



**Local Monthly Active Group —
Local Government Employers
Monthly Rates**
Effective 1/1/2019 to 12/31/2019

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$845.12		\$845.12
Member & Spouse/Partner	\$847.04	\$843.20	\$1,690.24
Family	\$847.74	\$1,510.14	\$2,357.88
Parent & Child	\$845.96	\$666.80	\$1,512.76
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$845.12		\$845.12
Member & Spouse/Partner	\$847.04	\$843.20	\$1,690.24
Family	\$847.74	\$1,510.14	\$2,357.88
Parent & Child	\$845.96	\$666.80	\$1,512.76
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$804.78		\$804.78
Member & Spouse/Partner	\$806.70	\$802.86	\$1,609.56
Family	\$807.40	\$1,437.94	\$2,245.34
Parent & Child	\$805.62	\$634.94	\$1,440.56
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$804.78		\$804.78
Member & Spouse/Partner	\$806.70	\$802.86	\$1,609.56
Family	\$807.40	\$1,437.94	\$2,245.34
Parent & Child	\$805.62	\$634.94	\$1,440.56
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$781.63		\$781.63
Member & Spouse/Partner	\$783.55	\$779.71	\$1,563.26
Family	\$784.25	\$1,396.50	\$2,180.75
Parent & Child	\$782.47	\$616.65	\$1,399.12
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$781.63		\$781.63
Member & Spouse/Partner	\$783.55	\$779.71	\$1,563.26
Family	\$784.25	\$1,396.50	\$2,180.75
Parent & Child	\$782.47	\$616.65	\$1,399.12
PRESCRIPTION DRUG PROGRAM #201			
Single	\$162.05		\$162.05
Member & Spouse/Partner	\$162.05	\$162.05	\$324.10
Family	\$162.05	\$290.07	\$452.12
Parent & Child	\$162.05	\$128.02	\$290.07



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$780.66		\$780.66
Member & Spouse/Partner	\$782.58	\$778.74	\$1,561.32
Family	\$783.28	\$1,394.76	\$2,178.04
Parent & Child	\$781.50	\$615.88	\$1,397.38
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$780.66		\$780.66
Member & Spouse/Partner	\$782.58	\$778.74	\$1,561.32
Family	\$783.28	\$1,394.76	\$2,178.04
Parent & Child	\$781.50	\$615.88	\$1,397.38
PRESCRIPTION DRUG PROGRAM #205			
Single	\$146.98		\$146.98
Member & Spouse/Partner	\$146.98	\$146.98	\$293.96
Family	\$146.98	\$263.09	\$410.07
Parent & Child	\$146.98	\$116.11	\$263.09
Medical Plans Available with Prescription Drug Program #209			
AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$603.58		\$603.58
Member & Spouse/Partner	\$605.50	\$601.66	\$1,207.16
Family	\$606.20	\$1,077.79	\$1,683.99
Parent & Child	\$604.42	\$475.99	\$1,080.41
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$603.58		\$603.58
Member & Spouse/Partner	\$605.50	\$601.66	\$1,207.16
Family	\$606.20	\$1,077.79	\$1,683.99
Parent & Child	\$604.42	\$475.99	\$1,080.41
PRESCRIPTION DRUG PROGRAM #209			
Single	\$146.98		\$146.98
Member & Spouse/Partner	\$146.98	\$146.98	\$293.96
Family	\$146.98	\$263.09	\$410.07
Parent & Child	\$146.98	\$116.11	\$263.09



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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$733.79		\$733.79
Member & Spouse/Partner	\$735.71	\$731.87	\$1,467.58
Family	\$736.41	\$1,310.86	\$2,047.27
Parent & Child	\$734.63	\$578.85	\$1,313.48
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$733.79		\$733.79
Member & Spouse/Partner	\$735.71	\$731.87	\$1,467.58
Family	\$736.41	\$1,310.86	\$2,047.27
Parent & Child	\$734.63	\$578.85	\$1,313.48
PRESCRIPTION DRUG PROGRAM #206			
Single	\$149.59		\$149.59
Member & Spouse/Partner	\$149.59	\$149.59	\$299.18
Family	\$149.59	\$267.77	\$417.36
Parent & Child	\$149.59	\$118.18	\$267.77
Medical Plans Available with Prescription Drug Program #207			
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$631.06		\$631.06
Member & Spouse/Partner	\$632.98	\$629.14	\$1,262.12
Family	\$633.68	\$1,126.98	\$1,760.66
Parent & Child	\$631.90	\$497.70	\$1,129.60
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$631.06		\$631.06
Member & Spouse/Partner	\$632.98	\$629.14	\$1,262.12
Family	\$633.68	\$1,126.98	\$1,760.66
Parent & Child	\$631.90	\$497.70	\$1,129.60
PRESCRIPTION DRUG PROGRAM #207			
Single	\$134.63		\$134.63
Member & Spouse/Partner	\$134.63	\$134.63	\$269.26
Family	\$134.63	\$240.99	\$375.62
Parent & Child	\$134.63	\$106.36	\$240.99



