

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

STATE BIWEEKLY ACTIVE GROUP
BIWEEKLY RATES EFFECTIVE 12/31/2011 to 12/28/2012

PLAN/COVERAGE DESCRIPTION	BIWEEKLY TOTAL
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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203

<u>NJ DIRECT15 - #150(1)</u>	
Single	\$253.32
Member & Spouse/Partner	\$506.64
Family	\$633.30
Parent & Child	\$374.91
<u>AETNA, INC. - #005(1)</u>	
Single	\$260.38
Member & Spouse/Partner	\$520.77
Family	\$650.96
Parent & Child	\$385.37
<u>CIGNA HealthCare HMO - #006(1)</u>	
Single	\$261.78
Member & Spouse/Partner	\$523.57
Family	\$654.46
Parent & Child	\$387.44
<u>PRESCRIPTION DRUG PROGRAM - #203</u>	
Single	\$70.50
Member & Spouse/Partner	\$141.00
Family	\$176.26
Parent & Child	\$104.34

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG #205

<u>NJ DIRECT1525 #051(2)</u>	
Single	\$246.22
Member & Spouse/Partner	\$492.45
Family	\$615.57
Parent & Child	\$364.41
<u>AETNA 1525 #061(2)</u>	
Single	\$253.09
Member & Spouse/Partner	\$506.19
Family	\$632.74
Parent & Child	\$374.58
<u>CIGNA 1525 #071(2)</u>	
Single	\$254.45
Member & Spouse/Partner	\$508.91
Family	\$636.14
Parent & Child	\$376.59
<u>PRESCRIPTION DRUG PROGRAM #205</u>	
Single	\$63.94
Member & Spouse/Partner	\$127.89
Family	\$159.87
Parent & Child	\$94.64

- 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

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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

<u>NJ DIRECT2030 #052(3)</u>	
Single	\$231.53
Member & Spouse/Partner	\$463.07
Family	\$578.84
Parent & Child	\$342.66
<u>AETNA 2030 #062(3)</u>	
Single	\$237.99
Member & Spouse/Partner	\$475.98
Family	\$594.98
Parent & Child	\$352.23
<u>CIGNA 2030 #072(3)</u>	
Single	\$239.27
Member & Spouse/Partner	\$478.54
Family	\$598.18
Parent & Child	\$354.12
<u>PRESCRIPTION DRUG PROGRAM #206</u>	
Single	\$65.07
Member & Spouse/Partner	\$130.14
Family	\$162.68
Parent & Child	\$96.30

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

<u>NJ DIRECT HD4000 #090(4)</u>	
Single	\$185.00
Member & Spouse/Partner	\$370.02
Family	\$462.52
Parent & Child	\$273.81
<u>AETNA HD4000 #092(4)</u>	
Single	\$189.04
Member & Spouse/Partner	\$378.09
Family	\$472.62
Parent & Child	\$279.78
<u>CIGNA HD4000 #094(4)</u>	
Single	\$189.84
Member & Spouse/Partner	\$379.69
Family	\$474.61
Parent & Child	\$280.97
<u>NJ DIRECT HD1500 #091(5)</u>	
Single	\$274.39
Member & Spouse/Partner	\$548.78
Family	\$685.98
Parent & Child	\$406.09
<u>AETNA HD1500 #093(5)</u>	
Single	\$280.37
Member & Spouse/Partner	\$560.75
Family	\$700.95
Parent & Child	\$414.95
<u>CIGNA HD1500 #095 (5)</u>	
Single	\$281.56
Member & Spouse/Partner	\$563.13
Family	\$703.91
Parent & Child	\$416.71

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- 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