



**Chapter 172 Part-Time Local Education Monthly Active Group**  
**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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #208	
<b>Aetna Freedom Zero #022</b>	
Single	\$781.06
Member & Spouse/Partner	\$1,562.13
Family	\$2,233.76
Parent & Child	\$1,452.70
<b>NJ DIRECT ZERO #021</b>	
Single	\$781.06
Member & Spouse/Partner	\$1,562.13
Family	\$2,233.76
Parent & Child	\$1,452.70
<b>PRESCRIPTION DRUG PROGRAM #208</b>	
Single	\$175.06
Member & Spouse/Partner	\$350.13
Family	\$500.77
Parent & Child	\$325.71



**Chapter 172 Part-Time Local Education Monthly Active Group**  
**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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
<b>Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$975.42
Member & Spouse/Partner	\$1,950.85
Family	\$2,789.72
Parent & Child	\$1,814.29
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$975.42
Member & Spouse/Partner	\$1,950.85
Family	\$2,789.72
Parent & Child	\$1,814.29
<b>Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$928.57
Member & Spouse/Partner	\$1,857.14
Family	\$2,655.72
Parent & Child	\$1,727.15
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$928.57
Member & Spouse/Partner	\$1,857.14
Family	\$2,655.72
Parent & Child	\$1,727.15
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$894.40
Member & Spouse/Partner	\$1,788.81
Family	\$2,557.99
Parent & Child	\$1,663.59
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$885.47
Member & Spouse/Partner	\$1,770.95
Family	\$2,532.46
Parent & Child	\$1,646.98
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$191.85
Member & Spouse/Partner	\$383.71
Family	\$548.72
Parent & Child	\$356.86



**Chapter 172 Part-Time Local Education Monthly Active Group**  
**Monthly Rates**  
 Effective 1/1/2019 to 12/31/2019

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

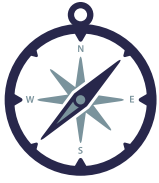
PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #205	
<b>Aetna Freedom1525 #063</b> — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$901.21
Member & Spouse/Partner	\$1,802.42
Family	\$2,577.46
Parent & Child	\$1,676.25
<b>NJ DIRECT1525 #051</b> — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$901.21
Member & Spouse/Partner	\$1,802.42
Family	\$2,577.46
Parent & Child	\$1,676.25
<b>Aetna HMO1525 #061</b> — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$825.89
Member & Spouse/Partner	\$1,651.79
Family	\$2,362.06
Parent & Child	\$1,536.16
<b>HORIZON HMO1525 #053</b> — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$817.64
Member & Spouse/Partner	\$1,635.29
Family	\$2,338.46
Parent & Child	\$1,520.81
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$174.00
Member & Spouse/Partner	\$348.00
Family	\$497.64
Parent & Child	\$323.64



**Chapter 172 Part-Time Local Education Monthly Active Group**  
**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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
<b>Aetna Freedom2030 #064</b> — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$846.96
Member & Spouse/Partner	\$1,693.93
Family	\$2,422.32
Parent & Child	\$1,575.35
<b>NJ DIRECT2030 #052</b> — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$846.96
Member & Spouse/Partner	\$1,693.93
Family	\$2,422.32
Parent & Child	\$1,575.35
<b>Aetna HMO2030 #062</b> — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$776.63
Member & Spouse/Partner	\$1,553.27
Family	\$2,221.19
Parent & Child	\$1,444.55
<b>HORIZON HMO2030 #054</b> — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$768.87
Member & Spouse/Partner	\$1,537.74
Family	\$2,198.97
Parent & Child	\$1,430.09
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$177.08
Member & Spouse/Partner	\$354.16
Family	\$506.45
Parent & Child	\$329.37



