Active

Atlantic City June 2023 Medical Rates
Based on United States Fire Insurance Company Reinsurance with $250K Specific Deductible
Horizon With Direct Primary Care Plus

Active Rates	HMO HZ			NJ D10			NJ Direct 2019			NJ 1525			NJ 2030		
	SI RATE	SHBP RATE		SI RATE	SHBP RATE		SI RATE	SHBP RATE		SI RATE	SHBP RATE		SI RATE	SHBP RATE	
Single	$856.60	*$972.16*	-$115.56	$938.46	*$1,051.11*	-$112.65	$820.30	*$930.96*	-$110.66	$855.54	*$970.95*	-$115.41	$804.17	*912.65*	-$108.48
H/W	$1,713.21	*$1,944.32*	-$231.11	$1,876.92	*$2,102.22*	-$225.30	$1,640.60	*$1,861.92*	-$221.32	$1,711.07	*$1,941.90*	-$230.83	$1,608.34	*1825.30*	-$216.96
P/C	$1,533.32	*$1,740.17*	-$206.85	$1,679.85	*$1,881.49*	-$201.64	$1,468.34	*$1,666.42*	-$198.08	$1,531.41	*$1,738.00*	-$206.59	$1,439.47	*1633.64*	-$194.17
Family	$2,389.92	*$2,712.33*	-$322.41	$2,618.31	*$2,932.60*	-$314.29	$2,288.64	*$2,597.38*	-$308.74	$2,386.95	*$2,708.98*	-$322.03	$2,243.65	*2546.29*	-$302.64

	NJ 2035			HZ Omnia			NJ4000			NJ015		
	SI RATE	SHBP RATE		SI RATE	SHBP RATE		SI RATE	SHBP RATE		SI RATE	SHBP RATE	
Single	$691.60	*784.89*	-$93.29	$655.60	*$744.04*	-$88.44	$448.74	600.20	-$151.46	$881.43	*$1,000.94*	-$119.51
H/W	$1,383.19	*1569.78*	-$186.59	$1,311.20	*$1,488.08*	-$176.88	$897.49	1200.40	-$302.91	$1,762.86	*$2,001.88*	-$239.02
P/C	$1,237.95	*1404.95*	-$167.00	$1,173.52	*$1,331.83*	-$158.31	$803.25	1074.36	-$271.11	$1,577.76	*$1,791.68*	-$213.92
Family	$1,929.55	*2189.84*	-$260.29	$1,829.12	*$2,075.87*	-$246.75	$1,252.00	1674.56	-$422.56	$2,459.19	*$2,792.62*	-$333.43

PRESCRIPTION & COBRA RATES 2021 TO 2022

Prescription Civilian	Rates	Cobra
Employee Only	$224.32	$228.81
Employee & Spouse	$448.63	$457.60
Employee & Children	$361.14	$368.36
Employee & Family	$585.45	$597.16
Overage Dependent	$178.92	$182.50

Prescription Police & Fire	Rates	Cobra
Employee Only	$206.37	$210.50
Employee & Spouse	$412.74	$420.99
Employee & Children	$332.25	$338.90
Employee & Family	$538.62	$549.39
Overage Dependent	$164.61	$167.90

Retirees

Retiree Rates		NEW RATE RX	NEW RATE HMO HZ	TOTAL NEW	SHBP RATE HMO HZ		NEW RATE RX	NEW RATE NJ D10	TOTAL NEW	SHBP RATE NJ D10	
BCBS											
Single	0	314.59	$994.77	$1,309.36	$1,128.97	39	369.65	$1,089.62	$1,459.27	$1,236.81	0
E & SP/P	1	660.65	$2,168.61	$2,829.26	$2,461.16	53	776.26	$2,375.37	$3,151.63	$2,696.26	1
P/C	0	519.08	$1,392.69	$1,911.77	$1,580.57	31	609.92	$1,525.46	$2,135.38	$1,731.54	0
Family	1	755.02	$2,467.06	$3,222.08	$2,799.88	52	887.15	$2,702.26	$3,589.41	$3,067.30	0
						175					1

	PO2	NEW RATE	SHBP RATE	CO4	NEW RATE	SHBP RATE
AETNA		HMO	HMO		ESA PPO 10	ESA PPO 10
		$448.00	$443.64		$384.58	$384.38

	NEW RATE'		SHBP RATE
RX	NJ DIRECT 2019	TOTAL NEW	NJ DIRECT 2019
	$924.05		$1,048.71
630.92	$2,014.46	$2,645.38	$2,286.21
	$1,293.69		$1,468.21
	$2,291.68		$2,600.84

	NEW RATE		SHBP RATE
RX	NJ 1525	TOTAL NEW	NJ 1525
7	369.65	$978.77	$1,348.42	$1,110.81
7	776.26	$2,133.74	$2,910.00	$2,421.59
1	609.92	$1,370.30	$1,980.22	$1,555.16
2	887.15	$2,427.37	$3,314.52	$2,754.84
17				

	NEW RATE		
RX	NJ 2030	TOTAL NEW
4	309.87	$921.08	$1,230.95
2	650.74	$2,007.95	$2,658.69
0	511.29	$1,289.51	$1,800.80
1	743.70	$2,284.28	$3,027.98
7			

Retirees

SHBP RATE			NEW RATE		SHBP RATE
NJ 2030		RX	NJD15	TOTAL NEW	NJD15
$1,045.34	33	369.65	$1,024.76	$1,394.41	$1,163.00
$2,278.83	17	776.26	$2,233.96	$3,010.22	$2,535.33
$1,463.47	19	609.92	$1,434.66	$2,044.58	$1,628.20
$2,592.44	59	887.15	$2,541.39	$3,428.54	$2,884.23
	128				

328 retiree under 65

PO1	NEW RATE	SHBP RATE
	ESA PPO 15	ESA PPO 15
	$371.00	$366.68

BENECARD PRESCRIPTION FOR RETIREES 2023 -2024

		# OF MEMBERS
GROUP 17 DIRECT/HMO 1525	**AMOUNT**	**9**
SINGLE	$369.65	
PARENT/CHILD	$609.92	
MEMBER/SPOUSE	$776.26	
FAMILY	$887.15	
GROUP 18 DIRECT/HMO 2030	**AMOUNT**	**5**
SINGLE	$309.87	
PARENT/CHILD	$511.29	
MEMBER/SPOUSE	$650.74	
FAMILY	$743.70	
GROUP 14 HORIZON HMO	**AMOUNT**	**1**
SINGLE	$314.59	
PARENT/CHILD	$519.08	
MEMEBR/SPOUSE	$660.65	
FAMILY	$755.02	
GROUP 15 DIRECT 027/OMNIA	**AMOUNT**	**5**
SINGLE	$300.44	
PARENT/CHILD	$495.72	
MEMBER/SPOUSE	$630.92	
FAMILY	$721.05	
GROUP 16 DIRECT 10/15	**AMOUNT**	**362**
SINGLE	$369.65	
PARENT/CHILD	$609.92	
MEMBER/SPOUSE	$776.26	
FAMILY	$887.15	