

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

STATE BIWEEKLY ACTIVE GROUP

RATES EFFECTIVE 1/02/2010 to 12/31/2010

For Employees Paying Contribution of 1.5% of Salary for Any Plan or Coverage Level

NJ DIRECT 15 and HMO Office Visit Copayment \$15

PLAN/COVERAGE DESCRIPTION	TOTAL
<b><u>NJ DIRECT15 - #150</u></b>	
Single	\$216.70
Member & Spouse/Partner	\$487.59
Family	\$541.77
Parent & Child	\$303.39
<b><u>AETNA, INC. - #005</u></b>	
Single	\$216.03
Member & Spouse/Partner	\$486.06
Family	\$540.07
Parent & Child	\$302.43
<b><u>CIGNA HEALTHCARE HMO - #006</u></b>	
Single	\$218.19
Member & Spouse/Partner	\$490.93
Family	\$545.47
Parent & Child	\$305.46
<b><u>PRESCRIPTION DRUG PROGRAM - #203</u></b>	
Single	\$59.48
Member & Spouse/Partner	\$133.85
Family	\$148.72
Parent & Child	\$83.29

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PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
<b>DENTAL EXPENSE PLAN - #399</b>			
Single	\$9.71	\$9.70	\$19.41
Member & Spouse/Partner	\$16.87	\$16.86	\$33.73
Family	\$27.59	\$27.59	\$55.18
Parent & Child	\$20.44	\$20.43	\$40.87
<b>DENTAL PROVIDER ORGANIZATIONS (DPO)</b>			
<b>BENECARE - #301</b>			
Single	\$5.80	\$5.79	\$11.59
Member & Spouse/Partner	\$10.07	\$10.06	\$20.13
Family	\$16.48	\$16.47	\$32.95
Parent & Child	\$12.21	\$12.20	\$24.41
<b>COMMUNITY DENTAL - #302</b>			
Single	\$5.54	\$5.52	\$11.06
Member & Spouse/Partner	\$9.62	\$9.61	\$19.23
Family	\$15.73	\$15.72	\$31.45
Parent & Child	\$11.65	\$11.64	\$23.29
<b>CIGNA DHMO - #305</b>			
Single	\$4.98	\$4.96	\$9.94
Member & Spouse/Partner	\$8.65	\$8.63	\$17.28
Family	\$14.14	\$14.13	\$28.27
Parent & Child	\$10.48	\$10.47	\$20.95
<b>HEALTHPLEX - #307</b>			
Single	\$4.73	\$4.72	\$9.45
Member & Spouse/Partner	\$8.21	\$8.21	\$16.42
Family	\$13.44	\$13.43	\$26.87
Parent & Child	\$9.95	\$9.95	\$19.90
<b>HORIZON DENTAL CHOICE - #317</b>			
Single	\$4.51	\$4.50	\$9.01
Member & Spouse/Partner	\$7.83	\$7.82	\$15.65
Family	\$12.81	\$12.80	\$25.61
Parent & Child	\$9.49	\$9.48	\$18.97
<b>AETNA DMO - #319</b>			
Single	\$4.82	\$4.81	\$9.63
Member & Spouse/Partner	\$8.39	\$8.38	\$16.77
Family	\$13.71	\$13.71	\$27.42
Parent & Child	\$10.17	\$10.15	\$20.32