



NJECA

NJ Electrical Contractors Association

Your Partner. Your Trade. Your Association

www.njeca.org • (732) 981-8901

We Know Medical Insurance is Costly and Confusing for Electrical Contractors.

KORE & NJECA Can Help!

Whether you are an **individual** or an **employer** wanting to offer the best affordable coverage to your employees, **KORE & NJECA** can get you the medical coverage that best meets your needs! Our team consists of experts with over 20+ years of industry experience and provide “hands on” service to not only get you affordable coverage, but the one that is best for you.

Individuals

Our Teams offers...

- Guidance on plan selection and help with the enrollment process.
- A customized internet link for a web-based enrollment.
- On-line and telephonic customer support.

Employer Groups

Our Teams offers...

- Comprehensive review of all available carrier options.
- Guidance in choosing the best plan for your employees.
- Enrollment support with the application process.
- Assistance and advocacy for all on-going day-to-day plan issues.

Free Quote for Health Care from your partners at the NJ Electrical Contractors Association!

For a FREE QUOTE for Health Insurance for you and/or your employees return the attached questionnaire to Donna Grisanti at NJECA **Call (732) 981-8901 or email dgrisanti@njeca.org**. To take advantage of the discounted rates you must be an existing member of NJECA or join at the time your healthcare plan is finalized. (Business Membership - \$365/year, Individual Membership - \$99/year.) There is no obligation for this free quote.



ILLUSTRATIVE PROPOSAL FOR 5 - EMPLOYEE GROUPS

Estimated Costs Only

Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!








NJECA

ILLUSTRATIVE 5 Employee Group Low Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Silver HMO Local Value \$50/\$75 HMO (Low Plan)	OMNIA Silver EPO (Low Plan)	Classic Silver 2500 50% EPO (Low Plan)	GSP Gold EPO 30/60 2000 EPO (Low Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$2,000 / \$4,000	T1 - \$1,000 / \$2,000 T2 - \$2,500 / \$5,000	\$2,500 / \$5,000	\$2,000 / \$4,000	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,700	T1 - \$7,350 / \$14,700 T2 - \$7,350 / \$14,700	\$7,350 / \$14,700	\$6,850 / \$13,700	\$2,000 / \$4,000
Coinsurance	50%	T1 - 0% T2 - 50%	50%	30%	50%
Office Visit - (PCP/Specialist)	\$50 / \$75	T1 - \$30 / \$50 T2 - 50% after ded. / 50% after ded.	\$50 / \$75	\$30 / \$60	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	50% after deductible	T1 - \$500/day after ded.; \$2,500 max/admit T2 - 50% after ded.	50% after deductible	30% after deductible	\$1,000 Access Fee
Out of Network Benefits	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000
Coinsurance	N/A	N/A	N/A	N/A	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: 50% after ded. Up to \$125 Tier 3: 50% after ded. Up to \$125	Tier 1: \$15 copay Tier 2: 50% Tier 3: 50% Tier 4: \$150 copay	Tier 1: \$25 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$15 copay Tier 2: \$35 copay Tier 3: \$75 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Silver HMO Local Value \$50/\$75 HMO (Low Plan)		OMNIA Silver EPO (Low Plan)		Classic Silver 2500 50% EPO (Low Plan)		GSP Gold EPO 30/60 2000 EPO (Low Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$365.36	29 / EE	\$400.10	29 / EE	\$384.65	29 / EE	\$437.41	29 / EE	\$352.37
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$352.37
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$379.11	32 / EE	\$415.17	32 / EE	\$399.13	32 / EE	\$453.88	32 / EE	\$810.46
Age / Member	31 / SP	\$373.95	31 / SP	\$409.52	31 / SP	\$393.70	31 / SP	\$447.71	31 / SP	
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$650.07
Age / Member	10 / CH	\$219.21	10 / CH	\$240.06	10 / CH	\$230.79	10 / CH	\$262.45	10 / CH	
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$1,108.16
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	
	TOTAL	\$3,133.17	TOTAL	\$3,431.16	TOTAL	\$3,298.64	TOTAL	\$3,751.13	TOTAL	\$3,273.43

Totals		Silver HMO Local Value \$50/\$75 HMO (Low Plan)		OMNIA Silver EPO (Low Plan)		Classic Silver 2500 50% EPO (Low Plan)		GSP Gold EPO 30/60 2000 EPO (Low Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Monthly		\$3,133.17		\$3,431.16		\$3,298.64		\$3,751.13		\$3,273.43
Annual		\$37,598.04		\$41,173.92		\$39,583.68		\$45,013.56		\$39,281.16

Estimated Costs Only






Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJECA

ILLUSTRATIVE 5 Employee Group Mid Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Silver EPO Advantage \$30 / \$60 (Mid Plan)	Advantage EPO Silver 100/70 (Mid Plan)	Classic Gold 1000 7000 EPO (Mid Plan)	GSP Gold EPO 25/50 1250 EPO (Mid Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$2,500 / \$5,000	\$2,100 / \$4,200	\$1,000 / \$2,000	\$1,250 / \$2,500	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,000 / \$14,000	\$3,300 / \$6,600	\$2,000 / \$4,000
Coinsurance	T1 - 30% T2 - 50%	30%	20%	20%	50%
Office Visit - (PCP/Specialist)	T1 - \$30 / \$60 T2 - \$50 / \$75	\$30 / \$50	\$25 / \$50	\$25 / \$50	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	T1 - 30% after ded. T2 - 50% after ded.	30% after deductible	20% after deductible	20% after deductible	\$1,000 Access Fee
Out of Network Benefits					Out of Network
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000
Coinsurance	N/A	N/A	N/A	N/A	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: \$50% up to \$125 Tier 3: 50% up to \$125	Tier 1: \$25 copay Tier 2: \$50 copay Tier 3: \$75 copay	Tier 1: \$10 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$70 copay Tier 4: \$100 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Silver EPO Advantage \$30 / \$60 (Mid Plan)		Advantage EPO Silver 100/70 (Mid Plan)		Classic Gold 1000 7000 EPO (Mid Plan)		GSP Gold EPO 25/50 1250 EPO (Mid Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$391.44	29 / EE	\$507.30	29 / EE	\$478.66	29 / EE	\$522.25	29 / EE	\$352.37
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$352.37
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$406.18	32 / EE	\$526.40	32 / EE	\$496.68	32 / EE	\$541.91	32 / EE	\$810.46
Age / Member	31 / SP	\$400.65	31 / SP	\$519.23	31 / SP	\$489.92	31 / SP	\$534.54	31 / SP	
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$650.07
Age / Member	10 / CH	\$234.87	10 / CH	\$304.38	10 / CH	\$287.19	10 / CH	\$313.35	10 / CH	
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$1,108.16
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	
	TOTAL	\$3,356.89	TOTAL	\$4,350.44	TOTAL	\$4,104.79	TOTAL	\$4,478.68	TOTAL	\$3,273.43