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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
High Deductible Health Plans with Built-In Prescription Drug			
AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible			
Single	\$505.77		\$505.77
Member & Spouse/Partner	\$507.69	\$503.85	\$1,011.54
Family	\$508.39	\$902.71	\$1,411.10
Parent & Child	\$506.61	\$398.72	\$905.33
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible			
Single	\$505.77		\$505.77
Member & Spouse/Partner	\$507.69	\$503.85	\$1,011.54
Family	\$508.39	\$902.71	\$1,411.10
Parent & Child	\$506.61	\$398.72	\$905.33
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$750.11		\$750.11
Member & Spouse/Partner	\$752.03	\$748.19	\$1,500.22
Family	\$752.73	\$1,340.08	\$2,092.81
Parent & Child	\$750.95	\$591.75	\$1,342.70
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$750.11		\$750.11
Member & Spouse/Partner	\$752.03	\$748.19	\$1,500.22
Family	\$752.73	\$1,340.08	\$2,092.81
Parent & Child	\$750.95	\$591.75	\$1,342.70

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



**Local Monthly Active Group —
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For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$963.29		\$963.29
Member & Spouse/Partner	\$965.21	\$961.37	\$1,926.58
Family	\$965.91	\$1,721.66	\$2,687.57
Parent & Child	\$964.13	\$760.15	\$1,724.28
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$963.29		\$963.29
Member & Spouse/Partner	\$965.21	\$961.37	\$1,926.58
Family	\$965.91	\$1,721.66	\$2,687.57
Parent & Child	\$964.13	\$760.15	\$1,724.28
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$917.28		\$917.28
Member & Spouse/Partner	\$919.20	\$915.36	\$1,834.56
Family	\$919.90	\$1,639.32	\$2,559.22
Parent & Child	\$918.12	\$723.82	\$1,641.94
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$917.28		\$917.28
Member & Spouse/Partner	\$919.20	\$915.36	\$1,834.56
Family	\$919.90	\$1,639.32	\$2,559.22
Parent & Child	\$918.12	\$723.82	\$1,641.94
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$935.43		\$935.43
Member & Spouse/Partner	\$937.35	\$933.51	\$1,870.86
Family	\$938.05	\$1,671.80	\$2,609.85
Parent & Child	\$936.27	\$738.15	\$1,674.42
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$935.43		\$935.43
Member & Spouse/Partner	\$937.35	\$933.51	\$1,870.86
Family	\$938.05	\$1,671.80	\$2,609.85
Parent & Child	\$936.27	\$738.15	\$1,674.42
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$886.09		\$886.09
Member & Spouse/Partner	\$888.01	\$884.17	\$1,772.18
Family	\$888.71	\$1,583.48	\$2,472.19
Parent & Child	\$886.93	\$699.17	\$1,586.10
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$886.09		\$886.09
Member & Spouse/Partner	\$888.01	\$884.17	\$1,772.18
Family	\$888.71	\$1,583.48	\$2,472.19
Parent & Child	\$886.93	\$699.17	\$1,586.10



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AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$839.22		\$839.22
Member & Spouse/Partner	\$841.14	\$837.30	\$1,678.44
Family	\$841.84	\$1,499.58	\$2,341.42
Parent & Child	\$840.06	\$662.14	\$1,502.20
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$839.22		\$839.22
Member & Spouse/Partner	\$841.14	\$837.30	\$1,678.44
Family	\$841.84	\$1,499.58	\$2,341.42
Parent & Child	\$840.06	\$662.14	\$1,502.20
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$725.94		\$725.94
Member & Spouse/Partner	\$727.86	\$724.02	\$1,451.88
Family	\$728.56	\$1,296.82	\$2,025.38
Parent & Child	\$726.78	\$572.66	\$1,299.44
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$725.94		\$725.94
Member & Spouse/Partner	\$727.86	\$724.02	\$1,451.88
Family	\$728.56	\$1,296.82	\$2,025.38
Parent & Child	\$726.78	\$572.66	\$1,299.44
AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$709.01		\$709.01
Member & Spouse/Partner	\$710.93	\$707.09	\$1,418.02
Family	\$711.63	\$1,266.51	\$1,978.14
Parent & Child	\$709.85	\$559.28	\$1,269.13
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$709.01		\$709.01
Member & Spouse/Partner	\$710.93	\$707.09	\$1,418.02
Family	\$711.63	\$1,266.51	\$1,978.14
Parent & Child	\$709.85	\$559.28	\$1,269.13



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Parent & Child	\$506.61	\$398.72	\$905.33
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