

(FOR EMPLOYERS WHO OFFER THE EMPLOYEES' 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
MONTHLY RATES EFFECTIVE 1/1/2016 TO 12/31/2016

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
AETNA FREEDOM10 #018			
Single	\$756.61	—	\$756.61
Member & Spouse/Partner	\$758.15	\$755.07	\$1,513.22
Family	\$758.71	\$1,405.19	\$2,163.90
Parent & Child	\$757.28	\$650.01	\$1,407.29
NJ DIRECT10 #050			
Single	\$749.11	—	\$749.11
Member & Spouse/Partner	\$750.65	\$747.59	\$1,498.24
Family	\$751.21	\$1,391.24	\$2,142.45
Parent & Child	\$749.78	\$643.56	\$1,393.34
AETNA FREEDOM15 #180			
Single	\$720.27	—	\$720.27
Member & Spouse/Partner	\$721.81	\$718.73	\$1,440.54
Family	\$722.37	\$1,337.60	\$2,059.97
Parent & Child	\$720.94	\$618.76	\$1,339.70
NJ DIRECT15 #150			
Single	\$713.13	—	\$713.13
Member & Spouse/Partner	\$714.67	\$711.61	\$1,426.28
Family	\$715.23	\$1,324.32	\$2,039.55
Parent & Child	\$713.80	\$612.62	\$1,326.42
AETNA HMO #019			
Single	\$686.89	—	\$686.89
Member & Spouse/Partner	\$688.43	\$685.36	\$1,373.79
Family	\$688.99	\$1,275.52	\$1,964.51
Parent & Child	\$687.56	\$590.06	\$1,277.62
HORIZON HMO #011			
Single	\$680.03	—	\$680.03
Member & Spouse/Partner	\$681.57	\$678.48	\$1,360.05
Family	\$682.13	\$1,262.76	\$1,944.89
Parent & Child	\$680.70	\$584.16	\$1,264.86
PRESCRIPTION DRUG PROGRAM #201			
Single	\$200.62	—	\$200.62
Member & Spouse/Partner	\$200.62	\$200.62	\$401.24
Family	\$200.62	\$373.15	\$573.77
Parent & Child	\$200.62	\$172.53	\$373.15

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
AETNA FREEDOM1525 #063			
Single	\$699.03	—	\$699.03
Member & Spouse/Partner	\$700.57	\$697.51	\$1,398.08
Family	\$701.13	\$1,298.10	\$1,999.23
Parent & Child	\$699.70	\$600.50	\$1,300.20
NJ DIRECT1525 #051			
Single	\$692.12	—	\$692.12
Member & Spouse/Partner	\$693.66	\$690.57	\$1,384.23
Family	\$694.22	\$1,285.24	\$1,979.46
Parent & Child	\$692.79	\$594.55	\$1,287.34
AETNA HMO1525 #061			
Single	\$634.28	—	\$634.28
Member & Spouse/Partner	\$635.82	\$632.74	\$1,268.56
Family	\$636.38	\$1,177.66	\$1,814.04
Parent & Child	\$634.95	\$544.81	\$1,179.76
HORIZON HMO1525 #053			
Single	\$627.94	—	\$627.94
Member & Spouse/Partner	\$629.48	\$626.39	\$1,255.87
Family	\$630.04	\$1,165.87	\$1,795.91
Parent & Child	\$628.61	\$539.36	\$1,167.97
PRESCRIPTION DRUG PROGRAM #205			
Single	\$181.96	—	\$181.96
Member & Spouse/Partner	\$181.96	\$181.96	\$363.92
Family	\$181.96	\$338.45	\$520.41
Parent & Child	\$181.96	\$156.49	\$338.45
Medical Plans Available with Prescription Drug Program #206			
AETNA FREEDOM2030 #064			
Single	\$656.96	—	\$656.96
Member & Spouse/Partner	\$658.50	\$655.43	\$1,313.93
Family	\$659.06	\$1,219.85	\$1,878.91
Parent & Child	\$657.63	\$564.32	\$1,221.95
NJ DIRECT2030 #052			
Single	\$650.46	—	\$650.46
Member & Spouse/Partner	\$652.00	\$648.91	\$1,300.91
Family	\$652.56	\$1,207.76	\$1,860.32
Parent & Child	\$651.13	\$558.73	\$1,209.86
AETNA HMO2030 #062			
Single	\$596.45	—	\$596.45
Member & Spouse/Partner	\$597.99	\$594.87	\$1,192.86
Family	\$598.55	\$1,107.30	\$1,705.85
Parent & Child	\$597.12	\$512.28	\$1,109.40
HORIZON HMO2030 #054			
Single	\$590.48	—	\$590.48
Member & Spouse/Partner	\$592.02	\$588.91	\$1,180.93
Family	\$592.58	\$1,096.19	\$1,688.77
Parent & Child	\$591.15	\$507.14	\$1,098.29
PRESCRIPTION DRUG PROGRAM #206			
Single	\$185.18	—	\$185.18
Member & Spouse/Partner	\$185.18	\$185.16	\$370.34
Family	\$185.18	\$344.43	\$529.61
Parent & Child	\$185.18	\$159.25	\$344.43

