



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Exam Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$129.00	-\$247.00	-\$337.00
C2000 with HRA	-\$96.00	-\$183.00	-\$250.00
C3000 with HRA	\$8.00	\$13.00	\$19.00
H1500 with HSA	-\$75.00	-\$145.00	-\$196.00
H2000 with HSA	-\$1.00	-\$6.00	-\$5.00
H3000 with HSA	\$90.00	\$169.00	\$232.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Full Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$136.96	-\$259.86	-\$357.34
C2000 with HRA	-\$103.96	-\$195.86	-\$270.34
C3000 with HRA	\$0.04	\$0.14	-\$1.34
H1500 with HSA	-\$82.96	-\$157.86	-\$216.34
H2000 with HSA	-\$8.96	-\$18.86	-\$25.34
H3000 with HSA	\$82.04	\$156.14	\$211.66

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Premier Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$143.16	-\$269.94	-\$373.38
C2000 with HRA	-\$110.16	-\$205.94	-\$286.38
C3000 with HRA	-\$6.16	-\$9.94	-\$17.38
H1500 with HSA	-\$89.16	-\$167.94	-\$232.38
H2000 with HSA	-\$15.16	-\$28.94	-\$41.38
H3000 with HSA	\$75.84	\$146.06	\$195.62

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Exam Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$143.00	-\$273.00	-\$382.00
C2000 with HRA	-\$110.00	-\$209.00	-\$295.00
C3000 with HRA	-\$6.00	-\$13.00	-\$26.00
H1500 with HSA	-\$89.00	-\$171.00	-\$241.00
H2000 with HSA	-\$15.00	-\$32.00	-\$50.00
H3000 with HSA	\$76.00	\$143.00	\$187.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Full Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$150.96	-\$285.86	-\$402.34
C2000 with HRA	-\$117.96	-\$221.86	-\$315.34
C3000 with HRA	-\$13.96	-\$25.86	-\$46.34
H1500 with HSA	-\$96.96	-\$183.86	-\$261.34
H2000 with HSA	-\$22.96	-\$44.86	-\$70.34
H3000 with HSA	\$68.04	\$130.14	\$166.66

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Premier Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$157.16	-\$295.94	-\$418.38
C2000 with HRA	-\$124.16	-\$231.94	-\$331.38
C3000 with HRA	-\$20.16	-\$35.94	-\$62.38
H1500 with HSA	-\$103.16	-\$193.94	-\$277.38
H2000 with HSA	-\$29.16	-\$54.94	-\$86.38
H3000 with HSA	\$61.84	\$120.06	\$150.62

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$178.00	-\$345.00	-\$484.00
C2000 with HRA	-\$145.00	-\$281.00	-\$397.00
C3000 with HRA	-\$41.00	-\$85.00	-\$128.00
H1500 with HSA	-\$124.00	-\$243.00	-\$343.00
H2000 with HSA	-\$50.00	-\$104.00	-\$152.00
H3000 with HSA	\$41.00	\$71.00	\$85.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$185.96	-\$357.86	-\$504.34
C2000 with HRA	-\$152.96	-\$293.86	-\$417.34
C3000 with HRA	-\$48.96	-\$97.86	-\$148.34
H1500 with HSA	-\$131.96	-\$255.86	-\$363.34
H2000 with HSA	-\$57.96	-\$116.86	-\$172.34
H3000 with HSA	\$33.04	\$58.14	\$64.66

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$192.16	-\$367.94	-\$520.38
C2000 with HRA	-\$159.16	-\$303.94	-\$433.38
C3000 with HRA	-\$55.16	-\$107.94	-\$164.38
H1500 with HSA	-\$138.16	-\$265.94	-\$379.38
H2000 with HSA	-\$64.16	-\$126.94	-\$188.38
H3000 with HSA	\$26.84	\$48.06	\$48.62

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Exam Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$169.00	-\$327.00	-\$458.00
C2000 with HRA	-\$136.00	-\$263.00	-\$371.00
C3000 with HRA	-\$32.00	-\$67.00	-\$102.00
H1500 with HSA	-\$115.00	-\$225.00	-\$317.00
H2000 with HSA	-\$41.00	-\$86.00	-\$126.00
H3000 with HSA	\$50.00	\$89.00	\$111.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Full Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$176.96	-\$339.86	-\$478.34
C2000 with HRA	-\$143.96	-\$275.86	-\$391.34
C3000 with HRA	-\$39.96	-\$79.86	-\$122.34
H1500 with HSA	-\$122.96	-\$237.86	-\$337.34
H2000 with HSA	-\$48.96	-\$98.86	-\$146.34
H3000 with HSA	\$42.04	\$76.14	\$90.66

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Premier Vision

2022 Medical Plan	P Only	P+1	P+Family
B1000	-\$183.16	-\$349.94	-\$494.38
C2000 with HRA	-\$150.16	-\$285.94	-\$407.38
C3000 with HRA	-\$46.16	-\$89.94	-\$138.38
H1500 with HSA	-\$129.16	-\$247.94	-\$353.38
H2000 with HSA	-\$55.16	-\$108.94	-\$162.38
H3000 with HSA	\$35.84	\$66.06	\$74.62

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.