Totals		Silver EPO Advantage \$30 / \$60 (Mid Plan)		Advantage EPO Silver 100/70 (Mid Plan)		Classic Gold 1000 7000 EPO (Mid Plan)		GSP Gold EPO 25/50 1250 EPO (Mid Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Monthly		\$3,356.89		\$4,350.44		\$4,104.79		\$4,478.68		\$3,273.43
Annual		\$40,282.68		\$52,205.28		\$49,257.48		\$53,744.16		\$39,281.16

Estimated Costs Only






Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJECA

ILLUSTRATIVE 5 Employee Group High Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Gold EPO Advantage \$10 / \$20 (High Plan)	DA Gold 100/80/60 BlueCard (High Plan)	Classic Gold 0 7000 EPO (High Plan)	Gold PPO Flex 25/40 1000 (High Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$1,200 / \$2,400	\$1,500 / \$3,000	\$0 / \$0	\$1,000 / \$2,000	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$5,000 / \$10,000	\$3,000 / \$6,000	\$7,000 / \$14,000	\$4,800 / \$9,600	\$2,000 / \$4,000
Coinsurance	T1 - 20% T2 - 50%	20%	20%	20%	50%
Office Visit - (PCP/Specialist)	T1 - \$10 / \$20 T2 - \$50 / \$75	\$20 / \$40	\$10 / \$50	\$25 / \$40	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	T1 - 30% after ded. T2 - 50% after ded.	20% after deductible	20% after deductible	20% after deductible	\$1,000 Access Fee
Out of Network Benefits					Out of Network
Deductible (Ind/Fam)	N/A	\$2,500 / \$5,000	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	\$7,500 / \$15,000	N/A	\$7,500 / \$15,000	\$7,500 / \$15,000
Coinsurance	N/A	40%	N/A	40%	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$60 copay	Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$75 copay	Tier 1: \$10 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$15 copay Tier 2: \$35 copay Tier 3: \$75 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Gold EPO Advantage \$10 / \$20 (High Plan)		DA Gold 100/80/60 BlueCard (High Plan)		Classic Gold 0 7000 EPO (High Plan)		Gold PPO Flex 25/40 1000 (High Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$457.06	29 / EE	\$676.00	29 / EE	\$506.60	29 / EE	\$564.67	29 / EE	\$352.37
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$352.37
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$474.26	32 / EE	\$701.44	32 / EE	\$525.67	32 / EE	\$585.93	32 / EE	\$810.46
Age / Member	31 / SP	\$467.81	31 / SP	\$691.90	31 / SP	\$518.52	31 / SP	\$577.96	31 / SP	
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$650.07
Age / Member	10 / CH	\$274.23	10 / CH	\$405.59	10 / CH	\$303.96	10 / CH	\$338.80	10 / CH	
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$490.75	38 / EE	\$725.83	38 / EE	\$543.95	38 / EE	\$606.30	38 / EE	\$1,108.16
Age / Member	34 / SP	\$482.51	34 / SP	\$713.63	34 / SP	\$534.81	34 / SP	\$596.12	34 / SP	
Age / Member	7 / CH	\$274.23	7 / CH	\$405.59	7 / CH	\$303.96	7 / CH	\$338.80	7 / CH	
	TOTAL	\$3,919.57	TOTAL	\$5,797.10	TOTAL	\$4,344.43	TOTAL	\$4,842.44	TOTAL	\$3,273.43

		Gold EPO Advantage \$10 / \$20 (High Plan)		DA Gold 100/80/60 BlueCard (High Plan)		Classic Gold 0 7000 EPO (High Plan)		Gold PPO Flex 25/40 1000 (High Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Totals										
Monthly		\$3,919.57		\$5,797.10		\$4,344.43		\$4,842.44		\$3,273.43
Annual		\$47,034.84		\$69,565.20		\$52,133.16		\$58,109.28		\$39,281.16

Estimated Costs Only

Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!



ILLUSTRATIVE PROPOSAL FOR 10 - EMPLOYEE GROUPS

Estimated Costs Only

Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!








