DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP
MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014

PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203	
AETNA FREEDOM15 #180(1)	
Single	$697.51
Member & Spouse/Partner	$1,395.00
Family	$1,806.55
Parent & Child	$1,109.04
NJ DIRECT15 #150(1)	
Single	$690.60
Member & Spouse/Partner	$1,381.19
Family	$1,788.65
Parent & Child	$1,098.05
AETNA HMO #005)	
Single	$689.99
Member & Spouse/Partner	$1,379.99
Family	$1,787.09
Parent & Child	$1,097.09
HORIZON HMO #011(1)(6)	
Single	$683.08
Member & Spouse/Partner	$1,366.18
Family	$1,769.19
Parent & Child	$1,086.10
PRESCRIPTION DRUG PROGRAM #203	
Single	$191.67
Member & Spouse/Partner	$383.36
Family	$496.44
Parent & Child	$304.76
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205	
AETNA FREEDOM1525 #063(2)	
Single	$677.97
Member & Spouse/Partner	$1,355.94
Family	$1,755.95
Parent & Child	$1,077.97
NJ DIRECT1525 #051(2)	
Single	$671.26
Member & Spouse/Partner	$1,342.52
Family	$1,738.57
Parent & Child	$1,067.30
AETNA HMO1525 #061(2)	
Single	$670.68
Member & Spouse/Partner	$1,341.35
Family	$1,737.06
Parent & Child	$1,066.38
HORIZON HMO1525 #053(2)(6)	
Single	$663.97
Member & Spouse/Partner	$1,327.94
Family	$1,719.68
Parent & Child	$1,055.71
PRESCRIPTION DRUG PROGRAM #205	
Single	$173.85
Member & Spouse/Partner	$347.71
Family	$450.28
Parent & Child	$276.43

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
AETNA FREEDOM2030 #064(3)	
Single	$637.51
Member & Spouse/Partner	$1,275.03
Family	$1,651.16
Parent & Child	$1,013.65
NJ DIRECT2030 #052(3)	
Single	$631.20
Member & Spouse/Partner	$1,262.41
Family	$1,634.80
Parent & Child	$1,003.60
AETNA HMO2030 #062(3)	
Single	$630.65
Member & Spouse/Partner	$1,261.31
Family	$1,633.39
Parent & Child	$1,002.73
HORIZON HMO2030 #054(3)(6)	
Single	$624.34
Member & Spouse/Partner	$1,248.69
Family	$1,617.06
Parent & Child	$992.71
PRESCRIPTION DRUG PROGRAM #206	
Single	$176.93
Member & Spouse/Partner	$353.83
Family	$458.26
Parent & Child	$281.32
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #207	
AETNA FREEDOM2035 #066(4)	
Single	$548.26
Member & Spouse/Partner	$1,096.52
Family	$1,452.90
Parent & Child	$904.64
NJ DIRECT2035 #056(4)	
Single	$542.83
Member & Spouse/Partner	$1,085.66
Family	$1,438.51
Parent & Child	$895.67
AETNA HMO2035 #065(4)	
Single	$542.36
Member & Spouse/Partner	$1,084.72
Family	$1,437.26
Parent & Child	$894.89
HORIZON HMO2035 #055(4)(6)	
Single	$536.94
Member & Spouse/Partner	$1,073.87
Family	$1,422.89
Parent & Child	$885.95
PRESCRIPTION DRUG PROGRAM #207	
Single	$159.24
Member & Spouse/Partner	$318.48
Family	$421.99
Parent & Child	$262.74
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
AETNA VALUE HD4000 #092(4)	
Single	$492.12
Member & Spouse/Partner	$984.26
Family	$1,274.61
Parent & Child	$782.48
NJ DIRECT HD4000 #090(4)	
Single	$468.51
Member & Spouse/Partner	$937.03
Family	$1,213.44
Parent & Child	$744.93

1) Subscribers in # 150, #180, #005, and #011are subject to $15 Primary Care and $15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203

2) Subscribers in #051, #061, #53 and #063 are subject to $15 Primary Care and $25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205

3) Subscribers in # 052,#062, #54 and #064 are subject to $20 Primary Care and $30 adult/$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206

4) Subscribers in #066, #056, #055, and #065 are subject to $20 Primary Care and $35 specialist office vist copayment

5) Subscribers in High Deductible Plans #90 and #92, are subject to $4,000 In-Network deductible

6) For Horizon HMO Plans #011, #053, #054, and #055 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;