

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

CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP  
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203</b>	
<b><u>AETNA FREEDOM15 #180(1)</u></b>	
Single	\$657.77
Member & Spouse/Partner	\$1,315.54
Family	\$1,644.43
Parent & Child	\$986.66
<b><u>NJ DIRECT15 #150(1)</u></b>	
Single	\$651.26
Member & Spouse/Partner	\$1,302.52
Family	\$1,628.15
Parent & Child	\$976.89
<b><u>AETNA HMO #005)</u></b>	
Single	\$663.20
Member & Spouse/Partner	\$1,326.40
Family	\$1,658.01
Parent & Child	\$994.80
<b><u>HORIZON HMO #011(1)(6)</u></b>	
Single	\$656.56
Member & Spouse/Partner	\$1,313.13
Family	\$1,641.44
Parent & Child	\$984.85
<b><u>PRESCRIPTION DRUG PROGRAM #203</u></b>	
Single	\$181.25
Member & Spouse/Partner	\$362.51
Family	\$453.15
Parent & Child	\$271.88
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205</b>	
<b><u>AETNA FREEDOM1525 #063(2)</u></b>	
Single	\$639.35
Member & Spouse/Partner	\$1,278.71
Family	\$1,598.39
Parent & Child	\$959.03
<b><u>NJ DIRECT1525 #051(2)</u></b>	
Single	\$633.02
Member & Spouse/Partner	\$1,266.05
Family	\$1,582.57
Parent & Child	\$949.54
<b><u>AETNA HMO1525 #061(2)</u></b>	
Single	\$644.63
Member & Spouse/Partner	\$1,289.26
Family	\$1,611.58
Parent & Child	\$966.95
<b><u>HORIZON HMO1525 #053(2)(6)</u></b>	
Single	\$638.18
Member & Spouse/Partner	\$1,276.37
Family	\$1,595.47
Parent & Child	\$957.28
<b><u>PRESCRIPTION DRUG PROGRAM #205</u></b>	
Single	\$164.40
Member & Spouse/Partner	\$328.80
Family	\$411.01
Parent & Child	\$246.60

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206</b>	
<b><u>AETNA FREEDOM2030 #064(3)</u></b>	
Single	\$601.20
Member & Spouse/Partner	\$1,202.41
Family	\$1,503.01
Parent & Child	\$901.81
<b><u>NJ DIRECT2030 #052(3)</u></b>	
Single	\$595.25
Member & Spouse/Partner	\$1,190.50
Family	\$1,488.13
Parent & Child	\$892.88
<b><u>AETNA HMO2030 #062(3)</u></b>	
Single	\$606.16
Member & Spouse/Partner	\$1,212.33
Family	\$1,515.42
Parent & Child	\$909.24
<b><u>HORIZON HMO2030 #054(3)(6)</u></b>	
Single	\$600.10
Member & Spouse/Partner	\$1,200.21
Family	\$1,500.26
Parent & Child	\$900.16
<b><u>PRESCRIPTION DRUG PROGRAM #206</u></b>	
Single	\$167.31
Member & Spouse/Partner	\$334.59
Family	\$418.25
Parent & Child	\$250.96
<b>HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG</b>	
<b><u>AETNA VALUE HD4000 #092(4)</u></b>	
Single	\$464.39
Member & Spouse/Partner	\$928.80
Family	\$1,161.01
Parent & Child	\$696.59
<b><u>NJ DIRECT HD4000 #090(4)</u></b>	
Single	\$442.12
Member & Spouse/Partner	\$884.25
Family	\$1,105.32
Parent & Child	\$663.19

1)Subscribers in # 150,#180,#005, & #011are subject to \$15 Primary Care and \$15 Specialist office visit co pay and are eligible for Prescription Drug Plan #203

2)Subscribers in #051,#061, #53 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit co pay and are eligible for Prescription Drug Plan #205

3)Subscribers in # 052,#062, #54 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit co pay and are eligible for Prescription Drug Plan #206

4)Subscribers in High Deductible Plans #90, #92, are subject to \$4,000 In-Network deductible

6) For Horizon HMO Plans #011,#053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York

7)For Subscribers in High Deductible Plans #093 and #091, employer will contribute \$300 annually to Health Savings Account