



**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	\$723.37
Member & Spouse/Partner	\$1,446.74
Family	\$2,068.84
Parent & Child	\$1,345.46
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$723.37
Member & Spouse/Partner	\$1,446.74
Family	\$2,068.84
Parent & Child	\$1,345.46
AETNA HMO #005 — HMO Plan with \$15 Primary Care Copayment	
Single	\$700.07
Member & Spouse/Partner	\$1,400.15
Family	\$2,002.21
Parent & Child	\$1,302.14
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$693.06
Member & Spouse/Partner	\$1,386.13
Family	\$1,982.16
Parent & Child	\$1,289.10
PRESCRIPTION DRUG PROGRAM #203	
Single	\$198.33
Member & Spouse/Partner	\$396.68
Family	\$567.24
Parent & Child	\$368.90
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$703.11
Member & Spouse/Partner	\$1,406.22
Family	\$2,010.90
Parent & Child	\$1,307.78
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$703.11
Member & Spouse/Partner	\$1,406.22
Family	\$2,010.90
Parent & Child	\$1,307.78



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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	\$542.52
Member & Spouse/Partner	\$1,085.05
Family	\$1,551.62
Parent & Child	\$1,009.10
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$542.52
Member & Spouse/Partner	\$1,085.05
Family	\$1,551.62
Parent & Child	\$1,009.10
PRESCRIPTION DRUG PROGRAM #205	
Single	\$179.88
Member & Spouse/Partner	\$359.79
Family	\$514.47
Parent & Child	\$334.58
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$661.15
Member & Spouse/Partner	\$1,322.31
Family	\$1,890.91
Parent & Child	\$1,229.75
NJ DIRECT2030 #052 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$661.15
Member & Spouse/Partner	\$1,322.31
Family	\$1,890.91
Parent & Child	\$1,229.75
PRESCRIPTION DRUG PROGRAM #206	
Single	\$183.08
Member & Spouse/Partner	\$366.14
Family	\$523.60
Parent & Child	\$340.52



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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	\$568.58
Member & Spouse/Partner	\$1,137.17
Family	\$1,626.16
Parent & Child	\$1,057.57
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$568.58
Member & Spouse/Partner	\$1,137.17
Family	\$1,626.16
Parent & Child	\$1,057.57
PRESCRIPTION DRUG PROGRAM #207	
Single	\$164.78
Member & Spouse/Partner	\$329.55
Family	\$471.29
Parent & Child	\$306.50
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$489.26
Member & Spouse/Partner	\$978.54
Family	\$1,399.30
Parent & Child	\$910.04
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$489.26
Member & Spouse/Partner	\$978.54
Family	\$1,399.30
Parent & Child	\$910.04

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