2027 Medical & Prescription Drug Program Overview

Effective January 1, 2027

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Presentation Agenda

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2. State Health Benefits Program “26” Plans
3. 2027 Difference Card Offering
4. Centers of Excellence Program
5. Sample Payroll Contributions

Medical & Prescription Drug Program Overview

- The New Jersey State Health Benefits Program (SHBP) rates are increasing by over 17% on average across all plans for the 2027 calendar year.
  - » The premiums for the NJ Direct 2030 plan are increasing by 11.6% compared to 2026.
  - » The premiums for the HDHigh plan are increasing by 71.8% compared to 2026.
  - » Even with the significant rate increase, the HDHigh plan remains the lowest cost option in the SHBP.

- The County solicited proposals from various insurance carriers and health insurance funds in the region. There currently is no viable option for the County to exit the SHBP due to its unfavorable claims experience.

- The County will remain in the SHBP in 2027 but will continue to seek alternatives outside the SHBP.

State Health Benefits Program “26” Plans

- The SHBP is offering two sets of plans for 2027: the Legacy plans and the “26” plans.
  - » There are no changes to the Legacy plans. They are the same as the plans currently offered today.
  - » The “26” plans offer lower premiums but higher deductibles, copays, and coinsurance than their Legacy equivalents.
  - » On average, the “26” plan premiums are 2% to 3% less expensive than the Legacy plan premiums.

- Using the NJ Direct 2030 plan as an example, below are the main benefit differences between the Legacy plan and the “26” plan.

Service Type	Legacy Plan Benefit	“26” Plan Benefit
In-Network Deductible	$0/$0	$110/$220 Applies only to certain services, such as hospitalization, outpatient surgery, ambulance, durable medical equipment
Outpatient Surgery in a Hospital Setting	$0 copay	50% coinsurance after deductible
Radiology	$0 copay	$50 copay
Prescription Drugs	$3/$18/$46/$45	$10/$20/$75/$45 w/ Mandatory Mail

2027 Difference Card Offering

- The County will continue to offer employees the Difference Card in 2027.
  - The Difference Card will be paired with the “26” HDHigh plan.
  - Employees who wish to participate in the Difference Card program should elect the “26” HDHigh plan through BenefitSolver during open enrollment.

- The Difference Card account will be funded with $12,500 per enrolled employee in 2027.
  - The $12,500 funding amount aligns with the maximum out-of-pocket limit under the “26” HDHigh plan.
  - Once you meet the maximum out-of-pocket limit under the “26” HDHigh plan, Horizon/Aetna and OptumRx are responsible for paying 100% of your covered medical and prescription drug expenses for the rest of the calendar year.

- The Difference Card funds can be used to pay for all covered deductible and coinsurance expenses under the Horizon/Aetna medical plan and the OptumRx prescription drug plan.
  - By using the Difference Card, you will have $0 out-of-pocket costs for covered medical and prescription drug expenses.
  - Difference Card debit card expenses required substantiation, which means you must provide a Horizon/Aetna explanation of benefits to the Difference Card to verify that you used the funds for a covered expense.

SHBP Centers of Excellence Program

- The State Health Benefits Program will implement a Centers of Excellence (COE) Pilot Program effective January 1, 2027.
- The COE program is administered by Carrum Health.
- Members enrolled in a PPO plan will be required to consult with Carrum Health prior to scheduling a COE covered procedure.
  - » COE covered procedures include diagnostic colonoscopies, knee and hip replacements, and bariatric, spinal, and heart surgeries.
  - » The COE program does not apply to the HDHigh, HDLow, HMO, or Tiered-Network plans.
- If you have a COE covered procedure by a Carrum Health provider, you will have no cost share (i.e., $0 copay) for the procedure.
- If you have a COE covered procedure by another in-network provider outside the Carrum Health panel, you will pay a $300 copay.

Sample Payroll Contributions

- Employee payroll contributions are based on Chapter 78.
  - » Your payroll contribution is calculated as a percentage of the premium for the plan you select.
  - » The percentage you pay is determined by your salary and coverage tier (Single, Two Adults, Parent/Child(ren), or Family).

- You can estimate your payroll contributions using the contribution calculator on Infoplease, the County's intranet.
  - » You enter your plan election, salary, and coverage tier, and the calculator provides an estimated payroll contribution based on your selections.

- The following chart shows sample payroll contributions for various plans based on salary and coverage tier. Please note the chart is intended for illustrative purposes only, and your contributions will vary based on actual salary and coverage tier.

