



**State Biweekly Active Group
Biweekly Rates**
Effective 12/22/2018 to 12/20/2019

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$340.65
Member & Spouse/Partner	\$681.30
Family	\$974.26
Parent & Child	\$633.61
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$340.65
Member & Spouse/Partner	\$681.30
Family	\$974.26
Parent & Child	\$633.61
AETNA HMO #005 — HMO Plan with \$15 Primary Care Copayment	
Single	\$329.68
Member & Spouse/Partner	\$659.36
Family	\$942.89
Parent & Child	\$613.21
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$326.38
Member & Spouse/Partner	\$652.76
Family	\$933.45
Parent & Child	\$607.07
PRESCRIPTION DRUG PROGRAM #203	
Single	\$65.31
Member & Spouse/Partner	\$130.62
Family	\$186.79
Parent & Child	\$121.48
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$331.11
Member & Spouse/Partner	\$662.23
Family	\$946.99
Parent & Child	\$615.87
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$331.11
Member & Spouse/Partner	\$662.23
Family	\$946.99
Parent & Child	\$615.87
PRESCRIPTION DRUG PROGRAM #205	
Single	\$59.23
Member & Spouse/Partner	\$118.47
Family	\$169.41
Parent & Child	\$110.17



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PLAN/COVERAGE DESCRIPTION	TOTAL
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	\$248.95
Member & Spouse/Partner	\$497.91
Family	\$712.01
Parent & Child	\$463.06
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$248.95
Member & Spouse/Partner	\$497.91
Family	\$712.01
Parent & Child	\$463.06
PRESCRIPTION DRUG PROGRAM #209	
Single	\$62.79
Member & Spouse/Partner	\$125.60
Family	\$179.60
Parent & Child	\$116.80
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$311.35
Member & Spouse/Partner	\$622.71
Family	\$890.47
Parent & Child	\$579.12
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$311.35
Member & Spouse/Partner	\$622.71
Family	\$890.47
Parent & Child	\$579.12
PRESCRIPTION DRUG PROGRAM #206	
Single	\$60.28
Member & Spouse/Partner	\$120.57
Family	\$172.42
Parent & Child	\$112.13



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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	\$267.76
Member & Spouse/Partner	\$535.53
Family	\$765.80
Parent & Child	\$498.04
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$267.76
Member & Spouse/Partner	\$535.53
Family	\$765.80
Parent & Child	\$498.04
PRESCRIPTION DRUG PROGRAM #207	
Single	\$54.26
Member & Spouse/Partner	\$108.52
Family	\$155.19
Parent & Child	\$100.93
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$213.27
Member & Spouse/Partner	\$426.55
Family	\$609.98
Parent & Child	\$396.70
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$213.27
Member & Spouse/Partner	\$426.55
Family	\$609.98
Parent & Child	\$396.70
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$316.31
Member & Spouse/Partner	\$632.62
Family	\$904.65
Parent & Child	\$588.34
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$316.31
Member & Spouse/Partner	\$632.62
Family	\$904.65
Parent & Child	\$588.34

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