

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

## CHAPTER 330 RATES FOR LOCAL GOVERNMENT RETIREES MEDICARE AND NON-MEDICARE MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
<b>AETNA FREEDOM10 #018, 26B</b> — <i>PPO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$454.64
Single — On Medicare	\$162.07
Member & Spouse/Partner — No Medicare	\$991.26
Member & Spouse/Partner — One on Medicare	\$548.52
Member & Spouse/Partner — Both on Medicare	\$324.13
Family — No Medicare	\$1,127.64
Family — One on Medicare	\$677.24
Family — Both on Medicare	\$420.30
Parent & Child — No Medicare	\$636.53
Parent & Child — Retiree on Medicare	\$256.61
<b>NJ DIRECT10 #050, 250</b> — <i>PPO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$444.71
Single — On Medicare	\$159.65
Member & Spouse/Partner — No Medicare	\$969.61
Member & Spouse/Partner — One on Medicare	\$536.63
Member & Spouse/Partner — Both on Medicare	\$319.29
Family — No Medicare	\$1,103.01
Family — One on Medicare	\$662.57
Family — Both on Medicare	\$414.03
Parent & Child — No Medicare	\$622.63
Parent & Child — Retiree on Medicare	\$252.77
<b>AETNA FREEDOM15 #180, 26C</b> — <i>PPO Plan with \$15 Primary Care Copayment</i>	
Single — No Medicare	\$394.77
Single — On Medicare	\$137.60
Member & Spouse/Partner — No Medicare	\$860.64
Member & Spouse/Partner — One on Medicare	\$466.29
Member & Spouse/Partner — Both on Medicare	\$275.17
Family — No Medicare	\$979.07
Family — One on Medicare	\$578.21
Family — Both on Medicare	\$356.81
Parent & Child — No Medicare	\$552.70
Parent & Child — Retiree on Medicare	\$217.85
<b>NJ DIRECT15 #150, 251</b> — <i>PPO Plan with \$15 Primary Care Copayment</i>	
Single — No Medicare	\$385.44
Single — On Medicare	\$135.43
Member & Spouse/Partner — No Medicare	\$840.29
Member & Spouse/Partner — One on Medicare	\$455.22
Member & Spouse/Partner — Both on Medicare	\$270.81
Family — No Medicare	\$955.91
Family — One on Medicare	\$564.51
Family — Both on Medicare	\$351.17
Parent & Child — No Medicare	\$539.61
Parent & Child — Retiree on Medicare	\$214.39

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<b>AETNA HMO #019, 252 — HMO Plan with \$10 Primary Care Copayment</b>	
Single — No Medicare	\$359.12
Single — On Medicare	\$219.45
Member & Spouse/Partner — No Medicare	\$783.47
Member & Spouse/Partner — One on Medicare	\$525.92
Member & Spouse/Partner — Both on Medicare	\$438.85
Family — No Medicare	\$891.69
Family — One on Medicare	\$626.21
Family — Both on Medicare	\$506.30
Parent & Child — No Medicare	\$503.38
Parent & Child — Retiree on Medicare	\$277.08
<b>HORIZON HMO #011, 266 — HMO Plan with \$10 Primary Care Copayment</b>	
Single — No Medicare	\$349.97
Single — On Medicare	\$216.87
Member & Spouse/Partner — No Medicare	\$763.52
Member & Spouse/Partner — One on Medicare	\$514.59
Member & Spouse/Partner — Both on Medicare	\$433.71
Family — No Medicare	\$868.97
Family — One on Medicare	\$612.31
Family — Both on Medicare	\$499.91
Parent & Child — No Medicare	\$490.56
Parent & Child — Retiree on Medicare	\$273.31
<b>AETNA FREEDOM1525 #063, 269 — PPO Plan with \$15 Primary Care /\$25 Specialist Copayment</b>	
Single — No Medicare	\$343.48
Member & Spouse/Partner — No Medicare	\$748.80
Family — No Medicare	\$851.80
Parent & Child — No Medicare	\$480.89
<b>NJ DIRECT1525 #051, 254 — PPO Plan with \$15 Primary Care /\$25 Specialist Copayment</b>	
Single — No Medicare	\$334.56
Single — On Medicare	\$104.68
Member & Spouse/Partner — No Medicare	\$729.34
Member & Spouse/Partner — One on Medicare	\$374.68
Member & Spouse/Partner — Both on Medicare	\$209.34
Family — No Medicare	\$829.68
Family — One on Medicare	\$469.70
Family — Both on Medicare	\$271.43
Parent & Child — No Medicare	\$468.40
Parent & Child — Retiree on Medicare	\$165.73

