

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

STATE MONTHLY ACTIVE GROUP

RATES EFFECTIVE 1/1/2010 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	\$470.80
Member & Spouse/Partner	\$1,059.29
Family	\$1,177.00
Parent & Child	\$659.13
<b><u>AETNA, INC. - #005</u></b>	
Single	\$469.33
Member & Spouse/Partner	\$1,055.98
Family	\$1,173.32
Parent & Child	\$657.05
<b><u>CIGNA HEALTHCARE HMO - #006</u></b>	
Single	\$474.02
Member & Spouse/Partner	\$1,066.55
Family	\$1,185.04
Parent & Child	\$663.62
<b><u>PRESCRIPTION DRUG PROGRAM - #203</u></b>	
Single	\$129.24
Member & Spouse/Partner	\$290.81
Family	\$323.11
Parent & Child	\$180.95

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PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
<b><u>DENTAL EXPENSE PLAN - #399</u></b>			
Single	\$21.09	\$21.08	\$42.17
Member & Spouse/Partner	\$36.64	\$36.63	\$73.27
Family	\$59.94	\$59.94	\$119.88
Parent & Child	\$44.40	\$44.40	\$88.80
<b><u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u></b>			
<b>BENECARE - #301</b>			
Single	\$12.59	\$12.59	\$25.18
Member & Spouse/Partner	\$21.87	\$21.87	\$43.74
Family	\$35.79	\$35.79	\$71.58
Parent & Child	\$26.51	\$26.51	\$53.02
<b>COMMUNITY DENTAL - #302</b>			
Single	\$12.01	\$12.01	\$24.02
Member & Spouse/Partner	\$20.89	\$20.88	\$41.77
Family	\$34.16	\$34.16	\$68.32
Parent & Child	\$25.30	\$25.30	\$50.60
<b>CIGNA DHMO - #305</b>			
Single	\$10.80	\$10.79	\$21.59
Member & Spouse/Partner	\$18.78	\$18.77	\$37.55
Family	\$30.71	\$30.70	\$61.41
Parent & Child	\$22.76	\$22.75	\$45.51
<b>HEALTHPLEX - #307</b>			
Single	\$10.27	\$10.26	\$20.53
Member & Spouse/Partner	\$17.84	\$17.84	\$35.68
Family	\$29.19	\$29.19	\$58.38
Parent & Child	\$21.62	\$21.62	\$43.24
<b>HORIZON DENTAL CHOICE - #317</b>			
Single	\$9.79	\$9.78	\$19.57
Member & Spouse/Partner	\$17.00	\$17.00	\$34.00
Family	\$27.82	\$27.81	\$55.63
Parent & Child	\$20.61	\$20.60	\$41.21
<b>AETNA DMO - #319</b>			
Single	\$10.47	\$10.46	\$20.93
Member & Spouse/Partner	\$18.22	\$18.21	\$36.43
Family	\$29.79	\$29.79	\$59.58
Parent & Child	\$22.08	\$22.07	\$44.15