

(FOR EMPLOYERS WHO OFFER THE EMPLOYEES' PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

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 1/1/2015 TO 12/31/2015**

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
<b>AETNA FREEDOM10 #018</b>			
Single	\$722.22	—	\$722.22
Member & Spouse/Partner	\$723.81	\$720.63	\$1,444.44
Family	\$724.39	\$1,261.72	\$1,986.11
Parent & Child	\$722.91	\$540.98	\$1,263.89
<b>NJ DIRECT10 #050</b>			
Single	\$715.06	—	\$715.06
Member & Spouse/Partner	\$716.65	\$713.49	\$1,430.14
Family	\$717.23	\$1,249.19	\$1,966.42
Parent & Child	\$715.75	\$535.61	\$1,251.36
<b>AETNA FREEDOM15 #180</b>			
Single	\$687.53	—	\$687.53
Member & Spouse/Partner	\$689.12	\$685.94	\$1,375.06
Family	\$689.70	\$1,201.01	\$1,890.71
Parent & Child	\$688.22	\$514.96	\$1,203.18
<b>NJ DIRECT15 #150</b>			
Single	\$680.72	—	\$680.72
Member & Spouse/Partner	\$682.31	\$679.14	\$1,361.45
Family	\$682.89	\$1,189.09	\$1,871.98
Parent & Child	\$681.41	\$509.85	\$1,191.26
<b>AETNA HMO #019</b>			
Single	\$655.67	—	\$655.67
Member & Spouse/Partner	\$657.26	\$654.09	\$1,311.35
Family	\$657.84	\$1,145.25	\$1,803.09
Parent & Child	\$656.36	\$491.06	\$1,147.42
<b>HORIZON HMO #011</b>			
Single	\$649.12	—	\$649.12
Member & Spouse/Partner	\$650.71	\$647.52	\$1,298.23
Family	\$651.29	\$1,133.79	\$1,785.08
Parent & Child	\$649.81	\$486.15	\$1,135.96
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$187.27	—	\$187.27
Member & Spouse/Partner	\$187.27	\$187.27	\$374.54
Family	\$187.27	\$327.72	\$514.99
Parent & Child	\$187.27	\$140.45	\$327.72

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
<b>AETNA FREEDOM1525 #063(2)</b>			
Single	\$667.26	—	\$667.26
Member & Spouse/Partner	\$668.85	\$665.68	\$1,334.53
Family	\$669.43	\$1,165.54	\$1,834.97
Parent & Child	\$667.95	\$499.76	\$1,167.71
<b>NJ DIRECT1525 #051(2)</b>			
Single	\$660.66	—	\$660.66
Member & Spouse/Partner	\$662.25	\$659.06	\$1,321.31
Family	\$662.83	\$1,153.99	\$1,816.82
Parent & Child	\$661.35	\$494.81	\$1,156.16
<b>AETNA HMO1525 #061(2)</b>			
Single	\$605.45	—	\$605.45
Member & Spouse/Partner	\$607.04	\$603.86	\$1,210.90
Family	\$607.62	\$1,057.37	\$1,664.99
Parent & Child	\$606.14	\$453.40	\$1,059.54
<b>HORIZON HMO1525 #053(2)(4)</b>			
Single	\$599.40	—	\$599.40
Member & Spouse/Partner	\$600.99	\$597.80	\$1,198.79
Family	\$601.57	\$1,046.78	\$1,648.35
Parent & Child	\$600.09	\$448.86	\$1,048.95
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$169.85	—	\$169.85
Member & Spouse/Partner	\$169.85	\$169.85	\$339.70
Family	\$169.85	\$297.24	\$467.09
Parent & Child	\$169.85	\$127.39	\$297.24
Medical Plans Available with Prescription Drug Program #206			
<b>AETNA FREEDOM2030 #064</b>			
Single	\$627.10	—	\$627.10
Member & Spouse/Partner	\$628.69	\$625.52	\$1,254.21
Family	\$629.27	\$1,095.26	\$1,724.53
Parent & Child	\$627.79	\$469.64	\$1,097.43
<b>NJ DIRECT2030 #052</b>			
Single	\$620.89	—	\$620.89
Member & Spouse/Partner	\$622.48	\$619.30	\$1,241.78
Family	\$623.06	\$1,084.39	\$1,707.45
Parent & Child	\$621.58	\$464.98	\$1,086.56
<b>AETNA HMO2030 #062</b>			
Single	\$569.34	—	\$569.34
Member & Spouse/Partner	\$570.93	\$567.71	\$1,138.64
Family	\$571.51	\$994.18	\$1,565.69
Parent & Child	\$570.03	\$426.32	\$996.35
<b>HORIZON HMO2030 #054</b>			
Single	\$563.64	—	\$563.64
Member & Spouse/Partner	\$565.23	\$562.02	\$1,127.25
Family	\$565.81	\$984.20	\$1,550.01
Parent & Child	\$564.33	\$422.04	\$986.37
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$172.86	—	\$172.86
Member & Spouse/Partner	\$172.86	\$172.83	\$345.69
Family	\$172.86	\$302.51	\$475.37
Parent & Child	\$172.86	\$129.65	\$302.51

