,080.73	N/A	\$1,080.73	\$1,000.05	\$990.03
Single - 1 Medicare	\$91.14	\$72.80	N/A	N/A	N/A	N/A	N/A	N/A	\$143.00	\$307.94
EE+Spouse - 0 Medicare	\$2,506.45	\$2,355.99	\$2,506.45	N/A	\$2,506.45	\$2,355.99	N/A	\$2,355.99	\$2,180.10	\$2,158.27
EE+Spouse - 1 Medicare	\$1,061.66	\$981.53	\$900.18	\$91.14	\$991.32	\$863.62	\$72.80	\$936.42	\$977.77	\$970.96
EE+Spouse - 2 Medicare	\$182.28	\$145.61	N/A	N/A	N/A	N/A	N/A	N/A	\$286.00	\$615.88
Family - 0 Medicare	\$2,851.38	\$2,680.21	\$2,851.38	N/A	\$2,851.38	\$2,680.21	N/A	\$2,680.21	\$2,480.12	\$2,455.28
Family - 1 Medicare	\$1,308.25	\$1,213.31	\$1,130.38	\$91.14	\$1,221.52	\$1,084.80	\$72.80	\$1,157.60	\$1,188.90	\$1,179.98
Family - 2 Medicare	\$233.31	\$189.48	N/A	N/A	N/A	N/A	N/A	N/A	\$352.41	\$755.96
EE+Ch - 0 Medicare	\$1,609.65	\$1,513.02	\$1,609.65	N/A	\$1,609.65	\$1,513.02	N/A	\$1,513.02	\$1,400.07	\$1,386.05
EE+Ch - 1 Medicare	\$142.60	\$117.03	N/A	N/A	N/A	N/A	N/A	N/A	\$211.12	\$451.65
Rx Premium										
Single - 0 Medicare	\$202.83	\$202.83	\$202.83	N/A	\$202.83	\$202.83	N/A	\$202.83	\$214.71	\$214.71
Single - 1 Medicare	\$249.63	\$249.63	N/A	N/A	N/A	N/A	N/A	N/A	\$287.58	\$287.58
EE+Spouse - 0 Medicare	\$442.19	\$442.19	\$442.19	N/A	\$442.19	\$442.19	N/A	\$442.19	\$466.72	\$466.72
EE+Spouse - 1 Medicare	\$437.64	\$437.64	\$188.01	\$249.63	\$437.64	\$188.01	\$249.63	\$437.64	\$488.35	\$488.35
EE+Spouse - 2 Medicare	\$499.26	\$499.26	N/A	N/A	N/A	N/A	N/A	N/A	\$575.16	\$575.16
Family - 0 Medicare	\$503.05	\$503.05	\$503.05	N/A	\$503.05	\$503.05	N/A	\$503.05	\$531.01	\$531.01
Family - 1 Medicare	\$494.26	\$494.26	\$244.63	\$249.63	\$494.26	\$244.63	\$249.63	\$494.26	\$547.28	\$547.28
Family - 2 Medicare	\$643.70	\$643.70	N/A	N/A	N/A	N/A	N/A	N/A	\$705.59	\$705.59
EE+Ch - 0 Medicare	\$283.96	\$283.96	\$283.96	N/A	\$283.96	\$283.96	N/A	\$283.96	\$299.58	\$299.58
EE+Ch - 1 Medicare	\$395.25	\$395.25	N/A	N/A	N/A	N/A	N/A	N/A	\$421.65	\$421.65

