



**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](mailto: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](mailto:dgrisanti@njeca.org) for a free quote!**








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# 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](mailto:dgrisanti@njeca.org) for a free quote!**

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# 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](mailto:dgrisanti@njeca.org) for a free quote!**

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# 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

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		\$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

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# **ILLUSTRATIVE PROPOSAL FOR 10 - EMPLOYEE GROUPS**

**Estimated Costs Only**

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# 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

Medical Options

# ILLUSTRATIVE 10 Employee Group Mid Plan 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






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Effective 1/1/2018

# ILLUSTRATIVE 10 Employee Group High Plan Options

## 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@njeca.org for a free quote!**



# **ILLUSTRATIVE PROPOSAL FOR 15 - EMPLOYEE GROUPS**

**Estimated Costs Only**

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# 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






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# 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) AmeriHealth Proposal		Advantage EPO Silver 100/70 (Mid Plan) Horizon Proposal		Classic Gold 1000 7000 EPO (Mid Plan) Oscar Proposal		GSP Gold EPO 25/50 1250 EPO (Mid Plan) Oxford Proposal		Health Incentives PPO 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	\$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) AmeriHealth Proposal	Advantage EPO Silver 100/70 (Mid Plan) Horizon Proposal	Classic Gold 1000 7000 EPO (Mid Plan) Oscar Proposal	GSP Gold EPO 25/50 1250 EPO (Mid Plan) Oxford Proposal	Health Incentives PPO 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






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# 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: \$40 copay Tier 3: \$75 copay	Tier 1: \$15 copay Tier 2: 50% after ded. Tier 3: 50% after ded.	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	EE
Age / Member	29 / EE	\$457.06	\$676.00	\$506.60	\$564.67	\$284.20
Age / Member	40 / EE	\$499.36	\$738.56	\$553.48	\$616.93	\$284.20
Age / Member	29 / EE	\$457.06	\$676.00	\$506.60	\$564.67	\$284.20
Age / Member	40 / EE	\$499.36	\$738.56	\$553.48	\$616.93	\$284.20
Age / Member	29 / EE	\$457.06	\$676.00	\$506.60	\$564.67	\$284.20
Age / Member	40 / EE	\$499.36	\$738.56	\$553.48	\$616.93	\$284.20
Tier	EE+SP	EE+SP	EE+SP	EE+SP	EE+SP	EE+SP
Age / Member	32 / EE	\$474.26	\$701.44	\$525.67	\$585.93	\$653.64
Age / Member	31 / SP	\$467.81	\$691.90	\$518.52	\$577.96	\$653.64
Age / Member	32 / EE	\$474.26	\$701.44	\$525.67	\$585.93	\$653.64
Age / Member	31 / SP	\$467.81	\$691.90	\$518.52	\$577.96	\$653.64
Age / Member	32 / EE	\$474.26	\$701.44	\$525.67	\$585.93	\$653.64
Age / Member	31 / SP	\$467.81	\$691.90	\$518.52	\$577.96	\$653.64
Tier	EE+CH	EE+CH	EE+CH	EE+CH	EE+CH	EE+CH
Age / Member	40 / EE	\$499.36	\$738.56	\$553.48	\$616.93	\$536.42
Age / Member	10 / CH	\$274.23	\$405.59	\$303.96	\$338.80	\$536.42
Age / Member	40 / EE	\$499.36	\$738.56	\$553.48	\$616.93	\$536.42
Age / Member	10 / CH	\$274.23	\$405.59	\$303.96	\$338.80	\$536.42
Age / Member	40 / EE	\$499.36	\$738.56	\$553.48	\$616.93	\$536.42
Age / Member	10 / CH	\$274.23	\$405.59	\$303.96	\$338.80	\$536.42
Tier	FAM	FAM	FAM	FAM	FAM	FAM
Age / Member	38 / EE	\$490.75	\$725.83	\$543.95	\$606.30	\$905.86
Age / Member	34 / SP	\$482.51	\$713.63	\$534.81	\$596.12	\$905.86
Age / Member	7 / CH	\$274.23	\$405.59	\$303.96	\$338.80	\$905.86
Age / Member	38 / EE	\$490.75	\$725.83	\$543.95	\$606.30	\$905.86
Age / Member	34 / SP	\$482.51	\$713.63	\$534.81	\$596.12	\$905.86
Age / Member	7 / CH	\$274.23	\$405.59	\$303.96	\$338.80	\$905.86
Age / Member	38 / EE	\$490.75	\$725.83	\$543.95	\$606.30	\$905.86
Age / Member	34 / SP	\$482.51	\$713.63	\$534.81	\$596.12	\$905.86
Age / Member	7 / CH	\$274.23	\$405.59	\$303.96	\$338.80	\$905.86
TOTAL		\$11,758.71	\$17,391.30	\$13,033.29	\$14,527.32	\$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](mailto: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		<b>\$333.76</b>		<b>\$299.21</b>
Individual Annual		<b>\$4,005.12</b>		<b>\$3,590.52</b>



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

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**NJECA** **ILLUSTRATIVE Individual Mid Plan Options**

Effective /1/2018

**Medical Options**

	 Horizon Blue Cross Blue Shield of New Jersey	
	<b>Horizon Proposal</b>	<b>Oscar Proposal</b>
Tier	OMNIA Silver (Mid Plan)	Classic Silver (Mid Plan)
In Network Benefits	<b>In Network</b>	<b>In Network</b>
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	<b>Out of Network</b>	<b>Out of Network</b>
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)
		<b>Horizon Proposal</b>		<b>Oscar Proposal</b>
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)
	<b>Horizon Proposal</b>	<b>Oscar Proposal</b>
Individual Monthly	\$416.22	\$399.81
Individual Annual	\$4,994.64	\$4,797.72

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



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# 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   T2 - \$2,500 / \$5,000	\$1,000 / \$2,000
Out of Pocket Max (Ind/Fam)	T1 - \$4,500 / \$9,000   T2 - \$6,350 / \$12,700	\$5,000 / \$10,000
Coinsurance	30%	20%
Office Visit - (PCP/Specialist)	T1 - \$10 / \$25   T2 - \$30 / \$50	\$10 / \$30
Preventive Care	100%	100%
Inpatient Hospital	T1 - \$500 copay/day after ded.   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)		Classic Gold (High Plan)
		Horizon Proposal		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)	Classic Gold (High Plan)
	Horizon Proposal	Oscar Proposal
Individual Monthly	\$604.51	\$549.78
Individual Annual	\$7,254.12	\$6,597.36

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

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