

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 1/1/2015 TO 12/31/2015**

PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180	
Single	\$740.75
Member & Spouse/Partner	\$1,481.50
Family	\$1,992.61
Parent & Child	\$1,251.86
NJ DIRECT15 #150	
Single	\$733.41
Member & Spouse/Partner	\$1,466.82
Family	\$1,972.88
Parent & Child	\$1,239.46
AETNA HMO #005	
Single	\$709.79
Member & Spouse/Partner	\$1,419.60
Family	\$1,909.35
Parent & Child	\$1,199.56
HORIZON HMO #011	
Single	\$702.69
Member & Spouse/Partner	\$1,405.40
Family	\$1,890.24
Parent & Child	\$1,187.54
PRESCRIPTION DRUG PROGRAM #203	
Single	\$202.98
Member & Spouse/Partner	\$405.97
Family	\$546.02
Parent & Child	\$343.04
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063	
Single	\$720.00
Member & Spouse/Partner	\$1,440.02
Family	\$1,936.81
Parent & Child	\$1,216.80
NJ DIRECT1525 #051	
Single	\$712.87
Member & Spouse/Partner	\$1,425.76
Family	\$1,917.64
Parent & Child	\$1,204.76
AETNA HMO1525 #061	
Single	\$689.93
Member & Spouse/Partner	\$1,379.85
Family	\$1,855.90
Parent & Child	\$1,165.97
HORIZON HMO1525 #053	
Single	\$683.02
Member & Spouse/Partner	\$1,366.05
Family	\$1,837.33
Parent & Child	\$1,154.30
PRESCRIPTION DRUG PROGRAM #205	
Single	\$184.10
Member & Spouse/Partner	\$368.22
Family	\$495.25
Parent & Child	\$311.14

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064	
Single	\$677.03
Member & Spouse/Partner	\$1,354.08
Family	\$1,821.23
Parent & Child	\$1,144.19
NJ DIRECT2030 #052	
Single	\$670.34
Member & Spouse/Partner	\$1,340.68
Family	\$1,803.21
Parent & Child	\$1,132.87
AETNA HMO2030 #062	
Single	\$648.74
Member & Spouse/Partner	\$1,297.51
Family	\$1,745.12
Parent & Child	\$1,096.38
HORIZON HMO2030 #054	
Single	\$642.26
Member & Spouse/Partner	\$1,284.53
Family	\$1,727.70
Parent & Child	\$1,085.43
PRESCRIPTION DRUG PROGRAM #206	
Single	\$187.37
Member & Spouse/Partner	\$374.71
Family	\$504.03
Parent & Child	\$316.65
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066	
Single	\$582.25
Member & Spouse/Partner	\$1,164.51
Family	\$1,566.25
Parent & Child	\$984.00
NJ DIRECT2035 #056	
Single	\$576.48
Member & Spouse/Partner	\$1,152.97
Family	\$1,550.75
Parent & Child	\$974.27
AETNA HMO2035 #065	
Single	\$557.93
Member & Spouse/Partner	\$1,115.85
Family	\$1,500.82
Parent & Child	\$942.89
HORIZON HMO2035 #055	
Single	\$552.35
Member & Spouse/Partner	\$1,104.69
Family	\$1,485.83
Parent & Child	\$933.48
PRESCRIPTION DRUG PROGRAM #207	
Single	\$168.64
Member & Spouse/Partner	\$337.27
Family	\$453.64
Parent & Child	\$284.99

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATE
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092 Single Member & Spouse/Partner Family Parent & Child	\$522.29 \$1,044.59 \$1,404.96 \$882.67
NJ DIRECT HD4000 #090 Single Member & Spouse/Partner Family Parent & Child	\$497.21 \$994.43 \$1,337.50 \$840.29

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