Exhibit 4C – Plan Year 2019 Monthly Retiree Premiums

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	1525				2030				HD 4000	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO
Total Premium										
Single - 0 Medicare	\$1,237.32	\$1,237.32	\$1,119.27	\$1,110.15	\$1,181.92	\$1,181.92	\$1,069.42	\$1,060.82	\$676.85	\$676.85
Single - 1 Medicare	N/A	\$456.37	\$364.63	\$555.65	N/A	\$445.34	N/A	\$542.94	N/A	N/A
EE+Spouse - 0 Medicare	\$2,697.36	\$2,697.36	\$2,440.02	\$2,420.13	\$2,576.60	\$2,576.60	\$2,331.38	\$2,312.64	\$1,475.49	\$1,475.49
EE+Spouse - 1 Medicare	N/A	\$1,351.64	\$1,356.34	\$1,350.22	N/A	\$1,303.34	N/A	\$1,304.90	N/A	N/A
EE+Spouse - 2 Medicare	N/A	\$912.74	\$729.26	\$1,111.27	N/A	\$890.69	N/A	\$1,085.92	N/A	N/A
Family - 0 Medicare	\$3,068.55	\$3,068.55	\$2,775.80	\$2,753.17	\$2,931.15	\$2,931.15	\$2,652.20	\$2,630.88	\$1,678.54	\$1,678.54
Family - 1 Medicare	N/A	\$1,627.69	\$1,606.89	\$1,598.85	N/A	\$1,567.78	N/A	\$1,543.26	N/A	N/A
Family - 2 Medicare	N/A	\$1,176.79	\$914.61	\$1,359.07	N/A	\$1,148.34	N/A	\$1,327.83	N/A	N/A
EE+Ch - 0 Medicare	\$1,732.23	\$1,732.23	\$1,566.96	\$1,554.19	\$1,654.68	\$1,654.68	\$1,497.20	\$1,485.16	\$947.56	\$947.56
EE+Ch - 1 Medicare	N/A	\$722.59	\$553.26	\$810.24	N/A	\$705.11	N/A	\$791.57	N/A	N/A
Medical Premium										
Single - 0 Medicare	\$1,037.86	\$1,037.86	\$911.94	\$902.82	\$980.59	\$980.59	\$860.16	\$851.56	\$544.83	\$544.83
Single - 1 Medicare	N/A	\$210.89	\$108.00	\$299.02	N/A	\$197.57	N/A	\$283.90	N/A	N/A
EE+Spouse - 0 Medicare	\$2,262.54	\$2,262.54	\$1,988.04	\$1,968.15	\$2,137.69	\$2,137.69	\$1,875.15	\$1,856.41	\$1,187.71	\$1,187.71
EE+Spouse - 1 Medicare	N/A	\$921.30	\$907.75	\$901.63	N/A	\$868.97	N/A	\$852.11	N/A	N/A
EE+Spouse - 2 Medicare	N/A	\$421.80	\$216.00	\$598.01	N/A	\$395.16	N/A	\$567.85	N/A	N/A
Family - 0 Medicare	\$2,573.90	\$2,573.90	\$2,261.62	\$2,238.99	\$2,431.87	\$2,431.87	\$2,133.20	\$2,111.88	\$1,351.15	\$1,351.15
Family - 1 Medicare	N/A	\$1,141.68	\$1,100.26	\$1,092.22	N/A	\$1,077.20	N/A	\$1,031.88	N/A	N/A
Family - 2 Medicare	N/A	\$543.82	\$252.86	\$697.32	N/A	\$509.44	N/A	\$659.90	N/A	N/A
EE+Ch - 0 Medicare	\$1,453.01	\$1,453.01	\$1,276.72	\$1,263.95	\$1,372.83	\$1,372.83	\$1,204.23	\$1,192.19	\$762.74	\$762.74
EE+Ch - 1 Medicare	N/A	\$333.94	\$146.94	\$403.92	N/A	\$312.82	N/A	\$381.45	N/A	N/A
Rx Premium										
Single - 0 Medicare	\$199.46	\$199.46	\$207.33	\$207.33	\$201.33	\$201.33	\$209.26	\$209.26	\$132.02	\$132.02
Single - 1 Medicare	N/A	\$245.48	\$256.63	\$256.63	N/A	\$247.77	N/A	\$259.04	N/A	N/A
EE+Spouse - 0 Medicare	\$434.82	\$434.82	\$451.98	\$451.98	\$438.91	\$438.91	\$456.23	\$456.23	\$287.78	\$287.78
EE+Spouse - 1 Medicare	N/A	\$430.34	\$448.59	\$448.59	N/A	\$434.37	N/A	\$452.79	N/A	N/A
EE+Spouse - 2 Medicare	N/A	\$490.94	\$513.26	\$513.26	N/A	\$495.53	N/A	\$518.07	N/A	N/A
Family - 0 Medicare	\$494.65	\$494.65	\$514.18	\$514.18	\$499.28	\$499.28	\$519.00	\$519.00	\$327.39	\$327.39
Family - 1 Medicare	N/A	\$486.01	\$506.63	\$506.63	N/A	\$490.58	N/A	\$511.38	N/A	N/A
Family - 2 Medicare	N/A	\$632.97	\$661.75	\$661.75	N/A	\$638.90	N/A	\$667.93	N/A	N/A
EE+Ch - 0 Medicare	\$279.22	\$279.22	\$290.24	\$290.24	\$281.85	\$281.85	\$292.97	\$292.97	\$184.82	\$184.82
EE+Ch - 1 Medicare	N/A	\$388.65	\$406.32	\$406.32	N/A	\$392.29	N/A	\$410.12	N/A	N/A

