



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Exam Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$145.00	-\$276.00	-\$379.00
C2000 with HRA	-\$108.00	-\$205.00	-\$281.00
C3000 with HRA	\$9.00	\$16.00	\$23.00
H1500 with HSA	-\$84.00	-\$160.00	-\$220.00
H2000 with HSA	-\$2.00	-\$3.00	-\$6.00
H3000 with HSA	\$100.00	\$189.00	\$258.00

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

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$153.00	-\$289.00	-\$399.00
C2000 with HRA	-\$116.00	-\$218.00	-\$301.00
C3000 with HRA	\$1.00	\$3.00	\$3.00
H1500 with HSA	-\$92.00	-\$173.00	-\$240.00
H2000 with HSA	-\$10.00	-\$16.00	-\$26.00
H3000 with HSA	\$92.00	\$176.00	\$238.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Premier Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$159.00	-\$299.00	-\$415.00
C2000 with HRA	-\$122.00	-\$228.00	-\$317.00
C3000 with HRA	-\$5.00	-\$7.00	-\$13.00
H1500 with HSA	-\$98.00	-\$183.00	-\$256.00
H2000 with HSA	-\$16.00	-\$26.00	-\$42.00
H3000 with HSA	\$86.00	\$166.00	\$222.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Exam Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$161.00	-\$304.00	-\$429.00
C2000 with HRA	-\$124.00	-\$233.00	-\$331.00
C3000 with HRA	-\$7.00	-\$12.00	-\$27.00
H1500 with HSA	-\$100.00	-\$188.00	-\$270.00
H2000 with HSA	-\$18.00	-\$31.00	-\$56.00
H3000 with HSA	\$84.00	\$161.00	\$208.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Full Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$169.00	-\$317.00	-\$449.00
C2000 with HRA	-\$132.00	-\$246.00	-\$351.00
C3000 with HRA	-\$15.00	-\$25.00	-\$47.00
H1500 with HSA	-\$108.00	-\$201.00	-\$290.00
H2000 with HSA	-\$26.00	-\$44.00	-\$76.00
H3000 with HSA	\$76.00	\$148.00	\$188.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Premier Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$175.00	-\$327.00	-\$465.00
C2000 with HRA	-\$138.00	-\$256.00	-\$367.00
C3000 with HRA	-\$21.00	-\$35.00	-\$63.00
H1500 with HSA	-\$114.00	-\$211.00	-\$306.00
H2000 with HSA	-\$32.00	-\$54.00	-\$92.00
H3000 with HSA	\$70.00	\$138.00	\$172.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$195.00	-\$376.00	-\$529.00
C2000 with HRA	-\$158.00	-\$305.00	-\$431.00
C3000 with HRA	-\$41.00	-\$84.00	-\$127.00
H1500 with HSA	-\$134.00	-\$260.00	-\$370.00
H2000 with HSA	-\$52.00	-\$103.00	-\$156.00
H3000 with HSA	\$50.00	\$89.00	\$108.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$203.00	-\$389.00	-\$549.00
C2000 with HRA	-\$166.00	-\$318.00	-\$451.00
C3000 with HRA	-\$49.00	-\$97.00	-\$147.00
H1500 with HSA	-\$142.00	-\$273.00	-\$390.00
H2000 with HSA	-\$60.00	-\$116.00	-\$176.00
H3000 with HSA	\$42.00	\$76.00	\$88.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$209.00	-\$399.00	-\$565.00
C2000 with HRA	-\$172.00	-\$328.00	-\$467.00
C3000 with HRA	-\$55.00	-\$107.00	-\$163.00
H1500 with HSA	-\$148.00	-\$283.00	-\$406.00
H2000 with HSA	-\$66.00	-\$126.00	-\$192.00
H3000 with HSA	\$36.00	\$66.00	\$72.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Exam Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$186.00	-\$358.00	-\$503.00
C2000 with HRA	-\$149.00	-\$287.00	-\$405.00
C3000 with HRA	-\$32.00	-\$66.00	-\$101.00
H1500 with HSA	-\$125.00	-\$242.00	-\$344.00
H2000 with HSA	-\$43.00	-\$85.00	-\$130.00
H3000 with HSA	\$59.00	\$107.00	\$134.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Full Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$194.00	-\$371.00	-\$523.00
C2000 with HRA	-\$157.00	-\$300.00	-\$425.00
C3000 with HRA	-\$40.00	-\$79.00	-\$121.00
H1500 with HSA	-\$133.00	-\$255.00	-\$364.00
H2000 with HSA	-\$51.00	-\$98.00	-\$150.00
H3000 with HSA	\$51.00	\$94.00	\$114.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Premier Vision

2023 Medical Plan	P Only	P+1	P+Family
B1000	-\$200.00	-\$381.00	-\$539.00
C2000 with HRA	-\$163.00	-\$310.00	-\$441.00
C3000 with HRA	-\$46.00	-\$89.00	-\$137.00
H1500 with HSA	-\$139.00	-\$265.00	-\$380.00
H2000 with HSA	-\$57.00	-\$108.00	-\$166.00
H3000 with HSA	\$45.00	\$84.00	\$98.00

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