NJCA

ILLUSTRATIVE 10 Employee Group Low Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Silver HMO Local Value \$50/\$75 HMO (Low Plan)	OMNIA Silver EPO (Low Plan)	Classic Silver 2500 50% EPO (Low Plan)	GSP Gold EPO 30/60 2000 EPO (Low Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$2,000 / \$4,000	T1 - \$1,000 / \$2,000 IT2 - \$2,500 / \$5,000	\$2,500 / \$5,000	\$2,000 / \$4,000	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,700	T1 - \$7,350 / \$14,700 IT2 - \$7,350 / \$14,700	\$7,350 / \$14,700	\$6,850 / \$13,700	\$2,000 / \$4,000
Coinsurance	50%	T1 - 0% IT2 - 50%	50%	30%	50%
Office Visit - (PCP/Specialist)	\$50 / \$75	T1 - \$30 / \$50 IT2 - 50% after ded. / 50% after ded.	\$50 / \$75	\$30 / \$60	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	50% after deductible	T1 - \$500/day after ded.; \$2,500 max/admit IT2 - 50% after ded.	50% after deductible	30% after deductible	\$1,000 Access Fee
Out of Network Benefits	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000
Coinsurance	N/A	N/A	N/A	N/A	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: 50% after ded. Up to \$125 Tier 3: 50% after ded. Up to \$125	Tier 1: \$15 copay Tier 2: 50% Tier 3: 50% Tier 4: \$150 copay	Tier 1: \$25 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$15 copay Tier 2: \$35 copay Tier 3: \$75 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Silver HMO Local Value \$50/\$75 HMO (Low Plan)		OMNIA Silver EPO (Low Plan)		Classic Silver 2500 50% EPO (Low Plan)		GSP Gold EPO 30/60 2000 EPO (Low Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$365.36	29 / EE	\$400.10	29 / EE	\$384.65	29 / EE	\$437.41	29 / EE	\$295.53
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$295.53
Age / Member	29 / EE	\$365.36	29 / EE	\$400.10	29 / EE	\$384.65	29 / EE	\$437.41	29 / EE	\$295.53
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$295.53
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$379.11	32 / EE	\$415.17	32 / EE	\$399.13	32 / EE	\$453.88	32 / EE	\$679.71
Age / Member	31 / SP	\$373.95	31 / SP	\$409.52	31 / SP	\$393.70	31 / SP	\$447.71	31 / SP	
Age / Member	32 / EE	\$379.11	32 / EE	\$415.17	32 / EE	\$399.13	32 / EE	\$453.88	32 / EE	\$679.71
Age / Member	31 / SP	\$373.95	31 / SP	\$409.52	31 / SP	\$393.70	31 / SP	\$447.71	31 / SP	
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$553.29
Age / Member	10 / CH	\$219.21	10 / CH	\$240.06	10 / CH	\$230.79	10 / CH	\$262.45	10 / CH	
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$553.29
Age / Member	10 / CH	\$219.21	10 / CH	\$240.06	10 / CH	\$230.79	10 / CH	\$262.45	10 / CH	
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$937.47
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$937.47
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	
	TOTAL	\$6,266.34	TOTAL	\$6,862.32	TOTAL	\$6,597.28	TOTAL	\$7,502.26	TOTAL	\$5,523.06

Totals	Silver HMO Local Value \$50/\$75 HMO (Low Plan)	OMNIA Silver EPO (Low Plan)	Classic Silver 2500 50% EPO (Low Plan)	GSP Gold EPO 30/60 2000 EPO (Low Plan)	Health Incentives PPO
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Monthly	\$6,266.34	\$6,862.32	\$6,597.28	\$7,502.26	\$5,523.06
Annual	\$75,196.08	\$82,347.84	\$79,167.36	\$90,027.12	\$66,276.72






Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njca.org for a free quote!

NJECA

Effective 1/1/2018

ILLUSTRATIVE 10 Employee Group Mid Plan Options

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Silver EPO Advantage \$30 / \$60 (Mid Plan)	Advantage EPO Silver 100/70 (Mid Plan)	Classic Gold 1000 7000 EPO (Mid Plan)	GSP Gold EPO 25/50 1250 EPO (Mid Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$2,500 / \$5,000	\$2,100 / \$4,200	\$1,000 / \$2,000	\$1,250 / \$2,500	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,000 / \$14,000	\$3,300 / \$6,600	\$2,000 / \$4,000
Coinsurance	T1 - 30% T2 - 50%	30%	20%	20%	50%
Office Visit - (PCP/Specialist)	T1 - \$30 / \$60 T2 - \$50 / \$75	\$30 / \$50	\$25 / \$50	\$25 / \$50	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	T1 - 30% after ded. T2 - 50% after ded.	30% after deductible	20% after deductible	20% after deductible	\$1,000 Access Fee
Out of Network Benefits					Out of Network
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000
Coinsurance	N/A	N/A	N/A	N/A	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: \$50% up to \$125 Tier 3: 50% up to \$125	Tier 1: \$25 copay Tier 2: \$50 copay Tier 3: \$75 copay	Tier 1: \$10 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$70 copay Tier 4: \$100 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Silver EPO Advantage \$30 / \$60 (Mid Plan)		Advantage EPO Silver 100/70 (Mid Plan)		Classic Gold 1000 7000 EPO (Mid Plan)		GSP Gold EPO 25/50 1250 EPO (Mid Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$391.44	29 / EE	\$507.30	29 / EE	\$478.66	29 / EE	\$522.25	29 / EE	\$295.53
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$295.53
Age / Member	29 / EE	\$391.44	29 / EE	\$507.30	29 / EE	\$478.66	29 / EE	\$522.25	29 / EE	\$295.53
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$295.53
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$406.18	32 / EE	\$526.40	32 / EE	\$496.68	32 / EE	\$541.91	32 / EE	\$679.71
Age / Member	31 / SP	\$400.65	31 / SP	\$519.23	31 / SP	\$489.92	31 / SP	\$534.54	31 / SP	\$679.71
Age / Member	32 / EE	\$406.18	32 / EE	\$526.40	32 / EE	\$496.68	32 / EE	\$541.91	32 / EE	\$679.71
Age / Member	31 / SP	\$400.65	31 / SP	\$519.23	31 / SP	\$489.92	31 / SP	\$534.54	31 / SP	\$679.71
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$553.29
Age / Member	10 / CH	\$234.87	10 / CH	\$304.38	10 / CH	\$287.19	10 / CH	\$313.35	10 / CH	\$553.29
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$553.29
Age / Member	10 / CH	\$234.87	10 / CH	\$304.38	10 / CH	\$287.19	10 / CH	\$313.35	10 / CH	\$553.29
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$937.47
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	\$937.47
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	\$937.47
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$937.47
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	\$937.47
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	\$937.47
	TOTAL	\$6,713.78	TOTAL	\$8,700.88	TOTAL	\$8,209.58	TOTAL	\$8,957.36	TOTAL	\$5,523.06

Totals	Silver EPO Advantage \$30 / \$60 (Mid Plan)	Advantage EPO Silver 100/70 (Mid Plan)	Classic Gold 1000 7000 EPO (Mid Plan)	GSP Gold EPO 25/50 1250 EPO (Mid Plan)	Health Incentives PPO
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Monthly	\$6,713.78	\$8,700.88	\$8,209.58	\$8,957.36	\$5,523.06
Annual	\$80,565.36	\$104,410.56	\$98,514.96	\$107,488.32	\$66,276.72






Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJCA

ILLUSTRATIVE 10 Employee Group High Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Gold EPO Advantage \$10 / \$20 (High Plan)	DA Gold 100/80/60 BlueCard (High Plan)	Classic Gold 0 7000 EPO (High Plan)	Gold PPO Flex 25/40 1000 (High Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$1,200 / \$2,400	\$1,500 / \$3,000	\$0 / \$0	\$1,000 / \$2,000	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$5,000 / \$10,000	\$3,000 / \$6,000	\$7,000 / \$14,000	\$4,800 / \$9,600	\$2,000 / \$4,000
Coinsurance	T1 - 20% T2 - 50%	20%	20%	20%	50%
Office Visit - (PCP/Specialist)	T1 - \$10 / \$20 T2 - \$50 / \$75	\$20 / \$40	\$10 / \$50	\$25 / \$40	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	T1 - 30% after ded. T2 - 50% after ded.	20% after deductible	20% after deductible	20% after deductible	\$1,000 Access Fee
Out of Network Benefits					Out of Network
Deductible (Ind/Fam)	N/A	\$2,500 / \$5,000	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	\$7,500 / \$15,000	N/A	\$7,500 / \$15,000	\$7,500 / \$15,000
Coinsurance	N/A	40%	N/A	40%	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$60 copay	Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$75 copay	Tier 1: \$10 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$15 copay Tier 2: \$35 copay Tier 3: \$75 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Gold EPO Advantage \$10 / \$20 (High Plan)		DA Gold 100/80/60 BlueCard (High Plan)		Classic Gold 0 7000 EPO (High Plan)		Gold PPO Flex 25/40 1000 (High Plan)		Health Incentives PPO
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$457.06	29 / EE	\$676.00	29 / EE	\$506.60	29 / EE	\$564.67	29 / EE	\$295.53
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$295.53
Age / Member	29 / EE	\$457.06	29 / EE	\$676.00	29 / EE	\$506.60	29 / EE	\$564.67	29 / EE	\$295.53
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$295.53
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$474.26	32 / EE	\$701.44	32 / EE	\$525.67	32 / EE	\$585.93	32 / EE	\$679.71
Age / Member	31 / SP	\$467.81	31 / SP	\$691.90	31 / SP	\$518.52	31 / SP	\$577.96	31 / SP	\$679.71
Age / Member	32 / EE	\$474.26	32 / EE	\$701.44	32 / EE	\$525.67	32 / EE	\$585.93	32 / EE	\$679.71
Age / Member	31 / SP	\$467.81	31 / SP	\$691.90	31 / SP	\$518.52	31 / SP	\$577.96	31 / SP	\$679.71
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$553.29
Age / Member	10 / CH	\$274.23	10 / CH	\$405.59	10 / CH	\$303.96	10 / CH	\$338.80	10 / CH	\$553.29
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$553.29
Age / Member	10 / CH	\$274.23	10 / CH	\$405.59	10 / CH	\$303.96	10 / CH	\$338.80	10 / CH	\$553.29
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$490.75	38 / EE	\$725.83	38 / EE	\$543.95	38 / EE	\$606.30	38 / EE	\$937.47
Age / Member	34 / SP	\$482.51	34 / SP	\$713.63	34 / SP	\$534.81	34 / SP	\$596.12	34 / SP	\$937.47
Age / Member	7 / CH	\$274.23	7 / CH	\$405.59	7 / CH	\$303.96	7 / CH	\$338.80	7 / CH	\$937.47
Age / Member	38 / EE	\$490.75	38 / EE	\$725.83	38 / EE	\$543.95	38 / EE	\$606.30	38 / EE	\$937.47
Age / Member	34 / SP	\$482.51	34 / SP	\$713.63	34 / SP	\$534.81	34 / SP	\$596.12	34 / SP	\$937.47
Age / Member	7 / CH	\$274.23	7 / CH	\$405.59	7 / CH	\$303.96	7 / CH	\$338.80	7 / CH	\$937.47
	TOTAL	\$7,839.14	TOTAL	\$11,594.20	TOTAL	\$8,688.86	TOTAL	\$9,684.88	TOTAL	\$5,523.06

Totals	Gold EPO Advantage \$10 / \$20 (High Plan)	DA Gold 100/80/60 BlueCard (High Plan)	Classic Gold 0 7000 EPO (High Plan)	Gold PPO Flex 25/40 1000 (High Plan)	Health Incentives PPO
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Monthly	\$7,839.14	\$11,594.20	\$8,688.86	\$9,684.88	\$5,523.06
Annual	\$94,069.68	\$139,130.40	\$104,266.32	\$116,218.56	\$66,276.72

Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njca.org for a free quote!



ILLUSTRATIVE PROPOSAL FOR 15 - EMPLOYEE GROUPS

Estimated Costs Only

Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!








