

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM

CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP  
MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	PART-TIME MONTHLY TOTAL
------------------------------	----------------------------

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203

<b><u>NJ DIRECT15 - #150(1)</u></b>	
Single	\$605.37
Member & Spouse/Partner	\$1,210.74
Family	\$1,513.43
Parent & Child	\$895.95
<b><u>AETNA, INC. - #005(1)</u></b>	
Single	\$622.25
Member & Spouse/Partner	\$1,244.51
Family	\$1,555.65
Parent & Child	\$920.94
<b><u>CIGNA HealthCare HMO - #006(1)</u></b>	
Single	\$625.60
Member & Spouse/Partner	\$1,251.20
Family	\$1,564.01
Parent & Child	\$925.89
<b><u>PRESCRIPTION DRUG PROGRAM - #203</u></b>	
Single	\$168.48
Member & Spouse/Partner	\$336.97
Family	\$421.22
Parent & Child	\$249.35

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205

<b><u>NJ DIRECT1525 #051(2)</u></b>	
Single	\$588.42
Member & Spouse/Partner	\$1,176.84
Family	\$1,471.06
Parent & Child	\$870.85
<b><u>AETNA 1525 #061(2)</u></b>	
Single	\$604.83
Member & Spouse/Partner	\$1,209.67
Family	\$1,512.09
Parent & Child	\$895.15
<b><u>CIGNA 1525 #071(2)</u></b>	
Single	\$608.09
Member & Spouse/Partner	\$1,216.17
Family	\$1,520.22
Parent & Child	\$899.96
<b><u>PRESCRIPTION DRUG PROGRAM #205</u></b>	
Single	\$152.82
Member & Spouse/Partner	\$305.63
Family	\$382.05
Parent & Child	\$226.17

- 1) Subscribers in # 150, #005, & #006 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #203
- 2) Subscribers in #051, #061, & #071 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, & #072 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 High Deductible Plans #90, #92, #94 are subject to \$4,000 In-Network deductible
- 5) Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM

CHAPTER 172 PART-TIME STATE MONTHLY ACTIVE GROUP  
MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	PART-TIME MONTHLY TOTAL
---------------------------	-------------------------

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

<b><u>NJ DIRECT2030 #052(3)</u></b>	
Single	\$553.31
Member & Spouse/Partner	\$1,106.62
Family	\$1,383.28
Parent & Child	\$818.89
<b><u>AETNA 2030 #062(3)</u></b>	
Single	\$568.74
Member & Spouse/Partner	\$1,137.48
Family	\$1,421.87
Parent & Child	\$841.74
<b><u>CIGNA 2030 #072(3)</u></b>	
Single	\$571.80
Member & Spouse/Partner	\$1,143.60
Family	\$1,429.50
Parent & Child	\$846.26
<b><u>PRESCRIPTION DRUG PROGRAM #206</u></b>	
Single	\$155.51
Member & Spouse/Partner	\$311.02
Family	\$388.78
Parent & Child	\$230.15

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

<b><u>Horizon Plan HD4000 #090(4)</u></b>	
Single	\$442.12
Member & Spouse/Partner	\$884.25
Family	\$1,105.32
Parent & Child	\$654.34
<b><u>AETNA HD4000 #092(4)</u></b>	
Single	\$451.77
Member & Spouse/Partner	\$903.55
Family	\$1,129.44
Parent & Child	\$668.62
<b><u>CIGNA HD4000 #094(4)</u></b>	
Single	\$453.68
Member & Spouse/Partner	\$907.36
Family	\$1,134.22
Parent & Child	\$671.45
<b><u>NJ DIRECTHD1500 #091(5)</u></b>	
Single	\$655.73
Member & Spouse/Partner	\$1,311.46
Family	\$1,639.33
Parent & Child	\$970.47
<b><u>AETNA HD1500 #093(5)</u></b>	
Single	\$670.03
Member & Spouse/Partner	\$1,340.07
Family	\$1,675.10
Parent & Child	\$991.65
<b><u>CIGNA HD1500 #095 (5)</u></b>	
Single	\$672.87
Member & Spouse/Partner	\$1,345.74
Family	\$1,682.18
Parent & Child	\$995.85

- 1) Subscribers in # 150, #005, & #006 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #203
- 2) Subscribers in #051, #061, & #071 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, & #072 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 High Deductible Plans #90, #92, #94 are subject to \$4,000 In-Network deductible
- 5) Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible