

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
 NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM  
 LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS  
 MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201			
<u>AETNA FREEDOM10 #018(1)</u>			
Single	\$665.64	-----	\$665.64
Member & Spouse/Partner	\$667.29	\$663.99	\$1,331.28
Family	\$667.90	\$1,096.05	\$1,763.95
Parent & Child	\$666.36	\$431.95	\$1,098.31
<u>NJ DIRECT10 #050(1)</u>			
Single	\$659.04	-----	\$659.04
Member & Spouse/Partner	\$660.69	\$657.41	\$1,318.10
Family	\$661.30	\$1,085.16	\$1,746.46
Parent & Child	\$659.76	\$427.66	\$1,087.42
<u>AETNA FREEDOM15 #180(1)</u>			
Single	\$633.67	-----	\$633.67
Member & Spouse/Partner	\$635.32	\$632.02	\$1,267.34
Family	\$635.93	\$1,043.30	\$1,679.23
Parent & Child	\$634.39	\$411.17	\$1,045.56
<u>NJ DIRECT15 #150(1)</u>			
Single	\$627.39	-----	\$627.39
Member & Spouse/Partner	\$629.04	\$625.75	\$1,254.79
Family	\$629.65	\$1,032.93	\$1,662.58
Parent & Child	\$628.11	\$407.08	\$1,035.19
<u>AETNA HMO #019(1)</u>			
Single	\$611.35	-----	\$611.35
Member & Spouse/Partner	\$613.00	\$609.70	\$1,222.70
Family	\$613.61	\$1,006.47	\$1,620.08
Parent & Child	\$612.07	\$396.66	\$1,008.73
<u>HORIZON HMO #011(1)(5)</u>			
Single	\$605.24	-----	\$605.24
Member & Spouse/Partner	\$606.89	\$603.58	\$1,210.47
Family	\$607.50	\$996.39	\$1,603.89
Parent & Child	\$605.96	\$392.69	\$998.65
<u>PRESCRIPTION DRUG PROGRAM #201</u>			
Single	\$181.64	-----	\$181.64
Member & Spouse/Partner	\$181.64	\$181.64	\$363.28
Family	\$181.64	\$299.71	\$481.35
Parent & Child	\$181.64	\$118.07	\$299.71
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205			
<u>AETNA FREEDOM1525 #063(2)</u>			
Single	\$614.99	-----	\$614.99
Member & Spouse/Partner	\$616.64	\$613.34	\$1,229.98
Family	\$617.25	\$1,012.47	\$1,629.72
Parent & Child	\$615.71	\$399.02	\$1,014.73
<u>NJ DIRECT1525 #051(2)</u>			
Single	\$608.90	-----	\$608.90
Member & Spouse/Partner	\$610.55	\$607.25	\$1,217.80
Family	\$611.16	\$1,002.43	\$1,613.59
Parent & Child	\$609.62	\$395.07	\$1,004.69
<u>AETNA HMO1525 #061(2)</u>			
Single	\$564.52	-----	\$564.52
Member & Spouse/Partner	\$566.17	\$562.87	\$1,129.04
Family	\$566.78	\$929.20	\$1,495.98
Parent & Child	\$565.24	\$366.22	\$931.46
<u>HORIZON HMO1525 #053(2)(5)</u>			
Single	\$558.88	-----	\$558.88
Member & Spouse/Partner	\$560.53	\$557.22	\$1,117.75
Family	\$561.14	\$919.89	\$1,481.03
Parent & Child	\$559.60	\$362.55	\$922.15
<u>PRESCRIPTION DRUG PROGRAM #205</u>			
Single	\$164.74	-----	\$164.74
Member & Spouse/Partner	\$164.74	\$164.75	\$329.49
Family	\$164.74	\$271.82	\$436.56
Parent & Child	\$164.74	\$107.08	\$271.82

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## MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

