

FOR EMPLOYERS WHO OFFER THE EMPLOYEE PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
 RATES EFFECTIVE 1/1/2010 to 12/31/2010

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150</u>			
Single	\$438.55	-----	\$438.55
Member & Spouse/Partner	\$440.13	\$546.58	\$986.71
Family	\$440.70	\$655.65	\$1,096.35
Parent & Child	\$439.24	\$174.71	\$613.95
<u>NJ DIRECT10 - #050</u>			
Single	\$460.67	-----	\$460.67
Member & Spouse/Partner	\$462.25	\$574.24	\$1,036.49
Family	\$462.82	\$688.85	\$1,151.67
Parent & Child	\$461.36	\$183.55	\$644.91
<u>AETNA, INC. - #019</u>			
Single	\$435.16	-----	\$435.16
Member & Spouse/Partner	\$436.74	\$542.38	\$979.12
Family	\$437.31	\$650.61	\$1,087.92
Parent & Child	\$435.85	\$173.38	\$609.23
<u>CIGNA HEALTHCARE HMO - #020</u>			
Single	\$439.51	-----	\$439.51
Member & Spouse/Partner	\$441.09	\$547.82	\$988.91
Family	\$441.66	\$657.12	\$1,098.78
Parent & Child	\$440.20	\$175.12	\$615.32
<u>PRESCRIPTION DRUG PROGRAM - #201</u>			
Single	\$130.00	-----	\$130.00
Member & Spouse/Partner	\$130.00	\$162.50	\$292.50
Family	\$130.00	\$195.00	\$325.00
Parent & Child	\$130.00	\$52.00	\$182.00

FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SEHBP
 BASED ON THE MEDICAL PLAN IN WHICH THE SUBSCRIBER IS ENROLLED.

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 NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS

RATES EFFECTIVE 1/1/2010 to 12/31/2010

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150 WITH PRESCRIPTION DRUG #211¹</u>			
Single	\$526.25	-----	\$526.25
Member & Spouse/Partner	\$527.83	\$656.22	\$1,184.05
Family	\$528.40	\$787.21	\$1,315.61
Parent & Child	\$526.94	\$209.80	\$736.74
<u>NJ DIRECT10 - #050 WITH PRESCRIPTION DRUG #210¹</u>			
Single	\$552.80	-----	\$552.80
Member & Spouse/Partner	\$554.38	\$689.40	\$1,243.78
Family	\$554.95	\$827.04	\$1,381.99
Parent & Child	\$553.49	\$220.42	\$773.91
<u>AETNA, INC. - #019 WITH PRESCRIPTION DRUG #212²</u>			
Single	\$552.66	-----	\$552.66
Member & Spouse/Partner	\$554.24	\$689.25	\$1,243.49
Family	\$554.81	\$826.85	\$1,381.66
Parent & Child	\$553.35	\$220.37	\$773.72
<u>CIGNA HEALTHCARE HMO - #020 WITH PRESCRIPTION DRUG #213²</u>			
Single	\$558.18	-----	\$558.18
Member & Spouse/Partner	\$559.76	\$696.17	\$1,255.93
Family	\$560.33	\$835.14	\$1,395.47
Parent & Child	\$558.87	\$222.59	\$781.46

¹ Subscribers in NJ DIRECT10 and NJ DIRECT15 are provided a drug reimbursement plan administered by Medco.

² Subscribers in Aetna HMO or CIGNA HealthCare HMO are provided a three tier copayment benefit administered by Medco.

NOTE: When enrolling for coverage, list the medical plan unit number; not the prescription plan number.

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS

DENTAL PLANS

LOCAL GOVERNMENT AND LOCAL EDUCATION EMPLOYERS

RATES EFFECTIVE 1/1/2010 to 12/31/2010

PLAN/COVERAGE DESCRIPTION	MONTHLY BILLING RATE	
	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL MONTHLY RATE
<u>DENTAL EXPENSE PLAN - #399</u>		
Single	\$21.08	\$42.17
Member & Spouse/Partner	\$36.63	\$73.27
Family	\$59.94	\$119.88
Parent & Child	\$44.40	\$88.80
<u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u>		
BENECARE - #301		
Single	\$12.59	\$25.18
Member & Spouse/Partner	\$21.87	\$43.74
Family	\$35.79	\$71.58
Parent & Child	\$26.51	\$53.02
COMMUNITY DENTAL - #302		
Single	\$12.01	\$24.02
Member & Spouse/Partner	\$20.88	\$41.77
Family	\$34.16	\$68.32
Parent & Child	\$25.30	\$50.60
CIGNA DHMO - #305		
Single	\$10.79	\$21.59
Member & Spouse/Partner	\$18.77	\$37.55
Family	\$30.70	\$61.41
Parent & Child	\$22.75	\$45.51
HEALTHPLEX - #307		
Single	\$10.26	\$20.53
Member & Spouse/Partner	\$17.84	\$35.68
Family	\$29.19	\$58.38
Parent & Child	\$21.62	\$43.24
HORIZON DENTAL CHOICE - #317		
Single	\$9.78	\$19.57
Member & Spouse/Partner	\$17.00	\$34.00
Family	\$27.81	\$55.63
Parent & Child	\$20.60	\$41.21
AETNA DMO - #319		
Single	\$10.46	\$20.93
Member & Spouse/Partner	\$18.21	\$36.43
Family	\$29.79	\$59.58
Parent & Child	\$22.07	\$44.15