

(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 1/1/2017 TO 12/31/2017

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
AETNA FREEDOM10 #018			
Single	\$809.92	—	\$809.92
Member & Spouse/Partner	\$811.52	\$808.32	\$1,619.84
Family	\$812.10	\$1,504.27	\$2,316.37
Parent & Child	\$810.62	\$695.83	\$1,506.45
NJ DIRECT10 #050			
Single	\$809.92	—	\$809.92
Member & Spouse/Partner	\$811.52	\$808.32	\$1,619.84
Family	\$812.10	\$1,504.27	\$2,316.37
Parent & Child	\$810.62	\$695.83	\$1,506.45
AETNA FREEDOM15 #180			
Single	\$771.02	—	\$771.02
Member & Spouse/Partner	\$772.62	\$769.42	\$1,542.04
Family	\$773.20	\$1,431.92	\$2,205.12
Parent & Child	\$771.72	\$662.38	\$1,434.10
NJ DIRECT15 #150			
Single	\$771.02	—	\$771.02
Member & Spouse/Partner	\$772.62	\$769.42	\$1,542.04
Family	\$773.20	\$1,431.92	\$2,205.12
Parent & Child	\$771.72	\$662.38	\$1,434.10
AETNA HMO #019			
Single	\$742.65	—	\$742.65
Member & Spouse/Partner	\$744.25	\$741.05	\$1,485.30
Family	\$744.83	\$1,379.15	\$2,123.98
Parent & Child	\$743.35	\$637.98	\$1,381.33
HORIZON HMO #011			
Single	\$735.24	—	\$735.24
Member & Spouse/Partner	\$736.84	\$733.64	\$1,470.48
Family	\$737.42	\$1,365.37	\$2,102.79
Parent & Child	\$735.94	\$631.61	\$1,367.55
PRESCRIPTION DRUG PROGRAM #201			
Single	\$223.58	—	\$223.58
Member & Spouse/Partner	\$223.58	\$223.57	\$447.15
Family	\$223.58	\$415.86	\$639.44
Parent & Child	\$223.58	\$192.28	\$415.86

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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	\$748.31	—	\$748.31
Member & Spouse/Partner	\$749.91	\$746.71	\$1,496.62
Family	\$750.49	\$1,389.68	\$2,140.17
Parent & Child	\$749.01	\$642.85	\$1,391.86
NJ DIRECT1525 #051			
Single	\$748.31	—	\$748.31
Member & Spouse/Partner	\$749.91	\$746.71	\$1,496.62
Family	\$750.49	\$1,389.68	\$2,140.17
Parent & Child	\$749.01	\$642.85	\$1,391.86
AETNA HMO1525 #061			
Single	\$685.77	—	\$685.77
Member & Spouse/Partner	\$687.37	\$684.17	\$1,371.54
Family	\$687.95	\$1,273.35	\$1,961.30
Parent & Child	\$686.47	\$589.06	\$1,275.53
HORIZON HMO1525 #053			
Single	\$678.92	—	\$678.92
Member & Spouse/Partner	\$680.52	\$677.32	\$1,357.84
Family	\$681.10	\$1,260.61	\$1,941.71
Parent & Child	\$679.62	\$583.17	\$1,262.79
PRESCRIPTION DRUG PROGRAM #205			
Single	\$202.78	—	\$202.78
Member & Spouse/Partner	\$202.78	\$202.78	\$405.56
Family	\$202.78	\$377.17	\$579.95
Parent & Child	\$202.78	\$174.39	\$377.17
Medical Plans Available with Prescription Drug Program #206			
AETNA FREEDOM2030 #064			
Single	\$703.26	—	\$703.26
Member & Spouse/Partner	\$704.86	\$701.66	\$1,406.52
Family	\$705.44	\$1,305.88	\$2,011.32
Parent & Child	\$703.96	\$604.10	\$1,308.06
NJ DIRECT2030 #052			
Single	\$703.26	—	\$703.26
Member & Spouse/Partner	\$704.86	\$701.66	\$1,406.52
Family	\$705.44	\$1,305.88	\$2,011.32
Parent & Child	\$703.96	\$604.10	\$1,308.06
AETNA HMO2030 #062			
Single	\$644.87	—	\$644.87
Member & Spouse/Partner	\$646.47	\$643.27	\$1,289.74
Family	\$647.05	\$1,197.28	\$1,844.33
Parent & Child	\$645.57	\$553.89	\$1,199.46
HORIZON HMO2030 #054			
Single	\$638.42	—	\$638.42
Member & Spouse/Partner	\$640.02	\$636.82	\$1,276.84
Family	\$640.60	\$1,185.28	\$1,825.88
Parent & Child	\$639.12	\$548.34	\$1,187.46
PRESCRIPTION DRUG PROGRAM #206			
Single	\$206.37	—	\$206.37
Member & Spouse/Partner	\$206.37	\$206.34	\$412.71
Family	\$206.37	\$383.85	\$590.22
Parent & Child	\$206.37	\$117.48	\$383.85

