Exhibit 4A – Plan Year 2026 Monthly Active Premiums

	NJEHP	GSHP	PPO10	PPO15
	Aetna/Horizon	Aetna	Aetna/Horizon	Aetna/Horizon
Medical Coverage Only				
Single	$1,202.76	$1,038.22	$1,733.20	$1,649.96
Employee+Spouse	$2,405.52	$2,076.43	$3,466.41	$3,299.92
Family	$3,439.89	$2,969.30	$4,956.97	$4,718.89
Employee+Child(ren)	$2,237.13	$1,931.08	$3,223.76	$3,068.93
Adult Child Rate	$1,055.06	$910.72	$1,520.37	$1,447.35
	NJEHP	**GSHP**	**PPO10**	**PPO15**
	Aetna/Horizon	Aetna	Aetna/Horizon	Aetna/Horizon
Rx Card				
Single	$295.06	$295.06	$456.49	$456.49
Employee+Spouse	$590.12	$590.12	$912.98	$912.98
Family	$843.87	$843.87	$1,305.56	$1,305.56
Employee+Child(ren)	$548.81	$548.81	$849.07	$849.07
Adult Child Rate	$258.83	$258.83	$400.43	$400.43
	NJEHP	**GSHP**	**PPO10**	**PPO15**
	Aetna/Horizon	Aetna	Aetna/Horizon	Aetna/Horizon
Rx with Medical Coverage				
Single	$1,497.82	$1,333.28	$2,174.28	$2,089.04
Employee+Spouse	$2,995.64	$2,666.55	$4,348.57	$4,178.07
Family	$4,283.76	$3,813.17	$6,218.45	$5,974.65
Employee+Child(ren)	$2,785.94	$2,479.89	$4,044.17	$3,885.61
Adult Child Rate	$1,313.88	$1,169.54	$1,907.29	$1,832.50

Plan Year 2026 active premium rates include margin of 6.0%.