

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 1/1/2011 to 12/31/2011**

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150</u>			
Single	\$475.83	-----	\$475.83
Member & Spouse/Partner	\$477.50	\$593.08	\$1,070.58
Family	\$478.11	\$711.43	\$1,189.54
Parent & Child	\$476.56	\$189.58	\$666.14
<u>NJ DIRECT10 - #050</u>			
Single	\$499.83	-----	\$499.83
Member & Spouse/Partner	\$501.50	\$623.09	\$1,124.59
Family	\$502.11	\$747.45	\$1,249.56
Parent & Child	\$500.56	\$199.17	\$699.73
<u>AETNA, INC. - #019</u>			
Single	\$487.38	-----	\$487.38
Member & Spouse/Partner	\$489.05	\$607.56	\$1,096.61
Family	\$489.66	\$728.81	\$1,218.47
Parent & Child	\$488.11	\$194.23	\$682.34
<u>CIGNA HealthCare HMO - #020</u>			
Single	\$490.05	-----	\$490.05
Member & Spouse/Partner	\$491.72	\$610.91	\$1,102.63
Family	\$492.33	\$732.81	\$1,225.14
Parent & Child	\$490.78	\$195.30	\$686.08
<u>PRESCRIPTION DRUG PROGRAM - #201</u>			
Single	\$135.20	-----	\$135.20
Member & Spouse/Partner	\$135.20	\$169.00	\$304.20
Family	\$135.20	\$202.80	\$338.00
Parent & Child	\$135.20	\$54.08	\$189.28

FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED

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

LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
 RATES EFFECTIVE 1/1/2011 to 12/31/2011

PLAN/COVERAGE DESCRIPTION	EMPLOYER SINGLE COST	DEPENDENT COST	TOTAL
<u>NJ DIRECT15 - #150 WITH PRESCRIPTION DRUG #211¹</u>			
Single	\$570.98	-----	\$570.98
Member & Spouse/Partner	\$572.65	\$712.04	\$1,284.69
Family	\$573.26	\$854.18	\$1,427.44
Parent & Child	\$571.71	\$227.65	\$799.36
<u>NJ DIRECT10 - #050 WITH PRESCRIPTION DRUG #210¹</u>			
Single	\$599.79	-----	\$599.79
Member & Spouse/Partner	\$601.46	\$748.04	\$1,349.50
Family	\$602.07	\$897.39	\$1,499.46
Parent & Child	\$600.52	\$239.17	\$839.69
<u>AETNA, INC. - #019 WITH PRESCRIPTION DRUG #212²</u>			
Single	\$618.98	-----	\$618.98
Member & Spouse/Partner	\$620.65	\$772.06	\$1,392.71
Family	\$621.26	\$926.20	\$1,547.46
Parent & Child	\$619.71	\$246.86	\$866.57
<u>CIGNA HealthCare HMO - #020 WITH PRESCRIPTION DRUG #213²</u>			
Single	\$622.37	-----	\$622.37
Member & Spouse/Partner	\$624.04	\$776.32	\$1,400.36
Family	\$624.65	\$931.30	\$1,555.95
Parent & Child	\$623.10	\$248.23	\$871.33

¹ Subscribers in NJ DIRECT10 and NJ DIRECT15 are provided 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.

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE DENTAL PROGRAM

**LOCAL MONTHLY ACTIVE GROUP
LOCAL GOVERNMENT AND EDUCATION EMPLOYERS
RATES EFFECTIVE 1/1/2011 to 12/31/2011**

DESCRIPTION OF COVERAGE	MONTHLY BILLING RATE	
	MAXIMUM EMPLOYEE CONTRIBUTION (50%)	TOTAL MONTHLY RATE
<u>DENTAL EXPENSE PLAN - #399</u>		
Single	\$21.50	\$43.01
Member & Spouse/Partner	\$37.37	\$74.74
Family	\$61.14	\$122.28
Parent & Child	\$45.29	\$90.58
<u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u>		
BENECARE (DPO #301)		
Single	\$12.71	\$25.43
Member & Spouse/Partner	\$22.09	\$44.18
Family	\$36.15	\$72.30
Parent & Child	\$26.77	\$53.55
COMMUNITY DENTAL (DPO #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 (DPO #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 (DPO #307)		
Single	\$9.75	\$19.50
Member & Spouse/Partner	\$16.95	\$33.90
Family	\$27.73	\$55.46
Parent & Child	\$20.54	\$41.08
HORIZON DENTAL CHOICE (DPO #317)		
Single	\$9.98	\$19.96
Member & Spouse/Partner	\$17.34	\$34.68
Family	\$28.37	\$56.74
Parent & Child	\$21.01	\$42.03
AETNA DMO (DPO #319)		
Single	\$10.46	\$20.93
Member & Spouse/Partner	\$18.21	\$36.43
Family	\$29.79	\$59.58
Parent & Child	\$22.07	\$44.15