



State of New Jersey

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September 2019

TO: State Biweekly and State Monthly SHBP Certifying Officers, Human Resources Representatives, and Benefit Administrators

FROM: Christin Deacon
Assistant Director, Benefit Operations

SUBJECT: **Announcement of New State Health Benefits Program (SHBP) Medical Plans for IFPTE/AFSCME Employees – Special Open Enrollment**

A recent labor agreement requires that new medical plans be offered to certain active members of the New Jersey State Health Benefits Program (SHBP). This letter outlines the new plan design for these employees.

NEW MEDICAL PLANS

For active State employees represented by the International Federation of Professional and Technical Engineers (IFPTE) and the American Federation of State, County, and Municipal Employees (AFSCME), two new Preferred Provider Organization (PPO) plans will be introduced: NJ DIRECT/ NJ DIRECT 2019* (administered by Horizon) and Aetna Freedom/Aetna Freedom 2019* (administered by Aetna). Along with the new PPOs, the current Health Maintenance Organizations (HMO), Tiered Network Plans, and High Deductible Health Plans (HDHP) will be offered. The attached *Plan Design Chart* outlines plan coverage, including in-network and out-of-network deductibles; coinsurance; and primary care, specialist care, emergency room, and prescription drug copayments.

- For State Monthly employees, the effective date of coverage for the NJ DIRECT and Aetna Freedom plans will be November 1, 2019.
- For State Biweekly employees, the effective date of coverage will be November 9, 2019.

**Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.*

PLAN DESIGN CHANGES

NJ DIRECT and Aetna Freedom

For the new plans, the out-of-network reimbursement rate will be 175 percent of Centers for Medicare & Medicaid Services (CMS) reimbursement amounts with the following exclusions:

- Obstetrical care – for employees receiving obstetrical care as of July 1, 2019, the reimbursement rate will be 195 percent of the CMS amount for the duration of their care; and

- Mental Health – for employees receiving mental health services, the reimbursement rate will be 175 percent of the CMS amount up to the employee reaching the out-of-pocket maximums of \$2,000 (individual) or \$5,000 (family). The reimbursement will then be made at 195 percent of the CMS amount for the remainder of that plan year. This exclusion will remain in effect through June 30, 2021.

Out-of-network routine laboratory services will be added to the out-of-network routine care exclusion list with the following exceptions:

- Genetics lab testing;
- The first out-of-network lab expense will be forgiven (all enrollees will receive notification of the change to lab services. Any enrollee who utilized out-of-network lab services in 2018 or 2019 will also receive direct communication advising them this service will be out of network); and
- Direct Primary Care Medical Home (DPCMH) lab services will be covered in network.

Emergency room copayments are: \$150 for adults; \$50 for adults directed to the emergency room by their primary care physician; and \$50 for pediatric (through age 19). These copayments will be waived if admitted to the hospital.

Members and spouses who participate in NJWELL and complete their necessary health screenings and activities can earn a financial reward of \$350 each.

EMPLOYEE CONTRIBUTIONS

1. Active members covered under the new agreement and participating in the NJ DIRECT/NJ DIRECT 2019 or Aetna Freedom/Aetna Freedom 2019 plans will contribute a percentage of their salary to the cost of benefits (see Schedule #1 enclosed).
2. Members participating in an HMO plan or a HDHP will continue to contribute a percentage of premium based on their salary (see Schedule #2 enclosed).
3. Members covered under the new agreement and participating in a Tiered Network plan will contribute 75 percent of the NJ DIRECT/NJ DIRECT 2019 and Aetna Freedom/ Aetna Freedom 2019 contribution rates in #1 above (see Schedule #3 enclosed).

SPECIAL OPEN ENROLLMENT

The SHBP will hold a special Open Enrollment for employees covered under the new IFPTE/AFSCME agreement from September 16, 2019, through September 27, 2019. Current IFPTE/AFSCME subscribers will be automatically transferred or remain in the same plan as outlined below unless they submit an *IFPTE/AFSCME Open Enrollment Application* and choose another plan:

- IFPTE/AFSCME employees enrolled in NJ DIRECT15, 1525, 2030, or 2035 will be automatically transferred to the new NJ DIRECT/NJ DIRECT 2019 plan.
- IFPTE/AFSCME employees enrolled in Aetna Freedom 15, 1525, 2030, or 2035 will be automatically transferred to the new Aetna Freedom/Aetna Freedom 2019 plan.

- IFPTE/AFSCME employees enrolled in a Tiered Network plan will remain in the plan in which they are currently enrolled.
- IFPTE/AFSCME employees enrolled in an HMO will remain in the plan in which they are currently enrolled.
- IFPTE/AFSCME employees enrolled in a HDHP will remain in the plan in which they are currently enrolled.

The special Open Enrollment is for medical plan changes only and limited to the IFPTE/AFSCME employees covered under the new labor agreement. Members will not be permitted to add dependents to coverage, change coverage levels, or make changes to dental or prescription drug plans. Completed *IFPTE/AFSCME Open Enrollment Applications* for active employees must be submitted through the employer and received by the NJDPB before October 7, 2019.