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<b>AETNA HMO1525 #061, 256</b> — <i>HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$263.96
Single — On Medicare	\$166.65
Member & Spouse/Partner — No Medicare	\$575.41
Member & Spouse/Partner — One on Medicare	\$376.62
Member & Spouse/Partner — Both on Medicare	\$333.31
Family — No Medicare	\$654.60
Family — One on Medicare	\$450.33
Family — Both on Medicare	\$377.17
Parent & Child — No Medicare	\$369.53
Parent & Child — Retiree on Medicare	\$202.49
<b>HORIZON HMO1525 #053, 267</b> — <i>HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$255.86
Single — On Medicare	\$164.08
Member & Spouse/Partner — No Medicare	\$557.78
Member & Spouse/Partner — One on Medicare	\$366.29
Member & Spouse/Partner — Both on Medicare	\$328.14
Family — No Medicare	\$634.53
Family — One on Medicare	\$437.72
Family — Both on Medicare	\$371.02
Parent & Child — No Medicare	\$358.21
Parent & Child — Retiree on Medicare	\$199.01
<b>AETNA FREEDOM2030 #064, 26A</b> — <i>PPO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$293.04
Member & Spouse/Partner — No Medicare	\$638.82
Family — No Medicare	\$726.72
Parent & Child — No Medicare	\$410.24
<b>NJ DIRECT2030 #052 255</b> — <i>PPO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$284.65
Single — On Medicare	\$95.20
Member & Spouse/Partner — No Medicare	\$620.54
Member & Spouse/Partner — One on Medicare	\$317.81
Member & Spouse/Partner — Both on Medicare	\$190.40
Family — No Medicare	\$705.91
Family — One on Medicare	\$398.84
Family — Both on Medicare	\$246.88
Parent & Child — No Medicare	\$398.48
Parent & Child — Retiree on Medicare	\$150.74

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<b>AETNA HMO2030 #062, 257</b> — <i>HMO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$217.33
Member & Spouse/Partner — No Medicare	\$473.76
Family — No Medicare	\$538.96
Parent & Child — No Medicare	\$304.25
<b>HORIZON HMO2030 #054, 268(1)</b> — <i>HMO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$209.73
Single — On Medicare	\$152.71
Member & Spouse/Partner — No Medicare	\$457.21
Member & Spouse/Partner — One on Medicare	\$310.93
Member & Spouse/Partner — Both on Medicare	\$305.41
Family — No Medicare	\$520.13
Family — One on Medicare	\$369.37
Family — Both on Medicare	\$342.76
Parent & Child — No Medicare	\$293.62
Parent & Child — Retiree on Medicare	\$182.37
<b>AETNA VALUE HD4000 #092, 262(2)</b> — <i>High Deductible health plan with \$4,000 in-network deductible</i>	
Single — No Medicare	See Note 3
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	
<b>NJ DIRECT HD4000 #090, 260(2)</b> — <i>High Deductible health plan with \$4,000 in-network deductible</i>	
Single — No Medicare	See Note 3
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	

*Retirees in plans above are provided a prescription drug plan administered by Express Scripts*

*Retirees who are eligible for State paid health benefits under the provisions of Chapter 330, P.L. 1998 pay the Retiree Share*

- 1) *Horizon HMO service area for Plan #011, #053, and #054 is limited to New Jersey, Delaware, and parts of Pennsylvania and New York*
- 2) *The following plans are not available to Medicare eligible retirees and retirees with Medicare eligible dependents: AETNA FREEDOM1525 (#063), AETNA FREEDOM2030 (#064), AETNA HMO2030 (#062), AETNA VALUE HD4000 (#090), and NJ DIRECT HD4000 (#092)*
- 3) *In Plan Year 2016 retirees who subscribe to the High Deductible health plans and accrued 25 years prior to the provision of Chapter 78, P.L. 2011 — State will cover the cost of monthly premium.*

*In Plan Year 2016 retirees who subscribe to the High Deductible health plans and are subject to the provision of Chapter 78, P.L. 2011 — Retiree will pay retiree share of 1.5% of pension allowance*