



**Chapter 375 Rates for State
Active and Retired Groups**
Monthly Rates Effective 1/1/2019 to 12/31/2019

PLAN AND COVERAGE LEVEL	MONTHLY RATE	
	EMPLOYEES WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN	RETIREES WITH PRESCRIPTION DRUG PLAN PROVIDED THROUGH MEDICAL PLAN
AETNA FREEDOM10 #018 Single	N/A	\$776.21
NJ DIRECT10 #050 Single	N/A	\$776.21
AETNA FREEDOM15 #180 Single	\$773.66	\$739.15
NJ DIRECT15 #150 Single	\$773.66	\$739.15
AETNA HMO #005 Single	\$752.76	\$753.77
HORIZON HMO #011 Single	\$746.47	\$753.77
AETNA FREEDOM1525 #063 Single	\$743.89	\$714.01
NJ DIRECT1525 #051 Single	\$743.89	\$714.01
AETNA LIBERTY PLAN #067 Single	\$594.12	N/A
OMNIA HEALTH PLAN #057 Single	\$594.12	N/A
AETNA FREEDOM2030 #064 Single	\$708.24	\$676.24
NJ DIRECT2030 #052 Single	\$708.24	\$676.24
AETNA FREEDOM2035 #066 Single	\$613.71	\$584.97
NJ DIRECT2035 #056 Single	\$613.71	\$584.97
AETNA HD4000 #092 Single	\$406.46	\$407.55
NJ DIRECT HD4000 #090 Single	\$406.46	\$407.55
AETNA HD1500 #093 Single	\$602.80	N/A
NJ DIRECT HD1500 #091 Single	\$602.80	N/A

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