

**DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM**

**OVER AGE CHILDREN OF LOCAL MONTHLY ACTIVE AND RETIRED GROUPS
LOCAL GOVERNMENT EMPLOYERS
RATES EFFECTIVE 1/1/2009-12/31/2009**

PLAN/COVERAGE DESCRIPTION	Monthly Rate		
	EMPLOYERS WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN*	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN**	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES**
<u>NJ DIRECT10 - #050</u>			
Single	\$222.02	\$167.55	\$201.06
<u>NJ DIRECT15 - #150</u>			
Single	\$214.02	\$159.55	\$191.46
<u>AETNA HMO - #019</u>			
Single	\$215.45	\$160.98	\$204.44
<u>CIGNA HealthCare HMO - #020</u>			
Single	\$217.06	\$162.59	\$206.49

* Premium includes cost of SHBP medical plan and SHBP Employee Prescription Drug Plan.

** Premium for SHBP medical plan only. See your employer for prescription drug coverage information and cost.

*** Prescription drug coverage provided through SHBP medical plan.