SHBP

Medical - NJ DIRECT 10/RX

Coverage	Medical Rate	RX Rate	Total	ANNUAL
Single	$ 1,845.41	$ 441.44	$ 2,286.85	$ 27,442.20
Parent/Child	3,303.28	790.18	$ 4,093.46	$ 49,121.52
Husband/Wife	3,690.82	882.88	$ 4,573.70	$ 54,884.40
Family	5,148.69	1,231.62	$ 6,380.31	$ 76,563.72

Medical - NJ DIRECT 1525

Coverage	Medical Rate	RX Rate	Total	ANNUAL
Single	$ 1,704.66	$ 400.36	$ 2,105.02	$ 25,260.24
Parent/Child	3,051.34	716.64	$ 3,767.98	$ 45,215.76
Husband/Wife	3,409.32	800.72	$ 4,210.04	$ 50,520.48
Family	4,756.00	1,117.00	$ 5,873.00	$ 70,476.00

Medical - Horizon Omnia

Coverage	Medical Rate	RX Rate	Total	ANNUAL
Single	$ 1,440.65	$ 400.36	$ 1,841.01	$ 22,092.12
Parent/Child	2,578.76	716.64	$ 3,295.40	$ 39,544.80
Husband/Wife	2,881.30	800.72	$ 3,682.02	$ 44,184.24
Family	4,019.41	1,117.00	$ 5,136.41	$ 61,636.92

Medical/Rx - NJ Direct HDHigh

Coverage	Rate	Total	ANNUAL
Single	$ 1,777.85	$ 1,777.85	$ 21,334.20
Parent/Child	3,182.35	3,182.35	$ 38,188.20
Husband/Wife	3,555.70	3,555.70	$ 42,668.40
Family	4,960.20	4,960.20	$ 59,522.40

NJHIF

Medical - NJ DIRECT 10/RX

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 1,644.00	$ 503.00	$ 2,147.00	$ 25,764.00	$ (1,678.20)	-6.12%
Parent/Child	2,943.00	901.00	$ 3,844.00	$ 46,128.00	$ (2,993.52)	-6.09%
Husband/Wife	3,289.00	1,006.00	$ 4,295.00	$ 51,540.00	$ (3,344.40)	-6.09%
Family	4,587.00	1,404.00	$ 5,991.00	$ 71,892.00	$ (4,671.72)	-6.10%

Medical - NJ DIRECT 1525

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 1,519.00	$ 456.00	$ 1,975.00	$ 23,700.00	$ (1,560.24)	-6.18%
Parent/Child	2,719.00	817.00	$ 3,536.00	$ 42,432.00	$ (2,783.76)	-6.16%
Husband/Wife	3,038.00	913.00	$ 3,951.00	$ 47,412.00	$ (3,108.48)	-6.15%
Family	4,238.00	1,273.00	$ 5,511.00	$ 66,132.00	$ (4,344.00)	-6.16%

Medical - Horizon Omnia

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 1,284.00	$ 456.00	$ 1,740.00	$ 20,880.00	$ (1,212.12)	-5.49%
Parent/Child	2,298.00	817.00	$ 3,115.00	$ 37,380.00	$ (2,164.80)	-5.47%
Husband/Wife	2,567.00	913.00	$ 3,480.00	$ 41,760.00	$ (2,424.24)	-5.49%
Family	3,581.00	1,273.00	$ 4,854.00	$ 58,248.00	$ (3,388.92)	-5.50%

Medical/Rx - NJ Direct HDHigh

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 1,278.00	$ 392.00	$ 1,670.00	$ 20,040.00	$ (1,294.20)	-6.07%
Parent/Child	2,287.00	702.00	2,989.00	$ 35,868.00	$ (2,320.20)	-6.08%
Husband/Wife	2,555.00	784.00	3,339.00	$ 40,068.00	$ (2,600.40)	-6.09%
Family	3,564.00	1,094.00	4,658.00	$ 55,896.00	$ (3,626.40)	-6.09%

SHBP

RETIREES

Medical - NJ DIRECT 10

Coverage	Rate	Total	ANNUAL
Single	$ 3,329.05	$ 3,329.05	$ 39,948.60
Parent/Child	4,660.76	4,660.76	$ 55,929.12
Husband/Wife	7,257.61	7,257.61	$ 87,091.32
Family	8,256.30	8,256.30	$ 99,075.60

Medical - NJ DIRECT 10 - One Medicare

Coverage	Rate	Total	ANNUAL
Husband/Wife	$ 3,928.56	$ 3,928.56	$ 47,142.72
Family	4,927.25	4,927.25	$ 59,127.00

Medical - NJ DIRECT 15 - One Medicare

Coverage	Rate	Total	ANNUAL
Husband/Wife	$ 3,633.13	$ 3,633.13	$ 43,597.56
Family	4,557.63	4,557.63	$ 54,691.56

Medical - Horizon Omnia

Coverage	Rate	Total	ANNUAL
Single	$ 2,462.44	$ 2,462.44	$ 29,549.28
Parent/Child	3,447.51	3,447.51	$ 41,370.12
Husband/Wife	5,368.28	5,368.28	$ 64,419.36
Family	6,107.05	6,107.05	$ 73,284.60

Medicare Advantage - PPO ESA 10

Coverage	Rate	Total	ANNUAL
Single	$ 757.52	$ 757.52	$ 9,090.24
Husband/Wife	1,515.04	1,515.04	$ 18,180.48

NJHIF

RETIREES

Medical - NJ DIRECT 10

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 2,379.00	$ 752.00	$ 3,131.00	$ 37,572.00	$ (2,376.60)	-5.95%
Parent/Child	3,330.00	1,052.00	4,382.00	$ 52,584.00	$ (3,345.12)	-5.98%
Husband/Wife	5,186.00	1,639.00	6,825.00	$ 81,900.00	$ (5,191.32)	-5.96%
Family	5,899.00	1,864.00	7,763.00	$ 93,156.00	$ (5,919.60)	-5.97%

Medical - NJ DIRECT 10 - One Medicare

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Husband/Wife			$ -	$ -		
Family			-	$ -		

Medical - NJ DIRECT 15 - One Medicare

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Husband/Wife			$ -	$ -		
Family			-	$ -		

Medical - Horizon Omnia

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 1,666.00	$ 676.00	$ 2,342.00	$ 28,104.00	$ (1,445.28)	-4.89%
Parent/Child	2,332.00	946.00	3,278.00	$ 39,336.00	$ (2,034.12)	-4.92%
Husband/Wife	3,632.00	1,473.00	5,105.00	$ 61,260.00	$ (3,159.36)	-4.90%
Family	4,132.00	1,676.00	5,808.00	$ 69,696.00	$ (3,588.60)	-4.90%

Medicare Advantage - PPO ESA 10

Coverage	Medical Rate	RX Rate	Total	ANNUAL	$ Change	% Change
Single	$ 532.00		$ 532.00	$ 6,384.00	$ (2,706.24)	-29.77%
Husband/Wife	1,064.00		1,064.00	$ 12,768.00	$ (5,412.48)	-29.77%