ADDITIONAL INFORMATION

If you have questions regarding any of the information provided in this letter, contact the NJDPB's Office of Client Services at (609) 292-7524, or email the NJDPB at: pensions.nj@treas.nj.gov

Enclosures



IFPTE/AFSCME OPEN ENROLLMENT

State Health Benefits Program (SHBP)

STATE ACTIVE EMPLOYEE GROUP

HEALTH BENEFITS ENROLLMENT and/or CHANGE FORM

1. EMPLOYEE INFORMATION — Last Name				First	MI	DIVISION USE ONLY	
Gender	Birth Date / /	Social Security Number — —	Marital Status*			Effective Dates H _____ Rx _____	Event Reason: <input type="checkbox"/>
Telephone Number ()		Personal Email Address				EMPLOYER CERTIFICATION <i>(See Instructions on reverse)</i> Employer Name _____ Payroll # _____ <i>(State Biweekly only)</i> Union Code (Rx) Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>(State only)</i> Location # <i>(State Monthly only)</i> <input type="checkbox"/> <input type="checkbox"/> 10/12 - month employee <input type="checkbox"/> <input type="checkbox"/> <i>(Enter "10 or 12")</i>	
Home Address No. and Street Name							
City		State		Zip			
2. EMPLOYMENT STATUS							
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent <input type="checkbox"/> National Guard <input type="checkbox"/> ACA <i>(monthly only)</i>							
3. HEALTH PLAN <i>(check one box only)</i>							
Horizon				Aetna			
<input type="checkbox"/> NJ DIRECT/NJ DIRECT 2019* <input type="checkbox"/> Horizon HMO <input type="checkbox"/> OMNIA Health Plan <input type="checkbox"/> NJ DIRECT HD1500 <input type="checkbox"/> NJ DIRECT HD4000				<input type="checkbox"/> Aetna Freedom/Aetna Freedom 2019* <input type="checkbox"/> Aetna HMO <input type="checkbox"/> Aetna Liberty Plan <input type="checkbox"/> Aetna Value HD1500 <input type="checkbox"/> Aetna Value HD4000			
MEMBER ACTION <input checked="" type="checkbox"/> Open Enrollment						Signature of Certifying Officer _____ Telephone # _____ Date Mailed _____	

*Members enrolled prior to July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members enrolled after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.

For HD Plans only – Health Savings Account (HSA)

- I wish to establish a HSA at this time and understand that I will be contacted to establish banking. By applying for and funding my HSA I represent that I:
- 1) am covered under a High Deductible Health Plan (HDHP);
 - 2) am not covered by any other non-HDHP product;
 - 3) am not covered in Medicare; and
 - 4) cannot be claimed as a dependent on another person's tax return.
- I am not enrolling in a HSA at this time and understand that if I choose to at a later date, I must contact my health plan.

4. DEPENDENT INFORMATION: Be sure to include all dependents currently on your health plan. You may not add dependents during this special Open Enrollment period. <input type="checkbox"/> Additional Sheets attached.				
Eligible Dependents Last Name, First Name	Social Security No.	Circle Relationship	Birth Date	Gender
	— —	Spouse Civil Union/Domestic Partner	/ /	
	— —	Child (Natural, Adopted, Foster, Step, Legal Ward)	/ /	
	— —	Child (Natural, Adopted, Foster, Step, Legal Ward)	/ /	

EMPLOYEE CERTIFICATION — I certify that all the information supplied on this form is true to the best of my knowledge and that it is verifiable. I understand that if I waive my right to coverage at this time, enrollment is not permissible until the next scheduled open enrollment or if other coverage is lost and proof of loss is provided (HIPAA). I also understand that there is no guarantee of continuous participation by medical providers, either doctors or facilities, in the plans. If either my physician or medical center terminates participation in my selected plan, I must select another doctor or medical center participating in that plan to receive the "in-network" benefit. I authorize any hospital, physician, or health care provider to furnish my medical plan or its assignee with such medical information about myself or my covered dependents as the assignee may require. **Misrepresentation:** Any person that knowingly provides false or misleading information is subject to criminal and civil penalties pursuant to N.J.S.A.17:33A-6c.

5. Member Signature: _____ Date: ____/____/____



**IFPTE/AFSCME MEMBERS
MEDICAL PLAN DESIGN - PLAN YEAR 2019
STATE ACTIVE GROUP
AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

Explore Your Benefits

	Aetna Freedom/ Aetna Freedom 2019*	Aetna HMO	Aetna Liberty		Aetna Value HD4000**	Aetna Value HD1500**
	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA		NJ DIRECT HD4000**	NJ DIRECT HD1500**
Medical Cost Sharing			TIER 1	TIER 2		
Primary Care Copayment	\$15	\$15	\$5	\$20		
Specialist Care Copayment	\$15	\$15	\$15	\$30		
Emergency Room Copayment	\$150 ⁹	\$100	\$100	\$100		
In-Network Deductible	\$100 ⁸ (if hired after 7/1/19)	\$100 ²	None	\$1,500 ⁷	\$4,000 ⁷	\$1,500 ⁷
In-Network Coinsurance	10% ²		None	20%	20% after deductible	20% after deductible
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000		None	None	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320/\$12,640	\$6,320/\$12,640	\$2,500 ⁷	\$4,500 ⁷	\$5,000/\$10,000	\$2,500/\$5,000
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000				See In-Network Deductible ³	See In-Network Deductible ³
Out-of-Network Coinsurance ⁴	30%				40%	40%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000				\$6,000/\$12,000	\$3,500/\$7,000
Out-of-Network Inpatient Hospital Deductible	\$500					
Employer Health Savings Account Funding ⁵						\$300
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health after OOP Max get 195% CMS (good through 7/1/2021) and Obstetrics at 195% ¹⁰ CMS until treatment completed					

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.

