



**Chapter 375 Rates for State
Active and Retired Groups**
Monthly Rates Effective 1/1/2018 to 12/31/2018

PLAN AND COVERAGE LEVEL	MONTHLY RATE	
	EMPLOYEES WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN	RETIREES WITH PRESCRIPTION DRUG PLAN PROVIDED THROUGH MEDICAL PLAN
AETNA FREEDOM10 #018 Single	N/A	\$794.80
NJ DIRECT10 #050 Single	N/A	\$753.63
AETNA FREEDOM15 #180 Single	\$777.42	\$764.01
NJ DIRECT15 #150 Single	\$777.42	\$717.61
AETNA HMO #005 Single	\$757.78	\$746.45
HORIZON HMO #011 Single	\$751.86	\$740.47
AETNA FREEDOM1525 #063 Single	\$744.78	\$698.40
NJ DIRECT1525 #051 Single	\$744.78	\$692.50
AETNA LIBERTY PLAN #067 Single	\$609.33	N/A
OMNIA HEALTH PLAN #057 Single	\$609.33	N/A
AETNA FREEDOM2030 #064 Single	\$712.08	\$662.64
NJ DIRECT2030 #052 Single	\$712.08	\$657.11
AETNA FREEDOM2035 #066 Single	\$618.58	\$573.98
NJ DIRECT2035 #056 Single	\$618.58	\$569.22
AETNA HD4000 #092 Single	\$412.68	\$402.72
NJ DIRECT HD4000 #090 Single	\$412.68	\$403.26
AETNA HD1500 #093 Single	\$612.05	N/A
NJ DIRECT HD1500 #091 Single	\$612.05	N/A

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