Exhibit 4D – Plan Year 2019 Annual Retiree Premiums

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	Legacy Plans									
	Horizon DIR10					Horizon DIR15				
	Aetna PPO10	Aetna PPO15	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor PPO10 Cost	Horizon Early Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor PPO15 Cost	Aetna HMO	Horizon HMO
Total Premium										
Single - 0 Medicare	\$16,231	\$15,403	\$16,231	N/A	\$16,231	\$15,403	N/A	\$15,403	\$14,577	\$14,457
Single - 1 Medicare	\$4,089	\$3,869	N/A	N/A	N/A	N/A	N/A	N/A	\$5,167	\$7,146
EE+Spouse - 0 Medicare	\$35,384	\$33,578	\$35,384	N/A	\$35,384	\$33,578	N/A	\$33,578	\$31,762	\$31,500
EE+Spouse - 1 Medicare	\$17,992	\$17,030	\$13,058	\$4,089	\$17,148	\$12,620	\$3,869	\$16,489	\$17,593	\$17,512
EE+Spouse - 2 Medicare	\$8,178	\$7,738	N/A	N/A	N/A	N/A	N/A	N/A	\$10,334	\$14,292
Family - 0 Medicare	\$40,253	\$38,199	\$40,253	N/A	\$40,253	\$38,199	N/A	\$38,199	\$36,134	\$35,835
Family - 1 Medicare	\$21,630	\$20,491	\$16,500	\$4,089	\$20,589	\$15,953	\$3,869	\$19,822	\$20,834	\$20,727
Family - 2 Medicare	\$10,524	\$9,998	N/A	N/A	N/A	N/A	N/A	N/A	\$12,696	\$17,539
EE+Ch - 0 Medicare	\$22,723	\$21,564	\$22,723	N/A	\$22,723	\$21,564	N/A	\$21,564	\$20,396	\$20,228
EE+Ch - 1 Medicare	\$6,454	\$6,147	N/A	N/A	N/A	N/A	N/A	N/A	\$7,593	\$10,480
Medical Premium										
Single - 0 Medicare	\$13,797	\$12,969	\$13,797	N/A	\$13,797	\$12,969	N/A	\$12,969	\$12,001	\$11,880
Single - 1 Medicare	\$1,094	\$874	N/A	N/A	N/A	N/A	N/A	N/A	\$1,716	\$3,695
EE+Spouse - 0 Medicare	\$30,077	\$28,272	\$30,077	N/A	\$30,077	\$28,272	N/A	\$28,272	\$26,161	\$25,899
EE+Spouse - 1 Medicare	\$12,740	\$11,778	\$10,802	\$1,094	\$11,896	\$10,363	\$874	\$11,237	\$11,733	\$11,652
EE+Spouse - 2 Medicare	\$2,187	\$1,747	N/A	N/A	N/A	N/A	N/A	N/A	\$3,432	\$7,391
Family - 0 Medicare	\$34,217	\$32,163	\$34,217	N/A	\$34,217	\$32,163	N/A	\$32,163	\$29,761	\$29,463
Family - 1 Medicare	\$15,699	\$14,560	\$13,565	\$1,094	\$14,658	\$13,018	\$874	\$13,891	\$14,267	\$14,160
Family - 2 Medicare	\$2,800	\$2,274	N/A	N/A	N/A	N/A	N/A	N/A	\$4,229	\$9,072
EE+Ch - 0 Medicare	\$19,316	\$18,156	\$19,316	N/A	\$19,316	\$18,156	N/A	\$18,156	\$16,801	\$16,633
EE+Ch - 1 Medicare	\$1,711	\$1,404	N/A	N/A	N/A	N/A	N/A	N/A	\$2,533	\$5,420
Rx Premium										
Single - 0 Medicare	\$2,434	\$2,434	\$2,434	N/A	\$2,434	\$2,434	N/A	\$2,434	\$2,577	\$2,577
Single - 1 Medicare	\$2,996	\$2,996	N/A	N/A	N/A	N/A	N/A	N/A	\$3,451	\$3,451
EE+Spouse - 0 Medicare	\$5,306	\$5,306	\$5,306	N/A	\$5,306	\$5,306	N/A	\$5,306	\$5,601	\$5,601
EE+Spouse - 1 Medicare	\$5,252	\$5,252	\$2,256	\$2,996	\$5,252	\$2,256	\$2,996	\$5,252	\$5,860	\$5,860
EE+Spouse - 2 Medicare	\$5,991	\$5,991	N/A	N/A	N/A	N/A	N/A	N/A	\$6,902	\$6,902
Family - 0 Medicare	\$6,037	\$6,037	\$6,037	N/A	\$6,037	\$6,037	N/A	\$6,037	\$6,372	\$6,372
Family - 1 Medicare	\$5,931	\$5,931	\$2,936	\$2,996	\$5,931	\$2,936	\$2,996	\$5,931	\$6,567	\$6,567
Family - 2 Medicare	\$7,724	\$7,724	N/A	N/A	N/A	N/A	N/A	N/A	\$8,467	\$8,467
EE+Ch - 0 Medicare	\$3,408	\$3,408	\$3,408	N/A	\$3,408	\$3,408	N/A	\$3,408	\$3,595	\$3,595
EE+Ch - 1 Medicare	\$4,743	\$4,743	N/A	N/A	N/A	N/A	N/A	N/A	\$5,060	\$5,060

Exhibit 4D – Plan Year 2019 Annual Retiree Premiums

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	1525				2030				HD 4000	
	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO	Aetna HMO	Horizon HMO	Aetna PPO	Horizon PPO
<u>Total Premium</u>										
Single - 0 Medicare	\$14,848	\$14,848	\$13,431	\$13,322	\$14,183	\$14,183	\$12,833	\$12,730	\$8,122	\$8,122
Single - 1 Medicare	N/A	\$5,476	\$4,376	\$6,668	N/A	\$5,344	N/A	\$6,515	N/A	N/A
EE+Spouse - 0 Medicare	\$32,368	\$32,368	\$29,280	\$29,042	\$30,919	\$30,919	\$27,977	\$27,752	\$17,706	\$17,706
EE+Spouse - 1 Medicare	N/A	\$16,220	\$16,276	\$16,203	N/A	\$15,640	N/A	\$15,659	N/A	N/A
EE+Spouse - 2 Medicare	N/A	\$10,953	\$8,751	\$13,335	N/A	\$10,688	N/A	\$13,031	N/A	N/A
Family - 0 Medicare	\$36,823	\$36,823	\$33,310	\$33,038	\$35,174	\$35,174	\$31,826	\$31,571	\$20,142	\$20,142
Family - 1 Medicare	N/A	\$19,532	\$19,283	\$19,186	N/A	\$18,813	N/A	\$18,519	N/A	N/A
Family - 2 Medicare	N/A	\$14,121	\$10,975	\$16,309	N/A	\$13,780	N/A	\$15,934	N/A	N/A
EE+Ch - 0 Medicare	\$20,787	\$20,787	\$18,804	\$18,650	\$19,856	\$19,856	\$17,966	\$17,822	\$11,371	\$11,371
EE+Ch - 1 Medicare	N/A	\$8,671	\$6,639	\$9,723	N/A	\$8,461	N/A	\$9,499	N/A	N/A
<u>Medical Premium</u>										
Single - 0 Medicare	\$12,454	\$12,454	\$10,943	\$10,834	\$11,767	\$11,767	\$10,322	\$10,219	\$6,538	\$6,538
Single - 1 Medicare	N/A	\$2,531	\$1,296	\$3,588	N/A	\$2,371	N/A	\$3,407	N/A	N/A
EE+Spouse - 0 Medicare	\$27,150	\$27,150	\$23,856	\$23,618	\$25,652	\$25,652	\$22,502	\$22,277	\$14,253	\$14,253
EE+Spouse - 1 Medicare	N/A	\$11,056	\$10,893	\$10,820	N/A	\$10,428	N/A	\$10,225	N/A	N/A
EE+Spouse - 2 Medicare	N/A	\$5,062	\$2,592	\$7,176	N/A	\$4,742	N/A	\$6,814	N/A	N/A
Family - 0 Medicare	\$30,887	\$30,887	\$27,139	\$26,868	\$29,182	\$29,182	\$25,598	\$25,343	\$16,214	\$16,214
Family - 1 Medicare	N/A	\$13,700	\$13,203	\$13,107	N/A	\$12,926	N/A	\$12,383	N/A	N/A
Family - 2 Medicare	N/A	\$6,526	\$3,034	\$8,368	N/A	\$6,113	N/A	\$7,919	N/A	N/A
EE+Ch - 0 Medicare	\$17,436	\$17,436	\$15,321	\$15,167	\$16,474	\$16,474	\$14,451	\$14,306	\$9,153	\$9,153
EE+Ch - 1 Medicare	N/A	\$4,007	\$1,763	\$4,847	N/A	\$3,754	N/A	\$4,577	N/A	N/A
<u>Rx Premium</u>										
Single - 0 Medicare	\$2,394	\$2,394	\$2,488	\$2,488	\$2,416	\$2,416	\$2,511	\$2,511	\$1,584	\$1,584