<b>AETNA FREEDOM2030 #064(3)</b>			
Single	\$577.97	-----	\$577.97
Member & Spouse/Partner	\$579.62	\$576.33	\$1,155.95
Family	\$580.23	\$951.39	\$1,531.62
Parent & Child	\$578.69	\$374.96	\$953.65
<b>NJ DIRECT2030 #052(3)</b>			
Single	\$572.25	-----	\$572.25
Member & Spouse/Partner	\$573.90	\$570.60	\$1,144.50
Family	\$574.51	\$941.95	\$1,516.46
Parent & Child	\$572.97	\$371.24	\$944.21
<b>AETNA HMO2030 #062(3)</b>			
Single	\$530.85	-----	\$530.85
Member & Spouse/Partner	\$532.50	\$529.17	\$1,061.67
Family	\$533.11	\$873.64	\$1,406.75
Parent & Child	\$531.57	\$344.33	\$875.90
<b>HORIZON HMO2030 #054(3)(5)</b>			
Single	\$525.54	-----	\$525.54
Member & Spouse/Partner	\$527.19	\$523.86	\$1,051.05
Family	\$527.80	\$864.88	\$1,392.68
Parent & Child	\$526.26	\$340.88	\$867.14
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$167.66	-----	\$167.66
Member & Spouse/Partner	\$167.66	\$167.64	\$335.30
Family	\$167.66	\$276.64	\$444.30
Parent & Child	\$167.66	\$108.98	\$276.64

## MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #207

<b>AETNA FREEDOM2035 #066(4)</b>			
Single	\$497.05	-----	\$497.05
Member & Spouse/Partner	\$498.70	\$495.41	\$994.11
Family	\$499.31	\$817.88	\$1,317.19
Parent & Child	\$497.77	\$322.37	\$820.14
<b>NJ DIRECT2035 #056(4)</b>			
Single	\$492.14	-----	\$492.14
Member & Spouse/Partner	\$493.79	\$490.48	\$984.27
Family	\$494.40	\$809.76	\$1,304.16
Parent & Child	\$492.86	\$319.16	\$812.02
<b>AETNA HMO2035 #065(4)</b>			
Single	\$456.53	-----	\$456.53
Member & Spouse/Partner	\$458.18	\$454.88	\$913.06
Family	\$458.79	\$751.02	\$1,209.81
Parent & Child	\$457.25	\$296.03	\$753.28
<b>HORIZON HMO2035 #055(4)(5)</b>			
Single	\$451.96	-----	\$451.96
Member & Spouse/Partner	\$453.61	\$450.32	\$903.93
Family	\$454.22	\$743.49	\$1,197.71
Parent & Child	\$452.68	\$293.06	\$745.74
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$150.89	-----	\$150.89
Member & Spouse/Partner	\$150.89	\$150.90	\$301.79
Family	\$150.89	\$248.98	\$399.87
Parent & Child	\$150.89	\$98.09	\$248.98

## HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

<b>AETNA VALUE HD1500 #093(6)(7)</b>			
Single	\$688.42	-----	\$688.42
Member & Spouse/Partner	\$690.07	\$686.77	\$1,376.84
Family	\$690.68	\$1,092.33	\$1,783.01
Parent & Child	\$689.14	\$405.45	\$1,094.59
<b>NJ DIRECT HD1500 #091(6)(7)</b>			
Single	\$685.65	-----	\$685.65
Member & Spouse/Partner	\$687.30	\$683.99	\$1,371.29
Family	\$687.91	\$1,087.93	\$1,775.84
Parent & Child	\$686.37	\$403.82	\$1,090.19

- 1) Subscribers in #150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201
- 2) Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205
- 3) Subscribers in #052, #062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206
- 4) Subscribers in #066, #056, #055, #065 are subject to \$25 Primary Care and \$35 specialist office visit copayment and are eligible for Prescription Drug Plan #207
- 5) For Horizon HMO Plans #011, #053, #054 and #055 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York.
- 6) Subscribers in High Deductible Plans #91 and #93, are subject to \$1,500 In-Network deductible.
- 7) For Subscribers in High Deductible Plans #091 and #093, employer required to contribute \$300 annually to Health Savings Account.