



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #208			
Aetna Freedom Zero #022— PPO Plan with \$0 Primary Care Copayment			
Single	\$773.33		\$773.33
Member & Spouse/Partner	\$775.25	\$771.42	\$1,546.67
Family	\$775.95	\$1,435.70	\$2,211.65
Parent & Child	\$774.17	\$664.15	\$1,438.32
NJ DIRECT ZERO #021— PPO Plan with \$0 Primary Care Copayment			
Single	\$773.33		\$773.33
Member & Spouse/Partner	\$775.25	\$771.42	\$1,546.67
Family	\$775.95	\$1,435.70	\$2,211.65
Parent & Child	\$774.17	\$664.15	\$1,438.32
PRESCRIPTION DRUG PROGRAM #208			
Single	\$173.33		\$173.33
Member & Spouse/Partner	\$173.33	\$173.34	\$346.67
Family	\$173.33	\$322.49	\$495.82
Parent & Child	\$173.33	\$149.16	\$322.49



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$965.77		\$965.77
Member & Spouse/Partner	\$967.69	\$963.85	\$1,931.54
Family	\$968.39	\$1,793.71	\$2,762.10
Parent & Child	\$966.61	\$829.72	\$1,796.33
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$965.77		\$965.77
Member & Spouse/Partner	\$967.69	\$963.85	\$1,931.54
Family	\$968.39	\$1,793.71	\$2,762.10
Parent & Child	\$966.61	\$829.72	\$1,796.33
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$919.38		\$919.38
Member & Spouse/Partner	\$921.30	\$917.46	\$1,838.76
Family	\$922.00	\$1,707.43	\$2,629.43
Parent & Child	\$920.22	\$789.83	\$1,710.05
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$919.38		\$919.38
Member & Spouse/Partner	\$921.30	\$917.46	\$1,838.76
Family	\$922.00	\$1,707.43	\$2,629.43
Parent & Child	\$920.22	\$789.83	\$1,710.05
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$885.55		\$885.55
Member & Spouse/Partner	\$887.47	\$883.63	\$1,771.10
Family	\$888.17	\$1,644.50	\$2,532.67
Parent & Child	\$886.39	\$760.73	\$1,647.12
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$876.71		\$876.71
Member & Spouse/Partner	\$878.63	\$874.79	\$1,753.42
Family	\$879.33	\$1,628.06	\$2,507.39
Parent & Child	\$877.55	\$753.13	\$1,630.68
PRESCRIPTION DRUG PROGRAM #201			
Single	\$189.96		\$189.96
Member & Spouse/Partner	\$189.96	\$189.96	\$379.92
Family	\$189.96	\$353.33	\$543.29
Parent & Child	\$189.96	\$163.37	\$353.33



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$892.29		\$892.29
Member & Spouse/Partner	\$894.21	\$890.37	\$1,784.58
Family	\$894.91	\$1,657.04	\$2,551.95
Parent & Child	\$893.13	\$766.53	\$1,659.66
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$892.29		\$892.29
Member & Spouse/Partner	\$894.21	\$890.37	\$1,784.58
Family	\$894.91	\$1,657.04	\$2,551.95
Parent & Child	\$893.13	\$766.53	\$1,659.66
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$817.72		\$817.72
Member & Spouse/Partner	\$819.64	\$815.80	\$1,635.44
Family	\$820.34	\$1,518.34	\$2,338.68
Parent & Child	\$818.56	\$702.40	\$1,520.96
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$809.55		\$809.55
Member & Spouse/Partner	\$811.47	\$807.63	\$1,619.10
Family	\$812.17	\$1,503.14	\$2,315.31
Parent & Child	\$810.39	\$695.37	\$1,505.76
PRESCRIPTION DRUG PROGRAM #205			
Single	\$172.28		\$172.28
Member & Spouse/Partner	\$172.28	\$172.28	\$344.56
Family	\$172.28	\$320.44	\$492.72
Parent & Child	\$172.28	\$148.16	\$320.44