** HD = High Deductible Health Plan

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² On select services.

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ Health Savings Accounts can be used for qualified medical expenses without federal tax liability.

⁶ Applies to services that do not require a copayment.

⁷ Family amounts are 2 x per member amounts listed in table.

⁸ \$100 in network deductible has exclusions: 2nd wellness visit, preventive, obstetrics, pediatrics, and any deductible applied to other services.

⁹ \$50 for adults referred to the emergency room by their primary care physician and for pediatric (through age 19).

¹⁰ If services started prior to July 1, 2019. If obstetric services started after July 1, 2019, reimbursement rate is 175%. Aetna Freedom/NJ DIRECT members and spouses who participate in NJWELL and complete the necessary health screenings and activities can earn a financial reward of \$350 each.



Explore Your Benefits

**IFPTE/AFSCME MEMBERS
 MEDICAL PLAN DESIGN - PLAN YEAR 2019
 STATE ACTIVE GROUP
 AETNA AND HORIZON PLANS - MEDICAL COST SHARING**

	Aetna Freedom/ Aetna Freedom 2019*	Aetna HMO	Aetna Liberty	Aetna Value HD4000**	Aetna Value HD1500**
	NJ DIRECT/ NJ DIRECT 2019*	Horizon HMO ¹	Horizon OMNIA	NJ DIRECT HD4000**	NJ DIRECT HD1500**
Prescription Drug Copayments					
Retail: Generic Copayments	\$7	\$3	\$7	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Retail: Brand Copayments	\$16	\$10	\$16		
Retail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Mail: Generic Copayments	\$0	\$0	\$0		
Mail: Brand Copayments	\$40	\$15	\$40		
Mail: Brand w/Generic available Copayments ²	Member pays difference ²	Member pays difference ²	Member pays difference ²		
Prescription Drug annual Out-of-Pocket Maximum (Individual/Family)	\$1,580/\$3,160	\$1,580/\$3,160			

Note: Retail – 30 day supply. Mail – 90 day supply. Oral contraceptive coverage is available under the medical and prescription plans.

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.

** HD = High Deductible Health Plan

¹ Service areas for Horizon HMO plans are limited to New Jersey, New Castle County in Delaware, and bordering counties of Pennsylvania and New York.

² You pay the applicable generic copayment as listed above, plus the cost difference between the brand drug and the generic drug.