Salary	Coverage Tier	Legacy NJ Direct 10	Legacy NJ Direct 15	Legacy HMO	Legacy NJ Direct 1525	Legacy NJ Direct 2030	Legacy OMNIA	26 HDHigh
$35,000.00	Single	$3,019	$2,902	$2,836	$2,779	$2,765	$2,430	$2,320
$35,000.00	Parent/Child(ren)	$3,438	$3,306	$3,230	$3,165	$3,149	$2,768	$2,643
$35,000.00	Employee/Spouse	$3,842	$3,694	$3,609	$3,536	$3,519	$3,093	$2,953
$35,000.00	Family	$4,594	$4,417	$4,315	$4,229	$4,207	$3,698	$3,531
$45,000.00	Single	$3,842	$3,694	$3,609	$3,536	$3,519	$3,093	$2,953
$45,000.00	Parent/Child(ren)	$4,912	$4,723	$4,614	$4,522	$4,499	$3,954	$3,775
$45,000.00	Employee/Spouse	$5,488	$5,277	$5,156	$5,052	$5,027	$4,418	$4,218
$45,000.00	Family	$6,891	$6,625	$6,473	$6,343	$6,311	$5,547	$5,296
$55,000.00	Single	$6,312	$6,069	$5,929	$5,810	$5,781	$5,081	$4,851
$55,000.00	Parent/Child(ren)	$8,351	$8,029	$7,844	$7,687	$7,648	$6,723	$6,418
$55,000.00	Employee/Spouse	$9,330	$8,971	$8,765	$8,589	$8,545	$7,511	$7,171
$55,000.00	Family	$10,719	$10,306	$10,069	$9,867	$9,817	$8,629	$8,238
$65,000.00	Single	$7,958	$7,652	$7,476	$7,326	$7,288	$6,407	$6,116
$65,000.00	Parent/Child(ren)	$11,298	$10,863	$10,613	$10,400	$10,347	$9,095	$8,683
$65,000.00	Employee/Spouse	$12,623	$12,137	$11,858	$11,620	$11,561	$10,162	$9,702
$65,000.00	Family	$14,547	$13,987	$13,665	$13,390	$13,323	$11,711	$11,180
$75,000.00	Single	$9,056	$8,707	$8,507	$8,336	$8,294	$7,290	$6,960
$75,000.00	Parent/Child(ren)	$13,263	$12,752	$12,459	$12,208	$12,147	$10,677	$10,193
$75,000.00	Employee/Spouse	$14,819	$14,248	$13,920	$13,641	$13,572	$11,930	$11,389
$75,000.00	Family	$17,610	$16,931	$16,542	$16,209	$16,128	$14,176	$13,534
$85,000.00	Single	$9,330	$8,971	$8,765	$8,589	$8,545	$7,511	$7,171
$85,000.00	Parent/Child(ren)	$14,736	$14,169	$13,843	$13,565	$13,496	$11,863	$11,326
$85,000.00	Employee/Spouse	$16,465	$15,831	$15,467	$15,156	$15,080	$13,255	$12,654
$85,000.00	Family	$19,907	$19,140	$18,700	$18,324	$18,231	$16,026	$15,299
$95,000.00	Single	$9,605	$9,235	$9,023	$8,841	$8,796	$7,732	$7,382
$95,000.00	Parent/Child(ren)	$14,736	$14,169	$13,843	$13,565	$13,496	$11,863	$11,326
$95,000.00	Employee/Spouse	$16,465	$15,831	$15,467	$15,156	$15,080	$13,255	$12,654
$95,000.00	Family	$22,203	$21,348	$20,858	$20,438	$20,335	$17,875	$17,064
$105,000.00	Single	$9,605	$9,235	$9,023	$8,841	$8,796	$7,732	$7,382
$105,000.00	Parent/Child(ren)	$17,193	$16,530	$16,150	$15,825	$15,746	$13,841	$13,213
$105,000.00	Employee/Spouse	$19,210	$18,470	$18,045	$17,682	$17,593	$15,465	$14,763
$105,000.00	Family	$24,500	$23,556	$23,015	$22,552	$22,438	$19,724	$18,830
$115,000 or more	Single	$9,605	$9,235	$9,023	$8,841	$8,796	$7,732	$7,382
$115,000 or more	Parent/Child(ren)	$17,193	$16,530	$16,150	$15,825	$15,746	$13,841	$13,213
$115,000 or more	Employee/Spouse	$19,210	$18,470	$18,045	$17,682	$17,593	$15,465	$14,763
$115,000 or more	Family	$26,797	$25,765	$25,173	$24,667	$24,542	$21,573	$20,595

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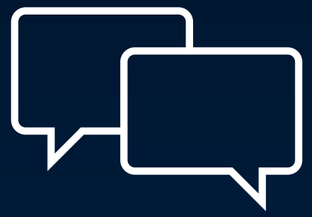
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