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
<b>AETNA FREEDOM2035 #066</b>			
Single	\$539.30	—	\$539.30
Member & Spouse/Partner	\$540.89	\$537.72	\$1,078.61
Family	\$541.47	\$941.61	\$1,483.08
Parent & Child	\$539.99	\$403.79	\$943.78
<b>NJ DIRECT2035 #056</b>			
Single	\$533.97	—	\$533.97
Member & Spouse/Partner	\$535.56	\$532.37	\$1,067.93
Family	\$536.14	\$932.28	\$1,468.42
Parent & Child	\$534.66	\$399.79	\$934.45
<b>AETNA HMO2035 #065</b>			
Single	\$489.63	—	\$489.63
Member & Spouse/Partner	\$491.22	\$488.04	\$979.26
Family	\$491.80	\$854.68	\$1,346.48
Parent & Child	\$490.32	\$366.53	\$856.85
<b>HORIZON HMO2035 #055</b>			
Single	\$484.73	—	\$484.73
Member & Spouse/Partner	\$486.32	\$483.14	\$969.46
Family	\$486.90	\$846.11	\$1,333.01
Parent & Child	\$485.42	\$362.86	\$848.28
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$155.57	—	\$155.57
Member & Spouse/Partner	\$155.57	\$155.57	\$311.14
Family	\$155.57	\$272.25	\$427.82
Parent & Child	\$155.57	\$116.68	\$272.25
High Deductible Health Plans with Built In Prescription Drug			
<b>AETNA VALUE HD1500 #093</b>			
Single	\$737.64	—	\$737.64
Member & Spouse/Partner	\$739.23	\$736.05	\$1,475.28
Family	\$739.81	\$1,244.44	\$1,984.25
Parent & Child	\$738.33	\$508.28	\$1,246.61
<b>NJ DIRECT HD1500 #091</b>			
Single	\$734.63	—	\$734.63
Member & Spouse/Partner	\$736.22	\$733.04	\$1,469.26
Family	\$736.80	\$1,239.35	\$1,976.15
Parent & Child	\$735.32	\$506.20	\$1,241.52

