



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$168.00	-\$320.00	-\$437.00
C2000 with HRA	-\$125.00	-\$237.00	-\$325.00
C3000 with HRA	\$10.00	\$18.00	\$25.00
H2000 with HSA	-\$99.00	-\$188.00	-\$257.00
H2500 with HSA	\$45.00	\$84.00	\$116.00
H5000 with HSA	\$98.00	\$186.00	\$255.00

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

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$176.00	-\$333.00	-\$457.00
C2000 with HRA	-\$133.00	-\$250.00	-\$345.00
C3000 with HRA	\$2.00	\$5.00	\$5.00
H2000 with HSA	-\$107.00	-\$201.00	-\$277.00
H2500 with HSA	\$37.00	\$71.00	\$96.00
H5000 with HSA	\$90.00	\$173.00	\$235.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

No Dental + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$182.00	-\$343.00	-\$473.00
C2000 with HRA	-\$139.00	-\$260.00	-\$361.00
C3000 with HRA	-\$4.00	-\$5.00	-\$11.00
H2000 with HSA	-\$113.00	-\$211.00	-\$293.00
H2500 with HSA	\$31.00	\$61.00	\$80.00
H5000 with HSA	\$84.00	\$163.00	\$219.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$184.00	-\$350.00	-\$490.00
C2000 with HRA	-\$141.00	-\$267.00	-\$378.00
C3000 with HRA	-\$6.00	-\$12.00	-\$28.00
H2000 with HSA	-\$115.00	-\$218.00	-\$310.00
H2500 with HSA	\$29.00	\$54.00	\$63.00
H5000 with HSA	\$82.00	\$156.00	\$202.00

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

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$192.00	-\$363.00	-\$510.00
C2000 with HRA	-\$149.00	-\$280.00	-\$398.00
C3000 with HRA	-\$14.00	-\$25.00	-\$48.00
H2000 with HSA	-\$123.00	-\$231.00	-\$330.00
H2500 with HSA	\$21.00	\$41.00	\$43.00
H5000 with HSA	\$74.00	\$143.00	\$182.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

HMO Dental + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$198.00	-\$373.00	-\$526.00
C2000 with HRA	-\$155.00	-\$290.00	-\$414.00
C3000 with HRA	-\$20.00	-\$35.00	-\$64.00
H2000 with HSA	-\$129.00	-\$241.00	-\$346.00
H2500 with HSA	\$15.00	\$31.00	\$27.00
H5000 with HSA	\$68.00	\$133.00	\$166.00

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 + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$218.00	-\$420.00	-\$587.00
C2000 with HRA	-\$175.00	-\$337.00	-\$475.00
C3000 with HRA	-\$40.00	-\$82.00	-\$125.00
H2000 with HSA	-\$149.00	-\$288.00	-\$407.00
H2500 with HSA	-\$5.00	-\$16.00	-\$34.00
H5000 with HSA	\$48.00	\$86.00	\$105.00

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

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$226.00	-\$433.00	-\$607.00
C2000 with HRA	-\$183.00	-\$350.00	-\$495.00
C3000 with HRA	-\$48.00	-\$95.00	-\$145.00
H2000 with HSA	-\$157.00	-\$301.00	-\$427.00
H2500 with HSA	-\$13.00	-\$29.00	-\$54.00
H5000 with HSA	\$40.00	\$73.00	\$85.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$232.00	-\$443.00	-\$623.00
C2000 with HRA	-\$189.00	-\$360.00	-\$511.00
C3000 with HRA	-\$54.00	-\$105.00	-\$161.00
H2000 with HSA	-\$163.00	-\$311.00	-\$443.00
H2500 with HSA	-\$19.00	-\$39.00	-\$70.00
H5000 with HSA	\$34.00	\$63.00	\$69.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Exam Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$209.00	-\$402.00	-\$561.00
C2000 with HRA	-\$166.00	-\$319.00	-\$449.00
C3000 with HRA	-\$31.00	-\$64.00	-\$99.00
H2000 with HSA	-\$140.00	-\$270.00	-\$381.00
H2500 with HSA	\$4.00	\$2.00	-\$8.00
H5000 with HSA	\$57.00	\$104.00	\$131.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Greater New Jersey

Dental and Vision Plan:

PPO Dental + Full Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$217.00	-\$415.00	-\$581.00
C2000 with HRA	-\$174.00	-\$332.00	-\$469.00
C3000 with HRA	-\$39.00	-\$77.00	-\$119.00
H2000 with HSA	-\$148.00	-\$283.00	-\$401.00
H2500 with HSA	-\$4.00	-\$11.00	-\$28.00
H5000 with HSA	\$49.00	\$91.00	\$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 + Premier Vision

2024 Medical Plan	P Only	P+1	P+Family
B1000	-\$223.00	-\$425.00	-\$597.00
C2000 with HRA	-\$180.00	-\$342.00	-\$485.00
C3000 with HRA	-\$45.00	-\$87.00	-\$135.00
H2000 with HSA	-\$154.00	-\$293.00	-\$417.00
H2500 with HSA	-\$10.00	-\$21.00	-\$44.00
H5000 with HSA	\$43.00	\$81.00	\$95.00

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