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
AETNA FREEDOM2035 #066			
Single	\$564.98	—	\$564.98
Member & Spouse/Partner	\$566.52	\$563.45	\$1,129.97
Family	\$567.08	\$1,048.76	\$1,615.84
Parent & Child	\$565.65	\$485.21	\$1,050.86
NJ DIRECT2035 #056			
Single	\$559.40	—	\$559.40
Member & Spouse/Partner	\$560.94	\$557.84	\$1,118.78
Family	\$561.50	\$1,038.38	\$1,599.88
Parent & Child	\$560.07	\$480.41	\$1,040.48
AETNA HMO2035 #065			
Single	\$512.95	—	\$512.95
Member & Spouse/Partner	\$514.49	\$511.40	\$1,025.89
Family	\$515.05	\$951.99	\$1,467.04
Parent & Child	\$513.62	\$440.47	\$954.09
HORIZON HMO2035 #055			
Single	\$507.81	—	\$507.81
Member & Spouse/Partner	\$509.35	\$506.27	\$1,015.62
Family	\$509.91	\$942.43	\$1,452.34
Parent & Child	\$508.48	\$436.05	\$944.53
PRESCRIPTION DRUG PROGRAM #207			
Single	\$166.66	—	\$166.66
Member & Spouse/Partner	\$166.66	\$166.66	\$333.32
Family	\$166.66	\$309.99	\$476.65
Parent & Child	\$166.66	\$143.33	\$309.99
High Deductible Health Plans with Built In Prescription Drug			
AETNA VALUE HD1500 #093			
Single	\$776.97	—	\$776.97
Member & Spouse/Partner	\$778.51	\$775.43	\$1,553.94
Family	\$779.07	\$1,388.68	\$2,167.75
Parent & Child	\$777.64	\$613.14	\$1,390.78
NJ DIRECT HD1500 #091			
Single	\$773.82	—	\$773.82
Member & Spouse/Partner	\$775.36	\$772.28	\$1,547.64
Family	\$775.92	\$1,383.04	\$2,158.96
Parent & Child	\$774.49	\$610.65	\$1,385.14

