

LEGACY PLANS

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 Sharing 5% of HMO Premium

NJ PLUS and HMO Office Visit Copayment \$10

PLAN/COVERAGE DESCRIPTION	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
<u>NJ PLUS - #101</u>			
Single	\$202.48	-----	\$202.48
Member & Spouse/Partner	\$441.35	-----	\$441.35
Family	\$525.32	-----	\$525.32
Parent & Child	\$304.62	-----	\$304.62
<u>AETNA, INC. - #119</u>			
Single	\$209.33	\$11.01	\$220.34
Member & Spouse/Partner	\$471.00	\$24.78	\$495.78
Family	\$523.33	\$27.54	\$550.87
Parent & Child	\$293.06	\$15.42	\$308.48
<u>CIGNA HEALTHCARE HMO - #120</u>			
Single	\$211.43	\$11.12	\$222.55
Member & Spouse/Partner	\$475.72	\$25.03	\$500.75
Family	\$528.57	\$27.81	\$556.38
Parent & Child	\$296.00	\$15.57	\$311.57
<u>PRESCRIPTION DRUG PROGRAM - #202</u>			
Single	\$60.68	-----	\$60.68
Member & Spouse/Partner	\$136.53	-----	\$136.53
Family	\$151.70	-----	\$151.70
Parent & Child	\$84.95	-----	\$84.95