Schedule 1
IFPTE/AFSCME NJ DIRECT/AETNA FREEDOM
Member Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$20,000	2.00%	\$400	2.00%	\$400	2.00%	\$400	2.00%	\$400
\$21,000	2.00%	\$420	2.00%	\$420	2.00%	\$420	2.00%	\$420
\$22,000	2.00%	\$440	2.00%	\$440	2.00%	\$440	2.00%	\$440
\$23,000	2.00%	\$460	2.00%	\$460	2.00%	\$460	2.00%	\$460
\$24,000	2.00%	\$480	2.00%	\$480	2.00%	\$480	2.00%	\$480
\$25,000	2.00%	\$500	2.00%	\$500	2.00%	\$500	2.00%	\$500
\$26,000	2.00%	\$520	2.00%	\$520	2.25%	\$585	2.00%	\$520
\$27,000	2.00%	\$540	2.00%	\$540	2.25%	\$608	2.00%	\$540
\$28,000	2.00%	\$560	2.00%	\$560	2.25%	\$630	2.00%	\$560
\$29,000	2.00%	\$580	2.00%	\$580	2.25%	\$653	2.00%	\$580
\$30,000	2.25%	\$675	2.75%	\$825	2.50%	\$750	2.75%	\$825
\$31,000	2.25%	\$698	2.75%	\$853	2.50%	\$775	2.75%	\$853
\$32,000	2.25%	\$720	2.75%	\$880	2.50%	\$800	2.75%	\$880
\$33,000	2.25%	\$743	2.75%	\$908	2.50%	\$825	2.75%	\$908
\$34,000	2.25%	\$765	2.75%	\$935	2.50%	\$850	2.75%	\$935
\$35,000	2.25%	\$788	2.75%	\$963	3.00%	\$1,050	2.75%	\$963
\$36,000	2.25%	\$810	3.00%	\$1,080	3.00%	\$1,080	3.00%	\$1,080
\$37,000	2.25%	\$833	3.00%	\$1,110	3.00%	\$1,110	3.00%	\$1,110
\$38,000	2.25%	\$855	3.00%	\$1,140	3.00%	\$1,140	3.00%	\$1,140
\$39,000	2.25%	\$878	3.00%	\$1,170	3.00%	\$1,170	3.00%	\$1,170
\$40,000	2.25%	\$900	3.00%	\$1,200	3.00%	\$1,200	3.00%	\$1,200
\$41,000	2.25%	\$923	3.00%	\$1,230	3.00%	\$1,230	3.00%	\$1,230
\$42,000	2.25%	\$945	3.00%	\$1,260	3.00%	\$1,260	3.00%	\$1,260
\$43,000	2.25%	\$968	3.00%	\$1,290	3.00%	\$1,290	3.00%	\$1,290
\$44,000	2.25%	\$990	3.00%	\$1,320	3.00%	\$1,320	3.00%	\$1,320
\$45,000	2.40%	\$1,080	3.00%	\$1,350	3.50%	\$1,575	3.25%	\$1,463
\$46,000	2.40%	\$1,104	3.00%	\$1,380	3.50%	\$1,610	3.25%	\$1,495
\$47,000	2.40%	\$1,128	3.00%	\$1,410	3.50%	\$1,645	3.25%	\$1,528
\$48,000	2.40%	\$1,152	3.00%	\$1,440	3.50%	\$1,680	3.25%	\$1,560
\$49,000	2.40%	\$1,176	3.00%	\$1,470	3.50%	\$1,715	3.25%	\$1,593
\$50,000	3.00%	\$1,500	4.25%	\$2,125	4.50%	\$2,250	4.50%	\$2,250
\$51,000	3.00%	\$1,530	4.25%	\$2,168	4.50%	\$2,295	4.50%	\$2,295
\$52,000	3.00%	\$1,560	4.25%	\$2,210	4.50%	\$2,340	4.50%	\$2,340
\$53,000	3.00%	\$1,590	4.25%	\$2,253	4.50%	\$2,385	4.50%	\$2,385
\$54,000	3.00%	\$1,620	4.25%	\$2,295	4.50%	\$2,430	4.50%	\$2,430
\$55,000	3.40%	\$1,870	4.50%	\$2,475	5.00%	\$2,750	4.50%	\$2,475
\$56,000	3.40%	\$1,904	4.50%	\$2,520	5.00%	\$2,800	4.50%	\$2,520
\$57,000	3.40%	\$1,938	4.50%	\$2,565	5.00%	\$2,850	4.50%	\$2,565
\$58,000	3.40%	\$1,972	4.50%	\$2,610	5.00%	\$2,900	4.50%	\$2,610
\$59,000	3.40%	\$2,006	4.50%	\$2,655	5.00%	\$2,950	4.50%	\$2,655
\$60,000	3.75%	\$2,250	5.50%	\$3,300	6.00%	\$3,600	5.00%	\$3,000
\$61,000	3.75%	\$2,288	5.50%	\$3,355	6.00%	\$3,660	5.00%	\$3,050
\$62,000	3.75%	\$2,325	5.50%	\$3,410	6.00%	\$3,720	5.00%	\$3,100
\$63,000	3.75%	\$2,363	5.50%	\$3,465	6.00%	\$3,780	5.00%	\$3,150



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ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$64,000	3.75%	\$2,400	5.50%	\$3,520	6.00%	\$3,840	5.00%	\$3,200
\$65,000	3.75%	\$2,438	5.75%	\$3,738	6.50%	\$4,225	5.25%	\$3,413
\$66,000	3.75%	\$2,475	5.75%	\$3,795	6.50%	\$4,290	5.25%	\$3,465
\$67,000	3.75%	\$2,513	5.75%	\$3,853	6.50%	\$4,355	5.25%	\$3,518
\$68,000	3.75%	\$2,550	5.75%	\$3,910	6.50%	\$4,420	5.25%	\$3,570
\$69,000	3.75%	\$2,588	5.75%	\$3,968	6.50%	\$4,485	5.25%	\$3,623
\$70,000	4.00%	\$2,800	6.20%	\$4,340	7.25%	\$5,075	5.75%	\$4,025
\$71,000	4.00%	\$2,840	6.20%	\$4,402	7.25%	\$5,148	5.75%	\$4,083
\$72,000	4.00%	\$2,880	6.20%	\$4,464	7.25%	\$5,220	5.75%	\$4,140
\$73,000	4.00%	\$2,920	6.20%	\$4,526	7.25%	\$5,293	5.75%	\$4,198
\$74,000	4.00%	\$2,960	6.20%	\$4,588	7.25%	\$5,365	5.75%	\$4,255
\$75,000		\$2,977		\$4,678	7.25%	\$5,438		\$4,400
\$76,000		\$2,977		\$4,678	7.25%	\$5,510		\$4,400
\$77,000		\$2,977		\$4,678	7.25%	\$5,583		\$4,400
\$78,000		\$2,977		\$4,678	7.25%	\$5,655		\$4,400
\$79,000		\$2,977		\$4,678	7.25%	\$5,728		\$4,400
\$80,000		\$3,083		\$4,890	7.25%	\$5,800		\$4,550
\$81,000		\$3,083		\$4,890	7.25%	\$5,873		\$4,550
\$82,000		\$3,083		\$4,890	7.25%	\$5,945		\$4,550
\$83,000		\$3,083		\$4,890	7.25%	\$6,018		\$4,550
\$84,000		\$3,083		\$4,890	7.25%	\$6,090		\$4,550
\$85,000		\$3,083		\$5,316	7.50%	\$6,375		\$4,950
\$86,000		\$3,083		\$5,316	7.50%	\$6,450		\$4,950
\$87,000		\$3,083		\$5,316	7.50%	\$6,525		\$4,950
\$88,000		\$3,083		\$5,316	7.50%	\$6,600		\$4,950
\$89,000		\$3,083		\$5,316	7.50%	\$6,675		\$4,950
\$90,000		\$3,083		\$5,316	7.50%	\$6,750		\$4,950
\$91,000		\$3,083		\$5,316	7.50%	\$6,825		\$4,950
\$92,000		\$3,083		\$5,316	7.50%	\$6,900		\$4,950
\$93,000		\$3,083		\$5,316	7.50%	\$6,975		\$4,950
\$94,000		\$3,083		\$5,316	7.50%	\$7,050		\$4,950
\$95,000		\$3,190		\$5,316	7.50%	\$7,125		\$4,950
\$96,000		\$3,190		\$5,316	7.50%	\$7,200		\$4,950
\$97,000		\$3,190		\$5,316	7.50%	\$7,275		\$4,950
\$98,000		\$3,190		\$5,316	7.50%	\$7,350		\$4,950
\$99,000		\$3,190		\$5,316	7.50%	\$7,425		\$4,950
\$100,000		\$3,190		\$6,390		\$8,213		\$5,950
\$101,000		\$3,190		\$6,390		\$8,213		\$5,950
\$102,000		\$3,190		\$6,390		\$8,213		\$5,950
\$103,000		\$3,190		\$6,390		\$8,213		\$5,950
\$104,000		\$3,190		\$6,390		\$8,213		\$5,950
\$105,000		\$3,190		\$6,390		\$8,213		\$5,950
\$106,000		\$3,190		\$6,390		\$8,213		\$5,950
\$107,000		\$3,190		\$6,390		\$8,213		\$5,950



Schedule 1
IFPTE/AFSCME NJ DIRECT/AETNA FREEDOM
Member Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$108,000		\$3,190		\$6,390		\$8,213		\$5,950
\$109,000		\$3,190		\$6,390		\$8,213		\$5,950
\$110,000		\$3,190		\$6,390		\$9,122		\$5,950
\$111,000		\$3,190		\$6,390		\$9,122		\$5,950
\$112,000		\$3,190		\$6,390		\$9,122		\$5,950
\$113,000		\$3,190		\$6,390		\$9,122		\$5,950
\$114,000		\$3,190		\$6,390		\$9,122		\$5,950
\$115,000		\$3,190		\$6,390		\$9,122		\$5,950
\$116,000		\$3,190		\$6,390		\$9,122		\$5,950
\$117,000		\$3,190		\$6,390		\$9,122		\$5,950
\$118,000		\$3,190		\$6,390		\$9,122		\$5,950
\$119,000		\$3,190		\$6,390		\$9,122		\$5,950
\$120,000		\$3,190		\$6,390		\$9,122		\$5,950
\$121,000		\$3,190		\$6,390		\$9,122		\$5,950
\$122,000		\$3,190		\$6,390		\$9,122		\$5,950
\$123,000		\$3,190		\$6,390		\$9,122		\$5,950
\$124,000		\$3,190		\$6,390		\$9,122		\$5,950
\$125,000		\$3,190		\$6,390		\$9,122		\$5,950
\$126,000		\$3,190		\$6,390		\$9,122		\$5,950
\$127,000		\$3,190		\$6,390		\$9,122		\$5,950
\$128,000		\$3,190		\$6,390		\$9,122		\$5,950
\$129,000		\$3,190		\$6,390		\$9,122		\$5,950
\$130,000		\$3,190		\$6,390		\$9,122		\$5,950
\$131,000		\$3,190		\$6,390		\$9,122		\$5,950
\$132,000		\$3,190		\$6,390		\$9,122		\$5,950
\$133,000		\$3,190		\$6,390		\$9,122		\$5,950
\$134,000		\$3,190		\$6,390		\$9,122		\$5,950
\$135,000		\$3,190		\$6,390		\$9,122		\$5,950
\$136,000		\$3,190		\$6,390		\$9,122		\$5,950
\$137,000		\$3,190		\$6,390		\$9,122		\$5,950
\$138,000		\$3,190		\$6,390		\$9,122		\$5,950
\$139,000		\$3,190		\$6,390		\$9,122		\$5,950
\$140,000		\$3,190		\$6,390		\$9,122		\$5,950
\$141,000		\$3,190		\$6,390		\$9,122		\$5,950
\$142,000		\$3,190		\$6,390		\$9,122		\$5,950
\$143,000		\$3,190		\$6,390		\$9,122		\$5,950
\$144,000		\$3,190		\$6,390		\$9,122		\$5,950
\$145,000		\$3,190		\$6,390		\$9,122		\$5,950
\$146,000		\$3,190		\$6,390		\$9,122		\$5,950
\$147,000		\$3,190		\$6,390		\$9,122		\$5,950
\$148,000		\$3,190		\$6,390		\$9,122		\$5,950
\$149,000		\$3,190		\$6,390		\$9,122		\$5,950
\$150,000		\$3,190		\$6,390		\$9,122		\$5,950