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

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
AETNA FREEDOM10 #018			
Single	\$949.44	—	\$949.44
Member & Spouse/Partner	\$950.98	\$947.90	\$1,898.88
Family	\$951.54	\$1,763.85	\$2,715.39
Parent & Child	\$950.11	\$815.84	\$1,765.95
NJ DIRECT10 #050			
Single	\$895.58	—	\$895.58
Member & Spouse/Partner	\$897.12	\$894.05	\$1,791.17
Family	\$897.68	\$1,663.67	\$2,561.35
Parent & Child	\$896.25	\$769.52	\$1,665.77
AETNA FREEDOM15 #180			
Single	\$913.10	—	\$913.10
Member & Spouse/Partner	\$914.64	\$911.56	\$1,826.20
Family	\$915.20	\$1,696.26	\$2,611.46
Parent & Child	\$913.77	\$784.59	\$1,698.36
NJ DIRECT15 #150			
Single	\$852.56	—	\$852.56
Member & Spouse/Partner	\$854.10	\$851.06	\$1,705.16
Family	\$854.66	\$1,583.66	\$2,438.32
Parent & Child	\$853.23	\$732.53	\$1,585.76
AETNA HMO #019			
Single	\$879.72	—	\$879.72
Member & Spouse/Partner	\$881.26	\$878.19	\$1,759.45
Family	\$881.82	\$1,634.18	\$2,516.00
Parent & Child	\$880.39	\$755.89	\$1,636.28
HORIZON HMO #011			
Single	\$872.86	—	\$872.86
Member & Spouse/Partner	\$874.40	\$871.31	\$1,745.71
Family	\$874.96	\$1,621.42	\$2,496.38
Parent & Child	\$873.53	\$749.99	\$1,623.52
AETNA FREEDOM1525 #063			
Single	\$829.70	—	\$829.70
Member & Spouse/Partner	\$831.24	\$828.15	\$1,659.39
Family	\$831.80	\$1,541.15	\$2,372.95
Parent & Child	\$830.37	\$712.88	\$1,543.25
NJ DIRECT1525 #051			
Single	\$822.79	—	\$822.79
Member & Spouse/Partner	\$824.33	\$821.21	\$1,645.54
Family	\$824.89	\$1,528.29	\$2,353.18
Parent & Child	\$823.46	\$706.93	\$1,530.39
AETNA HMO1525 #061			
Single	\$816.24	—	\$816.24
Member & Spouse/Partner	\$817.78	\$814.70	\$1,632.48
Family	\$818.34	\$1,516.11	\$2,334.45
Parent & Child	\$816.91	\$701.30	\$1,518.21
HORIZON HMO1525 #053			
Single	\$809.90	—	\$809.90
Member & Spouse/Partner	\$811.44	\$808.35	\$1,619.79
Family	\$812.00	\$1,504.32	\$2,316.32
Parent & Child	\$810.57	\$695.85	\$1,506.42

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AETNA FREEDOM2030 #064			
Single	\$787.63	—	\$787.63
Member & Spouse/Partner	\$789.17	\$786.07	\$1,575.24
Family	\$789.73	\$1,462.90	\$2,252.63
Parent & Child	\$788.30	\$676.70	\$1,465.00
NJ DIRECT2030 #052			
Single	\$781.13	—	\$781.13
Member & Spouse/Partner	\$782.67	\$779.55	\$1,562.22
Family	\$783.23	\$1,450.81	\$2,234.04
Parent & Child	\$781.80	\$671.11	\$1,452.91
AETNA HMO2030 #062			
Single	\$781.63	—	\$781.63
Member & Spouse/Partner	\$783.17	\$780.03	\$1,563.20
Family	\$783.73	\$1,451.73	\$2,235.46
Parent & Child	\$782.30	\$671.53	\$1,453.83
HORIZON HMO2030 #054			
Single	\$775.66	—	\$775.66
Member & Spouse/Partner	\$777.20	\$774.07	\$1,551.27
Family	\$777.76	\$1,440.62	\$2,218.38
Parent & Child	\$776.33	\$666.39	\$1,442.72
AETNA FREEDOM2035 #066			
Single	\$682.58	—	\$682.58
Member & Spouse/Partner	\$684.12	\$681.04	\$1,365.16
Family	\$684.68	\$1,267.50	\$1,952.18
Parent & Child	\$683.25	\$586.35	\$1,269.60
NJ DIRECT2035 #056			
Single	\$677.00	—	\$677.00
Member & Spouse/Partner	\$678.54	\$675.43	\$1,353.97
Family	\$679.10	\$1,257.12	\$1,936.22
Parent & Child	\$677.67	\$581.55	\$1,259.22
AETNA HMO2035 #065			
Single	\$679.61	—	\$679.61
Member & Spouse/Partner	\$681.15	\$678.06	\$1,359.21
Family	\$681.71	\$1,261.98	\$1,943.69
Parent & Child	\$680.28	\$583.80	\$1,264.08
HORIZON HMO2035 #055			
Single	\$674.47	—	\$674.47
Member & Spouse/Partner	\$676.01	\$672.93	\$1,348.94
Family	\$676.57	\$1,252.42	\$1,928.99
Parent & Child	\$675.14	\$579.38	\$1,254.52

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