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$838.58		\$838.58
Member & Spouse/Partner	\$840.50	\$836.66	\$1,677.16
Family	\$841.20	\$1,557.14	\$2,398.34
Parent & Child	\$839.42	\$720.34	\$1,559.76
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$838.58		\$838.58
Member & Spouse/Partner	\$840.50	\$836.66	\$1,677.16
Family	\$841.20	\$1,557.14	\$2,398.34
Parent & Child	\$839.42	\$720.34	\$1,559.76
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$768.95		\$768.95
Member & Spouse/Partner	\$770.87	\$767.03	\$1,537.90
Family	\$771.57	\$1,427.63	\$2,199.20
Parent & Child	\$769.79	\$660.46	\$1,430.25
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$761.26		\$761.26
Member & Spouse/Partner	\$763.18	\$759.34	\$1,522.52
Family	\$763.88	\$1,413.32	\$2,177.20
Parent & Child	\$762.10	\$653.84	\$1,415.94
PRESCRIPTION DRUG PROGRAM #206			
Single	\$175.33		\$175.33
Member & Spouse/Partner	\$175.33	\$175.33	\$350.66
Family	\$175.33	\$326.11	\$501.44
Parent & Child	\$175.33	\$150.78	\$326.11



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$721.19		\$721.19
Member & Spouse/Partner	\$723.11	\$719.27	\$1,442.38
Family	\$723.81	\$1,338.79	\$2,062.60
Parent & Child	\$722.03	\$619.38	\$1,341.41
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$721.19		\$721.19
Member & Spouse/Partner	\$723.11	\$719.27	\$1,442.38
Family	\$723.81	\$1,338.79	\$2,062.60
Parent & Child	\$722.03	\$619.38	\$1,341.41
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$661.30		\$661.30
Member & Spouse/Partner	\$663.22	\$659.38	\$1,322.60
Family	\$663.92	\$1,227.40	\$1,891.32
Parent & Child	\$662.14	\$567.88	\$1,230.02
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$654.67		\$654.67
Member & Spouse/Partner	\$656.59	\$652.75	\$1,309.34
Family	\$657.29	\$1,215.07	\$1,872.36
Parent & Child	\$655.51	\$562.18	\$1,217.69
PRESCRIPTION DRUG PROGRAM #207			
Single	\$157.80		\$157.80
Member & Spouse/Partner	\$157.80	\$157.80	\$315.60
Family	\$157.80	\$293.51	\$451.31
Parent & Child	\$157.80	\$135.71	\$293.51
High Deductible Health Plans with Built-In Prescription Drug			
Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$932.49		\$932.49
Member & Spouse/Partner	\$934.41	\$930.57	\$1,864.98
Family	\$935.11	\$1,731.81	\$2,666.92
Parent & Child	\$933.33	\$801.10	\$1,734.43
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$932.49		\$932.49
Member & Spouse/Partner	\$934.41	\$930.57	\$1,864.98
Family	\$935.11	\$1,731.81	\$2,666.92
Parent & Child	\$933.33	\$801.10	\$1,734.43



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For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

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Aetna Freedom Zero #022 — PPO Plan with \$0 Primary Care Copayment			
Single	\$912.01		\$912.01
Member & Spouse/Partner	\$913.93	\$910.10	\$1,824.03
Family	\$914.63	\$1,693.64	\$2,608.27
Parent & Child	\$912.85	\$783.41	\$1,696.26
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment			
Single	\$912.01		\$912.01
Member & Spouse/Partner	\$913.93	\$910.10	\$1,824.03
Family	\$914.63	\$1,693.64	\$2,608.27
Parent & Child	\$912.85	\$783.41	\$1,696.26
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,104.45		\$1,104.45
Member & Spouse/Partner	\$1,106.37	\$1,102.53	\$2,208.90
Family	\$1,107.07	\$2,051.65	\$3,158.72
Parent & Child	\$1,105.29	\$948.98	\$2,054.27
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,104.45		\$1,104.45
Member & Spouse/Partner	\$1,106.37	\$1,102.53	\$2,208.90
Family	\$1,107.07	\$2,051.65	\$3,158.72
Parent & Child	\$1,105.29	\$948.98	\$2,054.27
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,051.39		\$1,051.39
Member & Spouse/Partner	\$1,053.31	\$1,049.47	\$2,102.78
Family	\$1,054.01	\$1,952.97	\$3,006.98
Parent & Child	\$1,052.23	\$903.36	\$1,955.59
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,051.39		\$1,051.39
Member & Spouse/Partner	\$1,053.31	\$1,049.47	\$2,102.78
Family	\$1,054.01	\$1,952.97	\$3,006.98
Parent & Child	\$1,052.23	\$903.36	\$1,955.59
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,068.12		\$1,068.12
Member & Spouse/Partner	\$1,070.04	\$1,066.20	\$2,136.24
Family	\$1,070.74	\$1,984.08	\$3,054.82
Parent & Child	\$1,068.96	\$917.74	\$1,986.70
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,059.28		\$1,059.28
Member & Spouse/Partner	\$1,061.20	\$1,057.36	\$2,118.56
Family	\$1,061.90	\$1,967.64	\$3,029.54
Parent & Child	\$1,060.12	\$910.14	\$1,970.26