Schedule 2
HMO and HDHP Member Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL BASE SALARY	SINGLE	EMPLOYEE & SPOUSE/PARTNER	FAMILY	PARENT/CHILD
	% of Premium	% of Premium	% of Premium	% of Premium
Under \$20,000	4.50%			
\$20,000 - \$24,999	5.50%			
Under \$25,000		3.50%	3.00%	3.50%
\$25,000 - \$29,999	7.50%	4.50%	4.00%	4.50%
\$30,000 - \$34,999	10.00%	6.00%	5.00%	6.00%
\$35,000 - \$39,999	11.00%	7.00%	6.00%	7.00%
\$40,000 - \$44,999	12.00%	8.00%	7.00%	8.00%
\$45,000 - \$49,999	14.00%	10.00%	9.00%	10.00%
\$50,000 - \$54,999	20.00%	15.00%	12.00%	15.00%
\$55,000 - \$59,999	23.00%	17.00%	14.00%	17.00%
\$60,000 - \$64,999	27.00%	21.00%	17.00%	21.00%
\$65,000 - \$69,999	29.00%	23.00%	19.00%	23.00%
\$70,000 - \$74,999	32.00%	26.00%	22.00%	26.00%
\$75,000 - \$79,999	33.00%	27.00%	23.00%	27.00%
\$80,000 - \$84,999	34.00%	28.00%	24.00%	28.00%
\$85,000 - \$89,999	34.00%	30.00%	26.00%	30.00%
\$90,000 - \$94,999	34.00%	30.00%	28.00%	30.00%
\$95,000 - Over	35.00%			
\$95,000 - \$99,999		30.00%	29.00%	30.00%
\$100,000 - Over		35.00%		35.00%
\$100,000 - \$109,999			32.00%	
\$110,000 - Over			35.00%	

Note: All percentages are percentage of premium, not salary.



Schedule 3
Tiered Network Plans IFPTE/AFSCME Member
Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$20,000	1.50%	\$300	1.50%	\$300	1.50%	\$300	1.50%	\$300
\$21,000	1.50%	\$315	1.50%	\$315	1.50%	\$315	1.50%	\$315
\$22,000	1.50%	\$330	1.50%	\$330	1.50%	\$330	1.50%	\$330
\$23,000	1.50%	\$345	1.50%	\$345	1.50%	\$345	1.50%	\$345
\$24,000	1.50%	\$360	1.50%	\$360	1.50%	\$360	1.50%	\$360
\$25,000	1.50%	\$375	1.50%	\$375	1.50%	\$375	1.50%	\$375
\$26,000	1.50%	\$390	1.50%	\$390	1.69%	\$439	1.50%	\$390
\$27,000	1.50%	\$405	1.50%	\$405	1.69%	\$456	1.50%	\$405
\$28,000	1.50%	\$420	1.50%	\$420	1.69%	\$473	1.50%	\$420
\$29,000	1.50%	\$435	1.50%	\$435	1.69%	\$489	1.50%	\$435
\$30,000	1.69%	\$506	2.06%	\$619	1.88%	\$563	2.06%	\$619
\$31,000	1.69%	\$523	2.06%	\$639	1.88%	\$581	2.06%	\$639
\$32,000	1.69%	\$540	2.06%	\$660	1.88%	\$600	2.06%	\$660
\$33,000	1.69%	\$557	2.06%	\$681	1.88%	\$619	2.06%	\$681
\$34,000	1.69%	\$574	2.06%	\$701	1.88%	\$638	2.06%	\$701
\$35,000	1.69%	\$591	2.06%	\$722	2.25%	\$788	2.06%	\$722
\$36,000	1.69%	\$608	2.25%	\$810	2.25%	\$810	2.25%	\$810
\$37,000	1.69%	\$624	2.25%	\$833	2.25%	\$833	2.25%	\$833
\$38,000	1.69%	\$641	2.25%	\$855	2.25%	\$855	2.25%	\$855
\$39,000	1.69%	\$658	2.25%	\$878	2.25%	\$878	2.25%	\$878
\$40,000	1.69%	\$675	2.25%	\$900	2.25%	\$900	2.25%	\$900
\$41,000	1.69%	\$692	2.25%	\$923	2.25%	\$923	2.25%	\$923
\$42,000	1.69%	\$709	2.25%	\$945	2.25%	\$945	2.25%	\$945
\$43,000	1.69%	\$726	2.25%	\$968	2.25%	\$968	2.25%	\$968
\$44,000	1.69%	\$743	2.25%	\$990	2.25%	\$990	2.25%	\$990
\$45,000	1.80%	\$810	2.25%	\$1,013	2.63%	\$1,181	2.44%	\$1,097
\$46,000	1.80%	\$828	2.25%	\$1,035	2.63%	\$1,208	2.44%	\$1,121
\$47,000	1.80%	\$846	2.25%	\$1,058	2.63%	\$1,234	2.44%	\$1,146
\$48,000	1.80%	\$864	2.25%	\$1,080	2.63%	\$1,260	2.44%	\$1,170
\$49,000	1.80%	\$882	2.25%	\$1,103	2.63%	\$1,286	2.44%	\$1,194
\$50,000	2.25%	\$1,125	3.19%	\$1,594	3.38%	\$1,688	3.38%	\$1,688
\$51,000	2.25%	\$1,148	3.19%	\$1,626	3.38%	\$1,721	3.38%	\$1,721
\$52,000	2.25%	\$1,170	3.19%	\$1,658	3.38%	\$1,755	3.38%	\$1,755
\$53,000	2.25%	\$1,193	3.19%	\$1,689	3.38%	\$1,789	3.38%	\$1,789
\$54,000	2.25%	\$1,215	3.19%	\$1,721	3.38%	\$1,823	3.38%	\$1,823
\$55,000	2.55%	\$1,403	3.38%	\$1,856	3.75%	\$2,063	3.38%	\$1,856
\$56,000	2.55%	\$1,428	3.38%	\$1,890	3.75%	\$2,100	3.38%	\$1,890
\$57,000	2.55%	\$1,454	3.38%	\$1,924	3.75%	\$2,138	3.38%	\$1,924
\$58,000	2.55%	\$1,479	3.38%	\$1,958	3.75%	\$2,175	3.38%	\$1,958
\$59,000	2.55%	\$1,505	3.38%	\$1,991	3.75%	\$2,213	3.38%	\$1,991
\$60,000	2.81%	\$1,688	4.13%	\$2,475	4.50%	\$2,700	3.75%	\$2,250
\$61,000	2.81%	\$1,716	4.13%	\$2,516	4.50%	\$2,745	3.75%	\$2,288