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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	\$604.81	—	\$604.81
Member & Spouse/Partner	\$606.41	\$603.21	\$1,209.62
Family	\$606.99	\$1,122.80	\$1,729.79
Parent & Child	\$605.51	\$519.44	\$1,124.95
NJ DIRECT2035 #056			
Single	\$604.81	—	\$604.81
Member & Spouse/Partner	\$606.41	\$603.21	\$1,209.62
Family	\$606.99	\$1,122.77	\$1,729.76
Parent & Child	\$605.51	\$519.44	\$1,124.95
AETNA HMO2035 #065			
Single	\$554.59	—	\$554.59
Member & Spouse/Partner	\$556.19	\$552.99	\$1,109.18
Family	\$556.77	\$1,029.36	\$1,586.13
Parent & Child	\$555.29	\$476.25	\$1,031.54
HORIZON HMO2035 #055			
Single	\$549.03	—	\$549.03
Member & Spouse/Partner	\$550.63	\$547.43	\$1,098.06
Family	\$551.21	\$1,019.02	\$1,570.23
Parent & Child	\$549.73	\$471.47	\$1,021.20
PRESCRIPTION DRUG PROGRAM #207			
Single	\$185.73	—	\$185.73
Member & Spouse/Partner	\$185.73	\$185.73	\$371.46
Family	\$185.73	\$345.46	\$531.19
Parent & Child	\$185.73	\$159.73	\$345.46
High Deductible Health Plans with Built In Prescription Drug			
AETNA VALUE HD1500 #093			
Single	\$842.96	—	\$842.96
Member & Spouse/Partner	\$844.56	\$841.37	\$1,685.93
Family	\$845.14	\$1,565.73	\$2,410.87
Parent & Child	\$843.66	\$724.25	\$1,567.91
NJ DIRECT HD1500 #091			
Single	\$842.96	—	\$842.96
Member & Spouse/Partner	\$844.56	\$841.37	\$1,685.93
Family	\$845.14	\$1,565.73	\$2,410.87
Parent & Child	\$843.66	\$724.25	\$1,567.91

