



**Wespath**  
BENEFITS | INVESTMENTS

### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**No Dental + Exam Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$194.00	-\$369.00	-\$504.00
C2000 with HRA	-\$144.00	-\$274.00	-\$374.00
C3000 with HRA	\$11.00	\$20.00	\$29.00
H2000 with HSA	-\$114.00	-\$217.00	-\$296.00
H2500 with HSA	\$51.00	\$97.00	\$134.00
H5000 with HSA	\$113.00	\$215.00	\$295.00

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



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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**No Dental + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$203.00	-\$383.00	-\$526.00
C2000 with HRA	-\$153.00	-\$288.00	-\$396.00
C3000 with HRA	\$2.00	\$6.00	\$7.00
H2000 with HSA	-\$123.00	-\$231.00	-\$318.00
H2500 with HSA	\$42.00	\$83.00	\$112.00
H5000 with HSA	\$104.00	\$201.00	\$273.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

Greater New Jersey

**Dental and Vision Plan:**

No Dental + Premier Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$209.00	-\$394.00	-\$544.00
C2000 with HRA	-\$159.00	-\$299.00	-\$414.00
C3000 with HRA	-\$4.00	-\$5.00	-\$11.00
H2000 with HSA	-\$129.00	-\$242.00	-\$336.00
H2500 with HSA	\$36.00	\$72.00	\$94.00
H5000 with HSA	\$98.00	\$190.00	\$255.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**HMO Dental + Exam Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$212.00	-\$401.00	-\$560.00
C2000 with HRA	-\$162.00	-\$306.00	-\$430.00
C3000 with HRA	-\$7.00	-\$12.00	-\$27.00
H2000 with HSA	-\$132.00	-\$249.00	-\$352.00
H2500 with HSA	\$33.00	\$65.00	\$78.00
H5000 with HSA	\$95.00	\$183.00	\$239.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**HMO Dental + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$221.00	-\$415.00	-\$582.00
C2000 with HRA	-\$171.00	-\$320.00	-\$452.00
C3000 with HRA	-\$16.00	-\$26.00	-\$49.00
H2000 with HSA	-\$141.00	-\$263.00	-\$374.00
H2500 with HSA	\$24.00	\$51.00	\$56.00
H5000 with HSA	\$86.00	\$169.00	\$217.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**HMO Dental + Premier Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$227.00	-\$426.00	-\$600.00
C2000 with HRA	-\$177.00	-\$331.00	-\$470.00
C3000 with HRA	-\$22.00	-\$37.00	-\$67.00
H2000 with HSA	-\$147.00	-\$274.00	-\$392.00
H2500 with HSA	\$18.00	\$40.00	\$38.00
H5000 with HSA	\$80.00	\$158.00	\$199.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**Passive PPO 2000 + Exam Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$254.00	-\$489.00	-\$684.00
C2000 with HRA	-\$204.00	-\$394.00	-\$554.00
C3000 with HRA	-\$49.00	-\$100.00	-\$151.00
H2000 with HSA	-\$174.00	-\$337.00	-\$476.00
H2500 with HSA	-\$9.00	-\$23.00	-\$46.00
H5000 with HSA	\$53.00	\$95.00	\$115.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**Passive PPO 2000 + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$263.00	-\$503.00	-\$706.00
C2000 with HRA	-\$213.00	-\$408.00	-\$576.00
C3000 with HRA	-\$58.00	-\$114.00	-\$173.00
H2000 with HSA	-\$183.00	-\$351.00	-\$498.00
H2500 with HSA	-\$18.00	-\$37.00	-\$68.00
H5000 with HSA	\$44.00	\$81.00	\$93.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**Passive PPO 2000 + Premier Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$269.00	-\$514.00	-\$724.00
C2000 with HRA	-\$219.00	-\$419.00	-\$594.00
C3000 with HRA	-\$64.00	-\$125.00	-\$191.00
H2000 with HSA	-\$189.00	-\$362.00	-\$516.00
H2500 with HSA	-\$24.00	-\$48.00	-\$86.00
H5000 with HSA	\$38.00	\$70.00	\$75.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

Greater New Jersey

**Dental and Vision Plan:**

PPO Dental + Exam Vision

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$243.00	-\$467.00	-\$651.00
C2000 with HRA	-\$193.00	-\$372.00	-\$521.00
C3000 with HRA	-\$38.00	-\$78.00	-\$118.00
H2000 with HSA	-\$163.00	-\$315.00	-\$443.00
H2500 with HSA	\$2.00	-\$1.00	-\$13.00
H5000 with HSA	\$64.00	\$117.00	\$148.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**PPO Dental + Full Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$252.00	-\$481.00	-\$673.00
C2000 with HRA	-\$202.00	-\$386.00	-\$543.00
C3000 with HRA	-\$47.00	-\$92.00	-\$140.00
H2000 with HSA	-\$172.00	-\$329.00	-\$465.00
H2500 with HSA	-\$7.00	-\$15.00	-\$35.00
H5000 with HSA	\$55.00	\$103.00	\$126.00

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### HealthFlex Exchange Participant Premium Cost Calculator

**Plan Sponsor:**

**Greater New Jersey**

**Dental and Vision Plan:**

**PPO Dental + Premier Vision**

2026 Medical Plan	P Only	P+1	P+Family
B1000	-\$258.00	-\$492.00	-\$691.00
C2000 with HRA	-\$208.00	-\$397.00	-\$561.00
C3000 with HRA	-\$53.00	-\$103.00	-\$158.00
H2000 with HSA	-\$178.00	-\$340.00	-\$483.00
H2500 with HSA	-\$13.00	-\$26.00	-\$53.00
H5000 with HSA	\$49.00	\$92.00	\$108.00

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