Single - 1 Medicare	N/A	\$2,946	\$3,080	\$3,080	N/A	\$2,973	N/A	\$3,108	N/A	N/A
EE+Spouse - 0 Medicare	\$5,218	\$5,218	\$5,424	\$5,424	\$5,267	\$5,267	\$5,475	\$5,475	\$3,453	\$3,453
EE+Spouse - 1 Medicare	N/A	\$5,164	\$5,383	\$5,383	N/A	\$5,212	N/A	\$5,433	N/A	N/A
EE+Spouse - 2 Medicare	N/A	\$5,891	\$6,159	\$6,159	N/A	\$5,946	N/A	\$6,217	N/A	N/A
Family - 0 Medicare	\$5,936	\$5,936	\$6,170	\$6,170	\$5,991	\$5,991	\$6,228	\$6,228	\$3,929	\$3,929
Family - 1 Medicare	N/A	\$5,832	\$6,080	\$6,080	N/A	\$5,887	N/A	\$6,137	N/A	N/A
Family - 2 Medicare	N/A	\$7,596	\$7,941	\$7,941	N/A	\$7,667	N/A	\$8,015	N/A	N/A
EE+Ch - 0 Medicare	\$3,351	\$3,351	\$3,483	\$3,483	\$3,382	\$3,382	\$3,516	\$3,516	\$2,218	\$2,218
EE+Ch - 1 Medicare	N/A	\$4,664	\$4,876	\$4,876	N/A	\$4,707	N/A	\$4,921	N/A	N/A

Exhibit 5A – Plan Year 2019 Employee Plan Option Summary

	State Actives							
	\$15 PPO	\$15 HMO	1525PPO	2030PPO	2035PPO	HDHP 4000	HDHP 1500	Tiered Network
In-Network								
Deductible (Single/Family) ¹	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)	\$400/\$1,000	None	\$400/\$1,000	\$800/\$2,000	\$2,000/\$5,000	None	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$6,320/\$12,640	\$6,320/\$12,640	\$6,320/\$12,640	\$6,320/\$12,640	\$6,320/\$12,640	\$5,000/\$10,000	\$2,500/\$5,000	Tier 1: \$2,500/\$5,000 Tier 2: \$4,500/\$9,000
Overall Coinsurance	None	None	None	None	None	20%	20%	Tier 1: None Tier 2: 20%
PCP	\$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	\$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	\$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	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Tier 1: \$150 copay Tier 2: 20% coinsurance after deductible
Out-of-Network								
Deductible (Single/Family)	\$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	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%	Not covered	30%	30%	40%	40%	40%	Not covered
Prescription Drug								
OOP Maximum (Single/Family)	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	\$1,580/\$3,160	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	\$1,580/\$3,160
Retail - Generic	\$3	\$3	\$7	\$3	\$7			\$7
Retail - Brand	\$10	\$10	\$16	\$18	\$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
Mail - Generic	\$5	\$5	\$18	\$5	\$18			\$18
Mail - Brand	\$15	\$15	\$40	\$36	\$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

