

Exhibit 4A – Plan Year 2023 Monthly Active Premiums

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	NJEHP	GSTHP	Legacy Plans	
	Horizon PPO	Aetna PPO	Horizon DIR10	Horizon DIR15
<u>Medical Coverage Only</u>				
Single				
Employee+Spouse				
Family				
Employee+Child(ren)				
Adult Child Rate				
<u>Rx Card</u>				
Single				
Employee+Spouse				
Family				
Employee+Child(ren)				
Adult Child Rate				
	NJEHP	GSTHP	Legacy Plans	
	Horizon PPO	Aetna PPO	Horizon DIR10	Horizon DIR15
<u>Rx with Medical Coverage</u>				
Single	\$1,021.61	\$826.01	\$1,158.91	\$1,109.83
Employee+Spouse	\$2,043.22	\$1,652.02	\$2,317.82	\$2,219.65
Family	\$2,921.80	\$2,362.39	\$3,314.48	\$3,174.11
Employee+Child(ren)	\$1,900.19	\$1,536.38	\$2,155.57	\$2,064.28
Adult Child Rate	\$896.15	\$724.58	\$1,016.59	\$973.54

* GSTHP monthly premiums are effective July 1, 2022 and are applicable for the 18-month period ending December 31, 2023.