Schedule 3
Tiered Network Plans IFPTE/AFSCME Member
Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$62,000	2.81%	\$1,744	4.13%	\$2,558	4.50%	\$2,790	3.75%	\$2,325
\$63,000	2.81%	\$1,772	4.13%	\$2,599	4.50%	\$2,835	3.75%	\$2,363
\$64,000	2.81%	\$1,800	4.13%	\$2,640	4.50%	\$2,880	3.75%	\$2,400
\$65,000	2.81%	\$1,828	4.31%	\$2,803	4.88%	\$3,169	3.94%	\$2,559
\$66,000	2.81%	\$1,856	4.31%	\$2,846	4.88%	\$3,218	3.94%	\$2,559
\$67,000	2.81%	\$1,884	4.31%	\$2,889	4.88%	\$3,266	3.94%	\$2,638
\$68,000	2.81%	\$1,913	4.31%	\$2,933	4.88%	\$3,315	3.94%	\$2,678
\$69,000	2.81%	\$1,941	4.31%	\$2,976	4.88%	\$3,364	3.94%	\$2,717
\$70,000	3.00%	\$2,100	4.65%	\$3,255	5.44%	\$3,806	4.31%	\$3,019
\$71,000	3.00%	\$2,130	4.65%	\$3,302	5.44%	\$3,861	4.31%	\$3,062
\$72,000	3.00%	\$2,160	4.65%	\$3,348	5.44%	\$3,915	4.31%	\$3,105
\$73,000	3.00%	\$2,190	4.65%	\$3,395	5.44%	\$3,969	4.31%	\$3,148
\$74,000	3.00%	\$2,220	4.65%	\$4,588	5.44%	\$4,024	4.31%	\$3,191
\$75,000		\$2,233		\$3,509	5.44%	\$4,078		\$3,300
\$76,000		\$2,233		\$3,509	5.44%	\$4,133		\$3,300
\$77,000		\$2,233		\$3,509	5.44%	\$4,187		\$3,300
\$78,000		\$2,233		\$3,509	5.44%	\$4,241		\$3,300
\$79,000		\$2,233		\$3,509	5.44%	\$4,296		\$3,300
\$80,000		\$2,312		\$3,668	5.44%	\$4,350		\$3,413
\$81,000		\$2,312		\$3,668	5.44%	\$4,404		\$3,413
\$82,000		\$2,312		\$3,668	5.44%	\$4,459		\$3,413
\$83,000		\$2,312		\$3,668	5.44%	\$4,513		\$3,413
\$84,000		\$2,312		\$3,668	5.44%	\$4,568		\$3,413
\$85,000		\$2,312		\$3,987	5.63%	\$4,781		\$3,713
\$86,000		\$2,312		\$3,987	5.63%	\$4,838		\$3,713
\$87,000		\$2,312		\$3,987	5.63%	\$4,894		\$3,713
\$88,000		\$2,312		\$3,987	5.63%	\$4,950		\$3,713
\$89,000		\$2,312		\$3,987	5.63%	\$5,006		\$3,713
\$90,000		\$2,312		\$3,987	5.63%	\$5,063		\$3,713
\$91,000		\$2,312		\$3,987	5.63%	\$5,119		\$3,713
\$92,000		\$2,312		\$3,987	5.63%	\$5,175		\$3,713
\$93,000		\$2,312		\$3,987	5.63%	\$5,231		\$3,713
\$94,000		\$2,312		\$3,987	5.63%	\$5,288		\$3,713
\$95,000		\$2,393		\$3,987	5.63%	\$5,344		\$3,713
\$96,000		\$2,393		\$3,987	5.63%	\$5,400		\$3,713
\$97,000		\$2,393		\$3,987	5.63%	\$5,456		\$3,713
\$98,000		\$2,393		\$3,987	5.63%	\$5,513		\$3,713
\$99,000		\$2,393		\$3,987	5.63%	\$5,569		\$3,713
\$100,000		\$2,393		\$4,793		\$6,160		\$4,463
\$101,000		\$2,393		\$4,793		\$6,160		\$4,463
\$102,000		\$2,393		\$4,793		\$6,160		\$4,463
\$103,000		\$2,393		\$4,793		\$6,160		\$4,463