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

Exhibit 5B – Plan Year 2019 Early Retiree Plan Option Summary

	State Early Retirees							
	\$10 PPO	\$15 PPO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO	HDHP 4000
In-Network								
Deductible (Single/Family) ¹	None	None	None	None	None	None	None	\$4,000/\$8,000
Coinsurance OOP Maximum (Single/Family)	None	\$400/\$1,000	None	\$400/\$1,000	None	\$800/\$2,000	None	None
Total In-Network OOP Maximum (Single/Family) ¹	\$400/\$1,000	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$5,000/\$10,000
Overall Coinsurance	None	None	None	None	None	None	None	20%
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay	20% coinsurance after deductible
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)	20% coinsurance after deductible
Emergency Room	\$75 copay	\$100 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay	20% coinsurance after deductible
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	20% coinsurance after deductible
Out-of-Network								
Deductible (Single/Family)	\$100/\$250	\$100/\$250	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered	Combined with In-Network Deductible
Total Out-of-Network OOP Maximum (Single/Family)	\$2,000/\$5,000	\$2,000/\$5,000	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered	\$6,000/\$12,000
Overall Coinsurance	20%	30%	Not covered	30%	Not covered	30%	Not covered	40%
Prescription Drug								
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	Subject to Deductible and Coinsurance
Retail - Generic	\$10	\$10	\$6	\$7	\$7	\$3	\$3	
Retail - Preferred Brand	\$22	\$22	\$12	\$16	\$16	\$18	\$18	
Retail - Non-Preferred Brand	\$44	\$44	\$24	\$35	\$35	\$46	\$46	
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	
Mail - Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$5	
Mail - Preferred Brand	\$28	\$28	\$18	\$40	\$40	\$36	\$36	
Mail - Non-Preferred Brand	\$55	\$55	\$30	\$88	\$88	\$92	\$92	
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	

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

Exhibit 5C – Plan Year 2019 Medicare Retiree Plan Option Summary

	State Medicare Advantage ²				State Medicare Supplement				
	\$10 PPO	\$15 PPO	\$10 HMO	1525HMO	\$10 HMO	1525PPO	1525HMO	2030PPO	2030HMO
In-Network									
Deductible (Single/Family)	None	None	None	None	None	None	None	None	None
Coinsurance OOP Maximum (Single/Family) ¹	None	None	None	None	None	\$400/\$1,000	None	\$800/\$2,000	None
Total In-Network OOP Maximum (Single/Family)	\$400 per person	\$1,000 per person	\$2,500 per person	\$2,500 per person	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098	\$6,549/\$13,098
Overall Coinsurance	None	None	None	None	None	None	None	None	None
PCP	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$20 copay	\$20 copay
Specialist	\$10 copay	\$15 copay	\$10 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay	\$30 copay/ \$20 copay (child)	\$30 copay/ \$20 copay (child)
Emergency Room	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$85 copay	\$100 copay	\$100 copay	\$125 copay	\$125 copay
Inpatient Hospital	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Out-of-Network									
Deductible (Single/Family)	None	None	Not Covered	Not Covered	Not covered	\$100/\$250	Not covered	\$200/\$500	Not covered
Coinsurance OOP Maximum (Single/Family) ¹	None	None	Not Covered	Not Covered	Not covered	None	Not covered	None	Not covered
Total Out-of-Network OOP Maximum (Single/Family)	\$1,000 per person; Combined with IN OOP	\$1,000 per person; Combined with IN OOP	Not Covered	Not Covered	Not covered	\$2,000/\$5,000	Not covered	\$5,000/\$12,500	Not covered
Overall Coinsurance	None	None	Not Covered	Not Covered	Not covered	30%	Not covered	30%	Not covered
Prescription Drug									
OOP Maximum (Single/Family)	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702	\$1,351/\$2,702
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	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Mail - Preferred Brand	\$28	\$28	\$18	\$40	\$18	\$40	\$40	\$36	\$36
Mail - Non-Preferred Brand	\$55	\$55	\$30	\$88	\$30	\$88	\$88	\$92	\$92

¹ Coinsurance OOP Maximum applies on the Horizon \$15 PPO for IN outpatient private duty nursing, IN or OON ambulance, DME and some prosthetic and orthotic services

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

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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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