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
AETNA FREEDOM10 #018			
Single	\$973.15	—	\$973.15
Member & Spouse/Partner	\$974.75	\$971.54	\$1,946.29
Family	\$975.33	\$1,807.88	\$2,783.21
Parent & Child	\$973.85	\$836.21	\$1,810.06
NJ DIRECT10 #050			
Single	\$973.15	—	\$973.15
Member & Spouse/Partner	\$974.75	\$971.54	\$1,946.29
Family	\$975.33	\$1,807.88	\$2,783.21
Parent & Child	\$973.85	\$836.21	\$1,810.06
AETNA FREEDOM15 #180			
Single	\$926.40	—	\$926.40
Member & Spouse/Partner	\$928.00	\$924.83	\$1,852.83
Family	\$928.58	\$1,720.93	\$2,649.51
Parent & Child	\$927.10	\$796.01	\$1,723.11
NJ DIRECT15 #150			
Single	\$926.40	—	\$926.40
Member & Spouse/Partner	\$928.00	\$924.83	\$1,852.83
Family	\$928.58	\$1,720.93	\$2,649.51
Parent & Child	\$927.10	\$796.01	\$1,723.11
AETNA HMO #019			
Single	\$957.54	—	\$957.54
Member & Spouse/Partner	\$959.14	\$955.95	\$1,915.09
Family	\$959.72	\$1,778.85	\$2,738.57
Parent & Child	\$958.24	\$822.79	\$1,781.03
HORIZON HMO #011			
Single	\$950.13	—	\$950.13
Member & Spouse/Partner	\$951.73	\$948.54	\$1,900.27
Family	\$952.31	\$1,765.07	\$2,717.38
Parent & Child	\$950.83	\$816.42	\$1,767.25
AETNA FREEDOM1525 #063			
Single	\$893.93	—	\$893.93
Member & Spouse/Partner	\$895.53	\$892.30	\$1,787.83
Family	\$896.11	\$1,660.53	\$2,556.64
Parent & Child	\$894.63	\$768.08	\$1,662.71
NJ DIRECT1525 #051			
Single	\$893.93	—	\$893.93
Member & Spouse/Partner	\$895.53	\$892.30	\$1,787.83
Family	\$896.11	\$1,660.53	\$2,556.64
Parent & Child	\$894.63	\$768.08	\$1,662.71
AETNA HMO1525 #061			
Single	\$888.55	—	\$888.55
Member & Spouse/Partner	\$890.15	\$886.95	\$1,777.10
Family	\$890.73	\$1,650.52	\$2,541.25
Parent & Child	\$889.25	\$763.45	\$1,652.70
HORIZON HMO1525 #053			
Single	\$881.70	—	\$881.70
Member & Spouse/Partner	\$883.30	\$880.10	\$1,763.40
Family	\$883.88	\$1,637.78	\$2,521.66
Parent & Child	\$882.40	\$757.56	\$1,639.96

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AETNA FREEDOM2030 #064			
Single	\$848.88	—	\$848.88
Member & Spouse/Partner	\$850.48	\$847.25	\$1,697.73
Family	\$851.06	\$1,576.73	\$2,427.79
Parent & Child	\$849.58	\$729.33	\$1,578.91
NJ DIRECT2030 #052			
Single	\$848.88	—	\$848.88
Member & Spouse/Partner	\$850.48	\$847.25	\$1,697.73
Family	\$851.06	\$1,576.73	\$2,427.79
Parent & Child	\$849.58	\$729.33	\$1,578.91
AETNA HMO2030 #062			
Single	\$851.24	—	\$851.24
Member & Spouse/Partner	\$852.84	\$849.61	\$1,702.45
Family	\$853.42	\$1,581.13	\$2,434.55
Parent & Child	\$851.94	\$731.37	\$1,583.31
HORIZON HMO2030 #054			
Single	\$844.79	—	\$844.79
Member & Spouse/Partner	\$846.39	\$843.16	\$1,689.55
Family	\$846.97	\$1,569.13	\$2,416.10
Parent & Child	\$845.49	\$725.82	\$1,571.31
AETNA FREEDOM2035 #066			
Single	\$735.87	—	\$735.87
Member & Spouse/Partner	\$737.47	\$734.25	\$1,471.72
Family	\$738.05	\$1,366.54	\$2,104.59
Parent & Child	\$736.57	\$632.15	\$1,368.72
NJ DIRECT2035 #056			
Single	\$735.87	—	\$735.87
Member & Spouse/Partner	\$737.47	\$734.25	\$1,471.72
Family	\$738.05	\$1,366.54	\$2,104.59
Parent & Child	\$736.57	\$632.15	\$1,368.72
AETNA HMO2035 #065			
Single	\$740.32	—	\$740.32
Member & Spouse/Partner	\$741.92	\$738.72	\$1,480.64
Family	\$742.50	\$1,374.82	\$2,117.32
Parent & Child	\$741.02	\$635.98	\$1,377.00
HORIZON HMO2035 #055			
Single	\$734.76	—	\$734.76
Member & Spouse/Partner	\$736.36	\$733.16	\$1,469.52
Family	\$736.94	\$1,364.48	\$2,101.42
Parent & Child	\$735.46	\$631.20	\$1,366.66

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AETNA VALUE HD1500 #093			
Single	\$842.96	—	\$842.96
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Family	\$845.14	\$1,565.73	\$2,410.87
Parent & Child	\$843.66	\$724.25	\$1,567.91
NJ DIRECT HD1500 #091			
Single	\$842.96	—	\$842.96
Member & Spouse/Partner	\$844.56	\$841.37	\$1,685.93
Family	\$845.14	\$1,565.73	\$2,410.87
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