

# STATE HEALTH BENEFITS PROGRAM

## STATE EMPLOYER RETIRED GROUP RATES

### EFFECTIVE JANUARY 1, 2017 — DECEMBER 31, 2017

#### MEMBER'S SHARE WHEN STATE PAYS FOR COVERAGE

The charts below show the monthly cost of **Aetna Freedom10** or **NJ DIRECT10** for State enrollees who attained 25 years of service credit in the retirement system after July 1, 1997 (or retired under an approved disability retirement on or after August 1, 1997) but prior to July 1, 2007. There is no cost to you for coverage under the other Aetna Freedom, NJ DIRECT, or HMO plans. **See the chart that corresponds to the date you reached 25 years of service in the retirement system or the date of your disability retirement.**

- If you attained 25 years of service credit before July 1, 1997 or retired under an approved disability retirement before August 1, 1997, there is no cost to you for any plan.
- If you attained 25 years of service credit on or after July 1, 2007 or retired under an approved disability retirement on or after August 1, 2007, the cost for any plan may be subject to Retiree Wellness Program participation. Contact your medical plan for details.

#### 25 YEARS OF PENSION SERVICE ATTAINED FROM JULY 1, 1997 THROUGH JUNE 30, 2000 OR RETIRED ON A DISABILITY RETIREMENT FROM AUGUST 1, 1997 THROUGH JULY 31, 2000

HEALTH PLAN	SINGLE		MEMBER & SPOUSE/PARTNER*			FAMILY			PARENT & CHILD	
	NO MEDICARE	WITH MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	WITH MEDICARE
AETNA FREEDOM10	\$73.83	\$0.00	\$161.03	\$56.98	\$0.00	\$182.37	\$68.92	\$20.96	\$106.67	\$16.80
NJ DIRECT10	\$73.83	\$0.00	\$161.03	\$56.98	\$0.00	\$182.37	\$68.92	\$20.96	\$106.67	\$16.80

*This is the monthly rate if your annual salary in the year you retired was \$40,000 or more—rates are based on the difference between combining the total average cost for the plans. If your annual salary in the year you retired was between \$24,000 and \$40,000, you pay a monthly amount based on an annual cost of 1% of that salary. If your annual salary in the year you retired was less than \$24,000 you pay a monthly cost of \$20.*

#### 25 YEARS OF PENSION SERVICE ATTAINED FROM JULY 1, 2000 THROUGH JUNE 30, 2007 OR RETIRED ON A DISABILITY RETIREMENT FROM AUGUST 1, 2000 THROUGH JULY 31, 2007

HEALTH PLAN	SINGLE		MEMBER & SPOUSE/PARTNER*			FAMILY			PARENT & CHILD	
	NO MEDICARE	WITH MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	WITH MEDICARE
AETNA FREEDOM10	\$348.62	\$142.22	\$760.01	\$468.27	\$284.45	\$864.59	\$562.44	\$368.83	\$488.07	\$225.19
NJ DIRECT10	\$348.62	\$141.11	\$760.01	\$458.38	\$282.23	\$864.59	\$550.23	\$365.94	\$488.07	\$223.43

*Rates are based on 25% of the total premium for each contract level.*

**Note: State employees who are prohibited from participation in Aetna Freedom10 or NJ DIRECT10 as an active employee cannot select Aetna Freedom10 or NJ DIRECT10 upon retirement.**

\* **Partner** means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.