NJECA

ILLUSTRATIVE 15 Employee Group Low Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Silver HMO Local Value \$50/\$75 HMO (Low Plan)	OMNIA Silver EPO (Low Plan)	Classic Silver 2500 50% EPO (Low Plan)	GSP Gold EPO 30/60 2000 EPO (Low Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$2,000 / \$4,000	T1 - \$1,000 / \$2,000 I T2 - \$2,500 / \$5,000	\$2,500 / \$5,000	\$2,000 / \$4,000	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,700	T1 - \$7,350 / \$14,700 I T2 - \$7,350 / \$14,700	\$7,350 / \$14,700	\$6,850 / \$13,700	\$2,000 / \$4,000
Coinsurance	50%	T1 - 0% I T2 - 50%	50%	30%	50%
Office Visit - (PCP/Specialist)	\$50 / \$75	T1 - \$30 / \$50 I T2 - 50% after ded. / 50% after ded.	\$50 / \$75	\$30 / \$60	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	50% after deductible	T1 - \$500/day after ded.; \$2,500 max/admit T2 - 50% after ded.	50% after deductible	30% after deductible	\$1,000 Access Fee
Out of Network Benefits	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000
Coinsurance	N/A	N/A	N/A	N/A	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: 50% after ded. Up to \$125 Tier 3: 50% after ded. Up to \$125	Tier 1: \$15 copay Tier 2: 50% Tier 3: 50% Tier 4: \$150 copay	Tier 1: \$25 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$15 copay Tier 2: \$35 copay Tier 3: \$75 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Silver HMO Local Value \$50/\$75 HMO (Low Plan)		OMNIA Silver EPO (Low Plan)		Classic Silver 2500 50% EPO (Low Plan)		GSP Gold EPO 30/60 2000 EPO (Low Plan)		Health Incentives PPO (Low Plan)
		AmeriHealth Proposal		Horizon Proposal		Oscar Proposal		Oxford Proposal		Starmark Proposal
Tier	EE		EE		EE		EE		EE	
Age / Member	29 / EE	\$365.36	29 / EE	\$400.10	29 / EE	\$384.65	29 / EE	\$437.41	29 / EE	\$284.20
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$284.20
Age / Member	29 / EE	\$365.36	29 / EE	\$400.10	29 / EE	\$384.65	29 / EE	\$437.41	29 / EE	\$284.20
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$284.20
Age / Member	29 / EE	\$365.36	29 / EE	\$400.10	29 / EE	\$384.65	29 / EE	\$437.41	29 / EE	\$284.20
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$284.20
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$379.11	32 / EE	\$415.17	32 / EE	\$399.13	32 / EE	\$453.88	32 / EE	\$653.64
Age / Member	31 / SP	\$373.95	31 / SP	\$409.52	31 / SP	\$393.70	31 / SP	\$447.71	31 / SP	\$653.64
Age / Member	32 / EE	\$379.11	32 / EE	\$415.17	32 / EE	\$399.13	32 / EE	\$453.88	32 / EE	\$653.64
Age / Member	31 / SP	\$373.95	31 / SP	\$409.52	31 / SP	\$393.70	31 / SP	\$447.71	31 / SP	\$653.64
Age / Member	32 / EE	\$379.11	32 / EE	\$415.17	32 / EE	\$399.13	32 / EE	\$453.88	32 / EE	\$653.64
Age / Member	31 / SP	\$373.95	31 / SP	\$409.52	31 / SP	\$393.70	31 / SP	\$447.71	31 / SP	\$653.64
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$536.42
Age / Member	10 / CH	\$219.21	10 / CH	\$240.06	10 / CH	\$230.79	10 / CH	\$262.45	10 / CH	\$536.42
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$536.42
Age / Member	10 / CH	\$219.21	10 / CH	\$240.06	10 / CH	\$230.79	10 / CH	\$262.45	10 / CH	\$536.42
Age / Member	40 / EE	\$399.17	40 / EE	\$437.13	40 / EE	\$420.25	40 / EE	\$477.90	40 / EE	\$536.42
Age / Member	10 / CH	\$219.21	10 / CH	\$240.06	10 / CH	\$230.79	10 / CH	\$262.45	10 / CH	\$536.42
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$905.86
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	\$905.86
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	\$905.86
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$905.86
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	\$905.86
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	\$905.86
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$905.86
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	\$905.86
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	\$905.86
Age / Member	38 / EE	\$392.29	38 / EE	\$429.60	38 / EE	\$413.01	38 / EE	\$469.66	38 / EE	\$905.86
Age / Member	34 / SP	\$385.70	34 / SP	\$422.39	34 / SP	\$406.07	34 / SP	\$461.77	34 / SP	\$905.86
Age / Member	7 / CH	\$219.21	7 / CH	\$240.06	7 / CH	\$230.79	7 / CH	\$262.45	7 / CH	\$905.86
TOTAL		\$9,399.51	TOTAL	\$10,293.48	TOTAL	\$9,895.92	TOTAL	\$11,253.39	TOTAL	\$7,992.96

Totals	Silver HMO Local Value \$50/\$75 HMO (Low Plan)	OMNIA Silver EPO (Low Plan)	Classic Silver 2500 50% EPO (Low Plan)	GSP Gold EPO 30/60 2000 EPO (Low Plan)	Health Incentives PPO (Low Plan)
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Monthly	\$9,399.51	\$10,293.48	\$9,895.92	\$11,253.39	\$7,992.96
Annual	\$112,794.12	\$123,521.76	\$118,751.04	\$135,040.68	\$95,915.52






Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJECA

ILLUSTRATIVE 15 Employee Group Mid Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Silver EPO Advantage \$30 / \$60 (Mid Plan)	Advantage EPO Silver 100/70 (Mid Plan)	Classic Gold 1000 7000 EPO (Mid Plan)	GSP Gold EPO 25/50 1250 EPO (Mid Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$2,500 / \$5,000	\$2,100 / \$4,200	\$1,000 / \$2,000	\$1,250 / \$2,500	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,000 / \$14,000	\$3,300 / \$6,600	\$2,000 / \$4,000
Coinsurance	T1 - 30% IT2 - 50%	30%	20%	20%	50%
Office Visit - (PCP/Specialist)	T1 - \$30 / \$60 IT2 - \$50 / \$75	\$30 / \$50	\$25 / \$50	\$25 / \$50	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	T1 - 30% after ded. IT2 - 50% after ded.	30% after deductible	20% after deductible	20% after deductible	\$1,000 Access Fee
Out of Network Benefits					Out of Network
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	N/A	N/A	N/A	\$7,500 / \$15,000
Coinsurance	N/A	N/A	N/A	N/A	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: \$50 up to \$125 Tier 3: 50% up to \$125	Tier 1: \$25 copay Tier 2: \$50 copay Tier 3: \$75 copay	Tier 1: \$10 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$70 copay Tier 4: \$100 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Silver EPO Advantage \$30 / \$60 (Mid Plan)		Advantage EPO Silver 100/70 (Mid Plan)		Classic Gold 1000 7000 EPO (Mid Plan)		GSP Gold EPO 25/50 1250 EPO (Mid Plan)		Health Incentives PPO
		AmeriHealth Proposal	EE	Horizon Proposal	EE	Oscar Proposal	EE	Oxford Proposal	EE	Starmark Proposal
Tier	EE									
Age / Member	29 / EE	\$391.44	29 / EE	\$507.30	29 / EE	\$478.66	29 / EE	\$522.25	29 / EE	\$284.20
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$284.20
Age / Member	29 / EE	\$391.44	29 / EE	\$507.30	29 / EE	\$478.66	29 / EE	\$522.25	29 / EE	\$284.20
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$284.20
Age / Member	29 / EE	\$391.44	29 / EE	\$507.30	29 / EE	\$478.66	29 / EE	\$522.25	29 / EE	\$284.20
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$284.20
Tier	EE+SP		EE+SP		EE+SP		EE+SP		EE+SP	
Age / Member	32 / EE	\$406.18	32 / EE	\$526.40	32 / EE	\$496.68	32 / EE	\$541.91	32 / EE	\$653.64
Age / Member	31 / SP	\$400.65	31 / SP	\$519.23	31 / SP	\$489.92	31 / SP	\$534.54	31 / SP	\$653.64
Age / Member	32 / EE	\$406.18	32 / EE	\$526.40	32 / EE	\$496.68	32 / EE	\$541.91	32 / EE	\$653.64
Age / Member	31 / SP	\$400.65	31 / SP	\$519.23	31 / SP	\$489.92	31 / SP	\$534.54	31 / SP	\$653.64
Age / Member	32 / EE	\$406.18	32 / EE	\$526.40	32 / EE	\$496.68	32 / EE	\$541.91	32 / EE	\$653.64
Age / Member	31 / SP	\$400.65	31 / SP	\$519.23	31 / SP	\$489.92	31 / SP	\$534.54	31 / SP	\$653.64
Tier	EE+CH		EE+CH		EE+CH		EE+CH		EE+CH	
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$536.42
Age / Member	10 / CH	\$234.87	10 / CH	\$304.38	10 / CH	\$287.19	10 / CH	\$313.35	10 / CH	\$536.42
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$536.42
Age / Member	10 / CH	\$234.87	10 / CH	\$304.38	10 / CH	\$287.19	10 / CH	\$313.35	10 / CH	\$536.42
Age / Member	40 / EE	\$427.67	40 / EE	\$554.25	40 / EE	\$522.95	40 / EE	\$570.59	40 / EE	\$536.42
Age / Member	10 / CH	\$234.87	10 / CH	\$304.38	10 / CH	\$287.19	10 / CH	\$313.35	10 / CH	\$536.42
Tier	FAM		FAM		FAM		FAM		FAM	
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$905.86
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	\$905.86
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	\$905.86
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$905.86
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	\$905.86
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	\$905.86
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$905.86
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	\$905.86
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	\$905.86
Age / Member	38 / EE	\$420.30	38 / EE	\$544.70	38 / EE	\$513.94	38 / EE	\$560.76	38 / EE	\$905.86
Age / Member	34 / SP	\$413.24	34 / SP	\$535.55	34 / SP	\$505.31	34 / SP	\$551.34	34 / SP	\$905.86
Age / Member	7 / CH	\$234.87	7 / CH	\$304.38	7 / CH	\$287.19	7 / CH	\$313.35	7 / CH	\$905.86
TOTAL		\$10,070.67	TOTAL	\$13,051.32	TOTAL	\$12,314.37	TOTAL	\$13,436.04	TOTAL	\$7,992.96

Totals	Silver EPO Advantage \$30 / \$60 (Mid Plan)	Advantage EPO Silver 100/70 (Mid Plan)	Classic Gold 1000 7000 EPO (Mid Plan)	GSP Gold EPO 25/50 1250 EPO (Mid Plan)	Health Incentives PPO
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Monthly	\$10,070.67	\$13,051.32	\$12,314.37	\$13,436.04	\$7,992.96
Annual	\$120,848.04	\$156,615.84	\$147,772.44	\$161,232.48	\$95,915.52






Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJECA

ILLUSTRATIVE 15 Employee Group High Plan Options

Effective 1/1/2018

Medical Options

					
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Tier	Gold EPO Advantage \$10 / \$20 (High Plan)	DA Gold 100/80/60 BlueCard (High Plan)	Classic Gold 0 7000 EPO (High Plan)	Gold PPO Flex 25/40 1000 (High Plan)	Health Incentives PPO
In Network Benefits	In Network	In Network	In Network	In Network	In Network
Deductible (Ind/Fam)	\$1,200 / \$2,400	\$1,500 / \$3,000	\$0 / \$0	\$1,000 / \$2,000	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$5,000 / \$10,000	\$3,000 / \$6,000	\$7,000 / \$14,000	\$4,800 / \$9,600	\$2,000 / \$4,000
Coinsurance	T1 - 20% IT2 - 50%	20%	20%	20%	50%
Office Visit - (PCP/Specialist)	T1 - \$10 / \$20 IT2 - \$50 / \$75	\$20 / \$40	\$10 / \$50	\$25 / \$40	\$40 / \$40
Preventive Care	100%	100%	100%	100%	100%
Inpatient Hospital	T1 - 30% after ded. IT2 - 50% after ded.	20% after deductible	20% after deductible	20% after deductible	\$1,000 Access Fee
Out of Network Benefits					Out of Network
Deductible (Ind/Fam)	N/A	\$2,500 / \$5,000	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	N/A	\$7,500 / \$15,000	N/A	\$7,500 / \$15,000	\$7,500 / \$15,000
Coinsurance	N/A	40%	N/A	40%	50%
Prescription Drug Benefits					
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: \$40 copay Tier 3: \$60 copay	Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$75 copay	Tier 1: \$10 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	Tier 1: \$15 copay Tier 2: 50% after ded. Tier 3: \$75 copay	Tier 1: \$20 copay Tier 2: \$65 copay Tier 3: \$95 Tier 4: \$200 copay

