

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 1/1/2017 TO 12/31/2017**

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	\$483.75
Single — On Medicare	\$165.87
Member & Spouse/Partner — No Medicare	\$1,054.71
Member & Spouse/Partner — One on Medicare	\$569.78
Member & Spouse/Partner — Both on Medicare	\$331.71
Family — No Medicare	\$1,199.81
Family — One on Medicare	\$702.84
Family — Both on Medicare	\$430.12
Parent & Child — No Medicare	\$677.28
Parent & Child — Retiree on Medicare	\$262.60
<b>NJ DIRECT10 #050, 250</b> — <i>PPO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$483.75
Single — On Medicare	\$161.42
Member & Spouse/Partner — No Medicare	\$1,054.71
Member & Spouse/Partner — One on Medicare	\$530.21
Member & Spouse/Partner — Both on Medicare	\$322.82
Family — No Medicare	\$1,199.81
Family — One on Medicare	\$654.00
Family — Both on Medicare	\$418.59
Parent & Child — No Medicare	\$677.28
Parent & Child — Retiree on Medicare	\$255.56
<b>AETNA FREEDOM15 #180, 26C</b> — <i>PPO Plan with \$15 Primary Care Copayment</i>	
Single — No Medicare	\$419.18
Single — On Medicare	\$143.18
Member & Spouse/Partner — No Medicare	\$913.83
Member & Spouse/Partner — One on Medicare	\$485.34
Member & Spouse/Partner — Both on Medicare	\$286.30
Family — No Medicare	\$1,039.57
Family — One on Medicare	\$601.15
Family — Both on Medicare	\$371.24
Parent & Child — No Medicare	\$586.84
Parent & Child — Retiree on Medicare	\$226.65
<b>NJ DIRECT15 #150, 251</b> — <i>PPO Plan with \$15 Primary Care Copayment</i>	
Single — No Medicare	\$419.18
Single — On Medicare	\$139.18
Member & Spouse/Partner — No Medicare	\$913.83
Member & Spouse/Partner — One on Medicare	\$448.49
Member & Spouse/Partner — Both on Medicare	\$278.30
Family — No Medicare	\$1,039.57
Family — One on Medicare	\$555.56
Family — Both on Medicare	\$360.87
Parent & Child — No Medicare	\$586.84
Parent & Child — Retiree on Medicare	\$220.32

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<b>AETNA HMO #019, 252</b> — <i>HMO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$390.62
Single — On Medicare	\$226.66
Member & Spouse/Partner — No Medicare	\$852.17
Member & Spouse/Partner — One on Medicare	\$549.09
Member & Spouse/Partner — Both on Medicare	\$453.25
Family — No Medicare	\$969.88
Family — One on Medicare	\$652.72
Family — Both on Medicare	\$521.89
Parent & Child — No Medicare	\$547.52
Parent & Child — Retiree on Medicare	\$284.99
<b>HORIZON HMO #011, 266</b> — <i>HMO Plan with \$10 Primary Care Copayment</i>	
Single — No Medicare	\$380.65
Single — On Medicare	\$224.29
Member & Spouse/Partner — No Medicare	\$830.43
Member & Spouse/Partner — One on Medicare	\$537.45
Member & Spouse/Partner — Both on Medicare	\$448.52
Family — No Medicare	\$945.13
Family — One on Medicare	\$638.44
Family — Both on Medicare	\$516.02
Parent & Child — No Medicare	\$533.56
Parent & Child — Retiree on Medicare	\$281.53
<b>AETNA FREEDOM1525 #063, 269</b> — <i>PPO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$363.87
Member & Spouse/Partner — No Medicare	\$793.23
Family — No Medicare	\$902.36
Parent & Child — No Medicare	\$509.44
<b>NJ DIRECT1525 #051, 254</b> — <i>PPO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$363.87
Single — On Medicare	\$108.84
Member & Spouse/Partner — No Medicare	\$793.23
Member & Spouse/Partner — One on Medicare	\$390.27
Member & Spouse/Partner — Both on Medicare	\$217.65
Family — No Medicare	\$902.36
Family — One on Medicare	\$488.58
Family — Both on Medicare	\$282.20
Parent & Child — No Medicare	\$509.44
Parent & Child — Retiree on Medicare	\$172.31

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<b>AETNA HMO1525 #061, 256</b> — <i>HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$286.80
Single — On Medicare	\$165.75
Member & Spouse/Partner — No Medicare	\$625.17
Member & Spouse/Partner — One on Medicare	\$392.98
Member & Spouse/Partner — Both on Medicare	\$331.49
Family — No Medicare	\$711.22
Family — One on Medicare	\$469.51
Family — Both on Medicare	\$379.30
Parent & Child — No Medicare	\$401.49
Parent & Child — Retiree on Medicare	\$206.07
<b>HORIZON HMO1525 #053, 267</b> — <i>HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</i>	
Single — No Medicare	\$277.97
Single — On Medicare	\$163.39
Member & Spouse/Partner — No Medicare	\$605.97
Member & Spouse/Partner — One on Medicare	\$382.38
Member & Spouse/Partner — Both on Medicare	\$326.73
Family — No Medicare	\$689.35
Family — One on Medicare	\$456.56
Family — Both on Medicare	\$373.64
Parent & Child — No Medicare	\$389.16
Parent & Child — Retiree on Medicare	\$202.87
<b>AETNA FREEDOM2030 #064, 26A</b> — <i>PPO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$309.47
Member & Spouse/Partner — No Medicare	\$674.64
Family — No Medicare	\$767.44
Parent & Child — No Medicare	\$433.22
<b>NJ DIRECT2030 #052 255</b> — <i>PPO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$309.47
Single — On Medicare	\$100.76
Member & Spouse/Partner — No Medicare	\$674.64
Member & Spouse/Partner — One on Medicare	\$332.18
Member & Spouse/Partner — Both on Medicare	\$201.52
Family — No Medicare	\$767.44
Family — One on Medicare	\$416.17
Family — Both on Medicare	\$261.29
Parent & Child — No Medicare	\$433.22
Parent & Child — Retiree on Medicare	\$159.54

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<b>AETNA HMO2030 #062, 257</b> — <i>HMO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$235.96
Member & Spouse/Partner — No Medicare	\$514.37
Family — No Medicare	\$585.15
Parent & Child — No Medicare	\$330.33
<b>HORIZON HMO2030 #054, 268(1)</b> — <i>HMO Plan with \$20 Primary Care /\$30 Specialist Copayment</i>	
Single — No Medicare	\$227.68
Single — On Medicare	\$153.57
Member & Spouse/Partner — No Medicare	\$496.34
Member & Spouse/Partner — One on Medicare	\$325.83
Member & Spouse/Partner — Both on Medicare	\$307.12
Family — No Medicare	\$564.64
Family — One on Medicare	\$386.73
Family — Both on Medicare	\$349.33
Parent & Child — No Medicare	\$318.75
Parent & Child — Retiree on Medicare	\$188.58
<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*