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Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,016.00		\$1,016.00
Member & Spouse/Partner	\$1,017.92	\$1,014.08	\$2,032.00
Family	\$1,018.62	\$1,887.14	\$2,905.76
Parent & Child	\$1,016.84	\$872.92	\$1,889.76
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,016.00		\$1,016.00
Member & Spouse/Partner	\$1,017.92	\$1,014.08	\$2,032.00
Family	\$1,018.62	\$1,887.14	\$2,905.76
Parent & Child	\$1,016.84	\$872.92	\$1,889.76
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$990.00		\$990.00
Member & Spouse/Partner	\$991.92	\$988.08	\$1,980.00
Family	\$992.62	\$1,838.78	\$2,831.40
Parent & Child	\$990.84	\$850.56	\$1,841.40
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$981.83		\$981.83
Member & Spouse/Partner	\$983.75	\$971.91	\$1,963.66
Family	\$984.45	\$1,823.58	\$2,808.03
Parent & Child	\$982.67	\$843.53	\$1,826.20
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$962.29		\$962.29
Member & Spouse/Partner	\$964.21	\$960.37	\$1,924.58
Family	\$964.91	\$1,787.24	\$2,752.15
Parent & Child	\$963.13	\$826.73	\$1,789.86
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$962.29		\$962.29
Member & Spouse/Partner	\$964.21	\$960.37	\$1,924.58
Family	\$964.91	\$1,787.24	\$2,752.15
Parent & Child	\$963.13	\$826.73	\$1,789.86
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$944.28		\$944.28
Member & Spouse/Partner	\$946.20	\$942.36	\$1,888.56
Family	\$946.90	\$1,753.74	\$2,700.64
Parent & Child	\$945.12	\$811.24	\$1,756.36
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$936.59		\$936.59
Member & Spouse/Partner	\$938.51	\$934.67	\$1,873.18
Family	\$939.21	\$1,739.43	\$2,678.64
Parent & Child	\$937.43	\$804.62	\$1,742.05



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$832.54		\$832.54
Member & Spouse/Partner	\$834.46	\$830.62	\$1,665.08
Family	\$835.16	\$1,545.90	\$2,381.06
Parent & Child	\$833.38	\$715.14	\$1,548.52
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$832.54		\$832.54
Member & Spouse/Partner	\$834.46	\$830.62	\$1,665.08
Family	\$835.16	\$1,545.90	\$2,381.06
Parent & Child	\$833.38	\$715.14	\$1,548.52
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$819.10		\$819.10
Member & Spouse/Partner	\$821.02	\$817.18	\$1,638.20
Family	\$821.72	\$1,520.91	\$2,342.63
Parent & Child	\$819.94	\$703.59	\$1,523.53
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$812.47		\$812.47
Member & Spouse/Partner	\$814.39	\$810.55	\$1,624.94
Family	\$815.09	\$1,508.58	\$2,323.67
Parent & Child	\$813.31	\$697.89	\$1,511.20
Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$932.49		\$932.49
Member & Spouse/Partner	\$934.41	\$930.57	\$1,864.98
Family	\$935.11	\$1,731.81	\$2,666.92
Parent & Child	\$933.33	\$801.10	\$1,734.43
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$932.49		\$932.49
Member & Spouse	\$934.41	\$930.57	\$1,864.98
Family	\$935.11	\$1,731.81	\$2,666.92
Parent & Child	\$933.33	\$801.10	\$1,734.43

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions