

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

**OVER AGE CHILDREN OF STATE ACTIVE AND RETIRED GROUPS
RATES EFFECTIVE 1/1/2009-12/31/2009**

PLAN/COVERAGE DESCRIPTION	Monthly Rate	
	EMPLOYEES WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN*	RETIREES WITH PRESCRIPTION DRUG PROVIDED THROUGH MEDICAL PLAN**
<u>NJ DIRECT15 - #150</u> Single	\$218.49	\$191.46
<u>NJ DIRECT10 - #050</u> Single	N/A	\$201.06
<u>NJ PLUS - #101</u> Single	\$209.90	N/A
<u>TRADITIONAL PLAN - #102</u> Single	\$365.63	N/A
<u>AETNA HMO - # 005</u> Single	\$225.45	N/A
<u>AETNA HMO - #019, #119</u> Single	\$229.96	\$204.44
<u>CIGNA HealthCare HMO - #006</u> Single	\$227.22	N/A
<u>CIGNA HealthCare HMO - #020, #120</u> Single	\$231.76	\$206.49

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

** Prescription drug coverage provided through SHBP medical plan.

#100 Series Active Plans: NJ PLUS and HMO office visit copayment \$10 for Employees Sharing 25% of Traditional Plan or 5% of HMO Premium

#010 Series Retiree Plans: NJ DIRECT10 and HMO office visit copayment \$10

#001 Series Plans: NJ DIRECT15 and HMO office visit copayment \$15