



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates**
Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$765.10
Member & Spouse/Partner	\$1,530.21
Family	\$2,188.19
Parent & Child	\$1,423.09
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$765.10
Member & Spouse/Partner	\$1,530.21
Family	\$2,188.19
Parent & Child	\$1,423.09
AETNA HMO #005 — HMO Plan with \$10 Primary Care Copayment	
Single	\$740.46
Member & Spouse/Partner	\$1,480.93
Family	\$2,117.73
Parent & Child	\$1,377.26
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$733.05
Member & Spouse/Partner	\$1,466.10
Family	\$2,096.52
Parent & Child	\$1,363.47
PRESCRIPTION DRUG PROGRAM #203	
Single	\$209.78
Member & Spouse/Partner	\$419.57
Family	\$599.97
Parent & Child	\$390.19
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$743.67
Member & Spouse/Partner	\$1,487.35
Family	\$2,126.91
Parent & Child	\$1,383.23
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$743.67
Member & Spouse/Partner	\$1,487.35
Family	\$2,126.91
Parent & Child	\$1,383.23



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #205	
AETNA LIBERTY PLAN #067 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$573.82
Member & Spouse/Partner	\$1,147.65
Family	\$1,641.14
Parent & Child	\$1,067.31
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$573.82
Member & Spouse/Partner	\$1,147.65
Family	\$1,641.14
Parent & Child	\$1,067.31
PRESCRIPTION DRUG PROGRAM #205	
Single	\$190.26
Member & Spouse/Partner	\$380.55
Family	\$544.15
Parent & Child	\$353.89
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$699.30
Member & Spouse/Partner	\$1,398.60
Family	\$2,000.00
Parent & Child	\$1,300.70
NJ DIRECT2030 #052 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$699.30
Member & Spouse/Partner	\$1,398.60
Family	\$2,000.00
Parent & Child	\$1,300.70
PRESCRIPTION DRUG PROGRAM #206	
Single	\$193.64
Member & Spouse/Partner	\$387.26
Family	\$553.81
Parent & Child	\$360.17



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$601.39
Member & Spouse/Partner	\$1,202.78
Family	\$1,719.98
Parent & Child	\$1,118.59
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$601.39
Member & Spouse/Partner	\$1,202.78
Family	\$1,719.98
Parent & Child	\$1,118.59
PRESCRIPTION DRUG PROGRAM #207	
Single	\$174.29
Member & Spouse/Partner	\$348.56
Family	\$498.48
Parent & Child	\$324.19
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$517.49
Member & Spouse/Partner	\$1,035.00
Family	\$1,480.03
Parent & Child	\$962.54
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$517.49
Member & Spouse/Partner	\$1,035.00
Family	\$1,480.03
Parent & Child	\$962.54

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