**NJDPB**  
Pensions & Benefits

**Chapter 172 Part-Time Local Education Monthly Active Group**  
**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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #207	
<b>Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$728.40
Member & Spouse/Partner	\$1,456.80
Family	\$2,083.22
Parent & Child	\$1,354.82
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$728.40
Member & Spouse/Partner	\$1,456.80
Family	\$2,083.22
Parent & Child	\$1,354.82
<b>Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$667.91
Member & Spouse/Partner	\$1,335.82
Family	\$1,910.23
Parent & Child	\$1,242.32
<b>HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$661.21
Member & Spouse/Partner	\$1,322.43
Family	\$1,891.08
Parent & Child	\$1,229.86
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$159.37
Member & Spouse/Partner	\$318.75
Family	\$455.82
Parent & Child	\$296.44

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



**Chapter 172 Part-Time Local Education  
Monthly Active Group  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<b>Aetna Freedom Zero #022</b>	
Single	\$921.13
Member & Spouse/Partner	\$1,842.27
Family	\$2,634.35
Parent & Child	\$1,713.22
<b>NJ DIRECT ZERO #021</b>	
Single	\$921.13
Member & Spouse/Partner	\$1,842.27
Family	\$2,634.35
Parent & Child	\$1,713.22
<b>Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,115.49
Member & Spouse/Partner	\$2,230.98
Family	\$3,190.30
Parent & Child	\$2,074.81
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,115.49
Member & Spouse/Partner	\$2,230.98
Family	\$3,190.30
Parent & Child	\$2,074.81
<b>Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,061.90
Member & Spouse/Partner	\$2,123.80
Family	\$3,037.04
Parent & Child	\$1,975.14
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,061.90
Member & Spouse/Partner	\$2,123.80
Family	\$3,037.04
Parent & Child	\$1,975.14
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,078.80
Member & Spouse/Partner	\$2,157.60
Family	\$3,085.36
Parent & Child	\$2,006.56
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,069.87
Member & Spouse/Partner	\$2,139.74
Family	\$3,059.83
Parent & Child	\$1,989.96



**Chapter 172 Part-Time Local Education  
Monthly Active Group  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<b>Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,026.16
Member & Spouse/Partner	\$2,052.32
Family	\$2,934.81
Parent & Child	\$1,908.65
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,026.16
Member & Spouse/Partner	\$2,052.32
Family	\$2,934.81
Parent & Child	\$1,908.65
<b>Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$999.90
Member & Spouse/Partner	\$1,999.80
Family	\$2,859.71
Parent & Child	\$1,859.81
<b>HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$991.64
Member & Spouse/Partner	\$1,983.29
Family	\$2,836.11
Parent & Child	\$1,844.46
<b>Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$971.91
Member & Spouse/Partner	\$1,943.82
Family	\$2,779.67
Parent & Child	\$1,807.75
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$971.91
Member & Spouse/Partner	\$1,943.82
Family	\$2,779.67
Parent & Child	\$1,807.75
<b>Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$953.72
Member & Spouse/Partner	\$1,907.44
Family	\$2,727.64
Parent & Child	\$1,773.92
<b>HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$945.95
Member & Spouse/Partner	\$1,891.91
Family	\$2,705.42
Parent & Child	\$1,759.47



**Chapter 172 Part-Time Local Education  
Monthly Active Group  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<b>Aetna Freedom2035 #066</b> — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$840.86
Member & Spouse/Partner	\$1,681.73
Family	\$2,404.87
Parent & Child	\$1,564.00
<b>NJ DIRECT2035 #056</b> — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$840.86
Member & Spouse/Partner	\$1,681.73
Family	\$2,404.87
Parent & Child	\$1,564.00
<b>Aetna HMO2035 #065</b> — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$827.29
Member & Spouse/Partner	\$1,654.58
Family	\$2,366.05
Parent & Child	\$1,538.76
<b>HORIZON HMO2035 #055</b> — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$820.59
Member & Spouse/Partner	\$1,641.18
Family	\$2,346.90
Parent & Child	\$1,526.31

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