Schedule 3
Tiered Network Plans IFPTE/AFSCME Member
Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$104,000		\$2,393		\$4,793		\$6,160		\$4,463
\$105,000		\$2,393		\$4,793		\$6,160		\$4,463
\$106,000		\$2,393		\$4,793		\$6,160		\$4,463
\$107,000		\$2,393		\$4,793		\$6,160		\$4,463
\$108,000		\$2,393		\$4,793		\$6,160		\$4,463
\$109,000		\$2,393		\$4,793		\$6,160		\$4,463
\$110,000		\$2,393		\$4,793		\$6,842		\$4,463
\$111,000		\$2,393		\$4,793		\$6,842		\$4,463
\$112,000		\$2,393		\$4,793		\$6,842		\$4,463
\$113,000		\$2,393		\$4,793		\$6,842		\$4,463
\$114,000		\$2,393		\$4,793		\$6,842		\$4,463
\$115,000		\$2,393		\$4,793		\$6,842		\$4,463
\$116,000		\$2,393		\$4,793		\$6,842		\$4,463
\$117,000		\$2,393		\$4,793		\$6,842		\$4,463
\$118,000		\$2,393		\$4,793		\$6,842		\$4,463
\$119,000		\$2,393		\$4,793		\$6,842		\$4,463
\$120,000		\$2,393		\$4,793		\$6,842		\$4,463
\$121,000		\$2,393		\$4,793		\$6,842		\$4,463
\$122,000		\$2,393		\$4,793		\$6,842		\$4,463
\$123,000		\$2,393		\$4,793		\$6,842		\$4,463
\$124,000		\$2,393		\$4,793		\$6,842		\$4,463
\$125,000		\$2,393		\$4,793		\$6,842		\$4,463
\$126,000		\$2,393		\$4,793		\$6,842		\$4,463
\$127,000		\$2,393		\$4,793		\$6,842		\$4,463
\$128,000		\$2,393		\$4,793		\$6,842		\$4,463
\$129,000		\$2,393		\$4,793		\$6,842		\$4,463
\$130,000		\$2,393		\$4,793		\$6,842		\$4,463
\$131,000		\$2,393		\$4,793		\$6,842		\$4,463
\$132,000		\$2,393		\$4,793		\$6,842		\$4,463
\$133,000		\$2,393		\$4,793		\$6,842		\$4,463
\$134,000		\$2,393		\$4,793		\$6,842		\$4,463
\$135,000		\$2,393		\$4,793		\$6,842		\$4,463
\$136,000		\$2,393		\$4,793		\$6,842		\$4,463
\$137,000		\$2,393		\$4,793		\$6,842		\$4,463
\$138,000		\$2,393		\$4,793		\$6,842		\$4,463
\$139,000		\$2,393		\$4,793		\$6,842		\$4,463
\$140,000		\$2,393		\$4,793		\$6,842		\$4,463
\$141,000		\$2,393		\$4,793		\$6,842		\$4,463
\$142,000		\$2,393		\$4,793		\$6,842		\$4,463
\$143,000		\$2,393		\$4,793		\$6,842		\$4,463
\$144,000		\$2,393		\$4,793		\$6,842		\$4,463
\$145,000		\$2,393		\$4,793		\$6,842		\$4,463



Schedule 3
Tiered Network Plans IFPTE/AFSCME Member
Contribution Rates
 Effective 11/1/2019 (Monthly) or 11/9/2019 (Biweekly)

ANNUAL SALARY	SINGLE		EMPLOYEE & SPOUSE/PARTNER		FAMILY		PARENT/CHILD	
	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution	% pay contribution	\$ of pay employee contribution
\$146,000		\$2,393		\$4,793		\$6,842		\$4,463
\$147,000		\$2,393		\$4,793		\$6,842		\$4,463
\$148,000		\$2,393		\$4,793		\$6,842		\$4,463
\$149,000		\$2,393		\$4,793		\$6,842		\$4,463
\$150,000		\$2,393		\$4,793		\$6,842		\$4,463