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<b>AETNA FREEDOM10 #018</b>			
Single	\$902.22	—	\$902.22
Member & Spouse/Partner	\$903.81	\$900.62	\$1,804.43
Family	\$904.39	\$1,576.72	\$2,481.11
Parent & Child	\$902.91	\$675.98	\$1,578.89
<b>NJ DIRECT10 #050</b>			
Single	\$851.78	—	\$851.78
Member & Spouse/Partner	\$853.37	\$850.21	\$1,703.58
Family	\$853.95	\$1,488.45	\$2,342.40
Parent & Child	\$852.47	\$638.15	\$1,490.62
<b>AETNA FREEDOM15 #180</b>			
Single	\$867.53	—	\$867.53
Member & Spouse/Partner	\$869.12	\$865.93	\$1,735.05
Family	\$869.70	\$1,516.01	\$2,385.71
Parent & Child	\$868.22	\$649.96	\$1,518.18
<b>NJ DIRECT15 #150</b>			
Single	\$810.87	—	\$810.87
Member & Spouse/Partner	\$812.46	\$809.31	\$1,621.77
Family	\$813.04	\$1,416.85	\$2,229.89
Parent & Child	\$811.56	\$607.46	\$1,419.02
<b>AETNA HMO #019</b>			
Single	\$835.67	—	\$835.67
Member & Spouse/Partner	\$837.26	\$834.08	\$1,671.34
Family	\$837.84	\$1,460.25	\$2,298.09
Parent & Child	\$836.36	\$626.06	\$1,462.42
<b>HORIZON HMO #011</b>			
Single	\$829.12	—	\$829.12
Member & Spouse/Partner	\$830.71	\$827.51	\$1,658.22
Family	\$831.29	\$1,448.79	\$2,280.08
Parent & Child	\$829.81	\$621.15	\$1,450.96
<b>AETNA FREEDOM1525 #063</b>			
Single	\$789.23	—	\$789.23
Member & Spouse/Partner	\$790.82	\$787.63	\$1,578.45
Family	\$791.40	\$1,378.99	\$2,170.39
Parent & Child	\$789.92	\$591.24	\$1,381.16
<b>NJ DIRECT1525 #051</b>			
Single	\$782.63	—	\$782.63
Member & Spouse/Partner	\$784.22	\$781.01	\$1,565.23
Family	\$784.80	\$1,367.44	\$2,152.24
Parent & Child	\$783.32	\$586.29	\$1,369.61
<b>AETNA HMO1525 #061</b>			
Single	\$775.30	—	\$775.30
Member & Spouse/Partner	\$776.89	\$773.71	\$1,550.60
Family	\$777.47	\$1,354.61	\$2,132.08
Parent & Child	\$775.99	\$580.79	\$1,356.78
<b>HORIZON HMO1525 #053</b>			
Single	\$769.25	—	\$769.25
Member & Spouse/Partner	\$770.84	\$767.65	\$1,538.49
Family	\$771.42	\$1,344.02	\$2,115.44
Parent & Child	\$769.94	\$576.25	\$1,346.19

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<b>AETNA FREEDOM2030 #064</b>			
Single	\$749.07	—	\$749.07
Member & Spouse/Partner	\$750.66	\$747.47	\$1,498.13
Family	\$751.24	\$1,308.71	\$2,059.95
Parent & Child	\$749.76	\$561.12	\$1,310.88
<b>NJ DIRECT2030 #052</b>			
Single	\$742.86	—	\$742.86
Member & Spouse/Partner	\$744.45	\$741.25	\$1,485.70
Family	\$745.03	\$1,297.84	\$2,042.87
Parent & Child	\$743.55	\$556.46	\$1,300.01
<b>AETNA HMO2030 #062</b>			
Single	\$742.20	—	\$742.20
Member & Spouse/Partner	\$743.79	\$740.54	\$1,484.33
Family	\$744.37	\$1,296.69	\$2,041.06
Parent & Child	\$742.89	\$555.97	\$1,298.86
<b>HORIZON HMO2030 #054</b>			
Single	\$736.50	—	\$736.50
Member & Spouse/Partner	\$738.09	\$734.85	\$1,472.94
Family	\$738.67	\$1,286.71	\$2,025.38
Parent & Child	\$737.19	\$551.69	\$1,288.88
<b>AETNA FREEDOM2035 #066</b>			
Single	\$649.07	—	\$649.07
Member & Spouse/Partner	\$650.66	\$647.49	\$1,298.15
Family	\$651.24	\$1,133.71	\$1,784.95
Parent & Child	\$649.76	\$486.12	\$1,135.88
<b>NJ DIRECT2035 #056</b>			
Single	\$643.74	—	\$643.74
Member & Spouse/Partner	\$645.33	\$642.14	\$1,287.47
Family	\$645.91	\$1,124.38	\$1,770.29
Parent & Child	\$644.43	\$482.12	\$1,126.55
<b>AETNA HMO2035 #065</b>			
Single	\$645.20	—	\$645.20
Member & Spouse/Partner	\$646.79	\$643.61	\$1,290.40
Family	\$647.37	\$1,126.93	\$1,774.30
Parent & Child	\$645.89	\$483.21	\$1,129.10
<b>HORIZON HMO2035 #055</b>			
Single	\$640.30	—	\$640.30
Member & Spouse/Partner	\$641.89	\$638.71	\$1,280.60
Family	\$642.47	\$1,118.36	\$1,760.83
Parent & Child	\$640.99	\$479.54	\$1,120.53

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