		Gold EPO Advantage \$10 / \$20 (High Plan)		DA Gold 100/80/60 BlueCard (High Plan)		Classic Gold 0 7000 EPO (High Plan)		Gold PPO Flex 25/40 1000 (High Plan)		Health Incentives PPO
		AmeriHealth Proposal	EE	Horizon Proposal	EE	Oscar Proposal	EE	Oxford Proposal	EE	Starmark Proposal
Tier	EE									
Age / Member	29 / EE	\$457.06	29 / EE	\$676.00	29 / EE	\$506.60	29 / EE	\$564.67	29 / EE	\$284.20
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$284.20
Age / Member	29 / EE	\$457.06	29 / EE	\$676.00	29 / EE	\$506.60	29 / EE	\$564.67	29 / EE	\$284.20
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$284.20
Age / Member	29 / EE	\$457.06	29 / EE	\$676.00	29 / EE	\$506.60	29 / EE	\$564.67	29 / EE	\$284.20
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$284.20
Tier	EE+SP									
Age / Member	32 / EE	\$474.26	32 / EE	\$701.44	32 / EE	\$525.67	32 / EE	\$585.93	32 / EE	\$653.64
Age / Member	31 / SP	\$467.81	31 / SP	\$691.90	31 / SP	\$518.52	31 / SP	\$577.96	31 / SP	\$653.64
Age / Member	32 / EE	\$474.26	32 / EE	\$701.44	32 / EE	\$525.67	32 / EE	\$585.93	32 / EE	\$653.64
Age / Member	31 / SP	\$467.81	31 / SP	\$691.90	31 / SP	\$518.52	31 / SP	\$577.96	31 / SP	\$653.64
Age / Member	32 / EE	\$474.26	32 / EE	\$701.44	32 / EE	\$525.67	32 / EE	\$585.93	32 / EE	\$653.64
Age / Member	31 / SP	\$467.81	31 / SP	\$691.90	31 / SP	\$518.52	31 / SP	\$577.96	31 / SP	\$653.64
Tier	EE+CH									
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$536.42
Age / Member	10 / CH	\$274.23	10 / CH	\$405.59	10 / CH	\$303.96	10 / CH	\$338.80	10 / CH	\$536.42
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$536.42
Age / Member	10 / CH	\$274.23	10 / CH	\$405.59	10 / CH	\$303.96	10 / CH	\$338.80	10 / CH	\$536.42
Age / Member	40 / EE	\$499.36	40 / EE	\$738.56	40 / EE	\$553.48	40 / EE	\$616.93	40 / EE	\$536.42
Age / Member	10 / CH	\$274.23	10 / CH	\$405.59	10 / CH	\$303.96	10 / CH	\$338.80	10 / CH	\$536.42
Tier	FAM									
Age / Member	38 / EE	\$490.75	38 / EE	\$725.83	38 / EE	\$543.95	38 / EE	\$606.30	38 / EE	\$905.86
Age / Member	34 / SP	\$482.51	34 / SP	\$713.63	34 / SP	\$534.81	34 / SP	\$596.12	34 / SP	\$905.86
Age / Member	7 / CH	\$274.23	7 / CH	\$405.59	7 / CH	\$303.96	7 / CH	\$338.80	7 / CH	\$905.86
Age / Member	38 / EE	\$490.75	38 / EE	\$725.83	38 / EE	\$543.95	38 / EE	\$606.30	38 / EE	\$905.86
Age / Member	34 / SP	\$482.51	34 / SP	\$713.63	34 / SP	\$534.81	34 / SP	\$596.12	34 / SP	\$905.86
Age / Member	7 / CH	\$274.23	7 / CH	\$405.59	7 / CH	\$303.96	7 / CH	\$338.80	7 / CH	\$905.86
Age / Member	38 / EE	\$490.75	38 / EE	\$725.83	38 / EE	\$543.95	38 / EE	\$606.30	38 / EE	\$905.86
Age / Member	34 / SP	\$482.51	34 / SP	\$713.63	34 / SP	\$534.81	34 / SP	\$596.12	34 / SP	\$905.86
Age / Member	7 / CH	\$274.23	7 / CH	\$405.59	7 / CH	\$303.96	7 / CH	\$338.80	7 / CH	\$905.86
TOTAL		\$11,758.71	TOTAL	\$17,391.30	TOTAL	\$13,033.29	TOTAL	\$14,527.32	TOTAL	\$7,992.96

Totals	Gold EPO Advantage \$10 / \$20 (High Plan)	DA Gold 100/80/60 BlueCard (High Plan)	Classic Gold 0 7000 EPO (High Plan)	Gold PPO Flex 25/40 1000 (High Plan)	Health Incentives PPO
	AmeriHealth Proposal	Horizon Proposal	Oscar Proposal	Oxford Proposal	Starmark Proposal
Monthly	\$11,758.71	\$17,391.30	\$13,033.29	\$14,527.32	\$7,992.96
Annual	\$141,104.52	\$208,695.60	\$156,399.48	\$174,327.84	\$95,915.52

Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!



ILLUSTRATIVE PROPOSAL FOR INDIVIDUAL EMPLOYEES

Estimated Costs Only



Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!



NJECA ILLUSTRATIVE Individual Low Plan Options

Effective /1/2018

Medical Options

	 Horizon <small>Horizon Blue Cross Blue Shield of New Jersey</small>	 OSCAR
	Horizon Proposal	Oscar Proposal
Tier	OMNIA Bronze (Low Plan)	Classic Bronze (Low Plan)
In Network Benefits	In Network	In Network
Deductible (Ind/Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000
Out of Pocket Max (Ind/Fam)	\$6,550 / \$13,100	\$7,350 / \$14,700
Coinsurance	50%	50%
Office Visit - (PCP/Specialist)	T1 - \$30 / \$50 T2 - 50% after ded.	50% after deductible
Preventive Care	100%	100%
Inpatient Hospital	T1 - \$500 copay/day after ded. T2 - 50% after ded.	50% after deductible
Out of Network Benefits	Out of Network	Out of Network
Deductible (Ind/Fam)	N/A	N/A
Out of Pocket Max (Ind/Fam)	N/A	N/A
Coinsurance	N/A	N/A
Prescription Drug Benefits		
Deductible (Ind/Fam)	N/A	N/A
Retail 30-day	Tier 1: 50% Tier 2: 50% Tier 3: 50% Tier 4: 50% after deductible.	Tier 1: \$20 copay Tier 2: 50% Tier 3: 50% Tier 4: 50%

		OMNIA Bronze (Low Plan) Horizon Proposal		Classic Bronze (Low Plan) Oscar Proposal
Tier	EE		EE	
Age / Member	29	\$333.76	29	\$299.21
Tier	FAM		FAM	
Age / Member	38 / EE	\$961.90	38 / EE	\$862.32
Age / Member	34 / SP		34 / SP	
Age / Member	7 / CH		7 / CH	

Totals		Omnia Bronze (Low Plan) Horizon Proposal		Classic Bronze (Low Plan) Oscar Proposal
Individual Monthly		\$333.76		\$299.21
Individual Annual		\$4,005.12		\$3,590.52



Totals		Omnia Bronze (Low Plan) Horizon Proposal		Classic Bronze (Low Plan) Oscar Proposal
Family Monthly		\$961.90		\$862.32
Family Annual		\$11,542.80		\$10,347.84

Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJECA

ILLUSTRATIVE Individual Mid Plan Options

Effective /1/2018

Medical Options	 Horizon Blue Cross Blue Shield of New Jersey	
	Horizon Proposal	Oscar Proposal
Tier	OMNIA Silver (Mid Plan)	Classic Silver (Mid Plan)
In Network Benefits	In Network	In Network
Deductible (Ind/Fam)	T1 - \$1,500 / \$3,000 T2 - \$2,500 / \$5,000	\$2,500 / \$5,000
Out of Pocket Max (Ind/Fam)	\$7,350 / \$14,000	\$7,350 / \$14,700
Coinsurance	50%	50%
Office Visit - (PCP/Specialist)	T1 - \$30 / \$50 T2 - 50% after ded,	\$50 / \$75
Preventive Care	100%	100%
Inpatient Hospital	T1 - \$500 copay/day after ded. T2 - 50% after ded.	50% after deductible
Out of Network Benefits	Out of Network	Out of Network
Deductible (Ind/Fam)	N/A	N/A
Out of Pocket Max (Ind/Fam)	N/A	N/A
Coinsurance	N/A	N/A
Prescription Drug Benefits		
Deductible (Ind/Fam)	N/A	N/A
Retail 30-day	Tier 1: \$15 copay Tier 2: 50% Tier 3: 50% Tier 4: 50% after deductible	Tier 1: \$20 copay Tier 2: 50% Tier 3: 50% Tier 4: 50%

		OMNIA Silver (Mid Plan)		Classic Silver (Mid Plan)
		Horizon Proposal		Oscar Proposal
Tier	EE		EE	
Age / Member	29	\$416.22	29	\$399.81
Tier	FAM		FAM	
Age / Member	38 / EE	\$1,199.57	38 / EE	\$1,152.27
Age / Member	34 / SP		34 / SP	
Age / Member	7 / CH		7 / CH	
TOTAL		\$1,615.79	TOTAL	\$1,552.08

Totals	Omnia Silver (Mid Plan)	Classic Silver (Mid Plan)
	Horizon Proposal	Oscar Proposal
Individual Monthly	\$416.22	\$399.81
Individual Annual	\$4,994.64	\$4,797.72



Totals	Omnia Bronze (Low Plan)	Classic Bronze (Low Plan)
	Horizon Proposal	Oscar Proposal
Family Monthly	\$1,199.57	\$1,152.27
Family Annual	\$14,394.84	\$13,827.24

Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!

NJECA ILLUSTRATIVE Individual High Plan Options

Effective /1/2018

Medical Options

	 Horizon Proposal	 Oscar Proposal
Tier	OMNIA Gold (High Plan)	Classic Gold (High Plan)
In Network Benefits	In Network	In Network
Deductible (Ind/Fam)	T1 - \$1,000 / \$2,000 I T2 - \$2,500 / \$5,000	\$1,000 / \$2,000
Out of Pocket Max (Ind/Fam)	T1 - \$4,500 / \$9,000 I T2 - \$6,350 / \$12,700	\$5,000 / \$10,000
Coinsurance	30%	20%
Office Visit - (PCP/Specialist)	T1 - \$10 / \$25 I T2 - \$30 / \$50	\$10 / \$30
Preventive Care	100%	100%
Inpatient Hospital	T1 - \$500 copay/day after ded. I T2 - 30% after ded.	20% after deductible
Out of Network Benefits	Out of Network	Out of Network
Deductible (Ind/Fam)	N/A	N/A
Out of Pocket Max (Ind/Fam)	N/A	N/A
Coinsurance	N/A	N/A
Prescription Drug Benefits		
Deductible (Ind/Fam)	N/A	N/A
Retail 30-day	Tier 1: \$10 copay Tier 2: 40% Tier 3: 50% Tier 4: 50%	Tier 1: \$10 copay Tier 2: 40% Tier 3: 40% Tier 4: 40%

		OMNIA Gold (High Plan) Horizon Proposal		Classic Gold (High Plan) Oscar Proposal
Tier	EE		EE	
Age / Member	29	\$604.51		\$549.78
Tier	FAM		FAM	
Age / Member	38 / EE	\$1,742.23		\$1,631.13
Age / Member	34 / SP		34 / SP	
Age / Member	7 / CH		7 / CH	
	TOTAL	\$2,346.74	TOTAL	\$2,180.91

Totals	OMNIA Gold (High Plan) Horizon Proposal	Classic Gold (High Plan) Oscar Proposal
Individual Monthly	\$604.51	\$549.78
Individual Annual	\$7,254.12	\$6,597.36

Totals	Omnia Bronze (Low Plan) Horizon Proposal	Classic Bronze (Low Plan) Oscar Proposal
Family Monthly	\$1,742.23	\$1,631.13
Family Annual	\$20,906.76	\$19,573.56

Estimated Costs Only Contact Donna Grisanti at (732) 981-8901, dgrisanti@njeca.org for a free quote!