



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$695.55
Member & Spouse/Partner	\$1,391.10
Family	\$1,989.27
Parent & Child	\$1,293.72
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$695.55
Member & Spouse/Partner	\$1,391.10
Family	\$1,989.27
Parent & Child	\$1,293.72
AETNA HMO #005 — HMO Plan with \$15 Primary Care Copayment	
Single	\$673.15
Member & Spouse/Partner	\$1,346.30
Family	\$1,925.21
Parent & Child	\$1,252.06
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$666.41
Member & Spouse/Partner	\$1,332.82
Family	\$1,905.93
Parent & Child	\$1,239.52
PRESCRIPTION DRUG PROGRAM #203	
Single	\$190.71
Member & Spouse/Partner	\$381.43
Family	\$545.43
Parent & Child	\$354.72
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$676.07
Member & Spouse/Partner	\$1,352.14
Family	\$1,933.56
Parent & Child	\$1,257.49
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$676.07
Member & Spouse/Partner	\$1,352.14
Family	\$1,933.56
Parent & Child	\$1,257.49



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PLAN/COVERAGE DESCRIPTION	TOTAL
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	\$521.66
Member & Spouse/Partner	\$1,043.32
Family	\$1,491.95
Parent & Child	\$970.29
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$521.66
Member & Spouse/Partner	\$1,043.32
Family	\$1,491.95
Parent & Child	\$970.29
PRESCRIPTION DRUG PROGRAM #205	
Single	\$172.97
Member & Spouse/Partner	\$345.96
Family	\$494.69
Parent & Child	\$321.72
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$635.73
Member & Spouse/Partner	\$1,271.46
Family	\$1,818.19
Parent & Child	\$1,182.46
NJ DIRECT2030 #052 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$635.73
Member & Spouse/Partner	\$1,271.46
Family	\$1,818.19
Parent & Child	\$1,182.46
PRESCRIPTION DRUG PROGRAM #206	
Single	\$176.04
Member & Spouse/Partner	\$352.06
Family	\$503.47
Parent & Child	\$327.43



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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$546.72
Member & Spouse/Partner	\$1,093.44
Family	\$1,563.62
Parent & Child	\$1,016.90
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$546.72
Member & Spouse/Partner	\$1,093.44
Family	\$1,563.62
Parent & Child	\$1,016.90
PRESCRIPTION DRUG PROGRAM #207	
Single	\$158.45
Member & Spouse/Partner	\$316.88
Family	\$453.17
Parent & Child	\$294.72
High Deductible Health Plans with Built-In Prescription Drug	
AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$470.45
Member & Spouse/Partner	\$940.91
Family	\$1,345.49
Parent & Child	\$875.04
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$470.45
Member & Spouse/Partner	\$940.91
Family	\$1,345.49
Parent & Child	\$875.04
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$697.73
Member & Spouse/Partner	\$1,395.45
Family	\$1,995.51
Parent & Child	\$1,297.78
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$697.73
Member & Spouse/Partner	\$1,395.45
Family	\$1,995.51
Parent & Child	\$1,297.78

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