

**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 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	\$439.90	-----	\$439.90
Member & Spouse/Partner	\$958.85	-----	\$958.85
Family	\$1,141.26	-----	\$1,141.26
Parent & Child	\$661.80	-----	\$661.80
<u>AETNA, INC. - #119</u>			
Single	\$454.78	\$23.93	\$478.71
Member & Spouse/Partner	\$1,023.25	\$53.85	\$1,077.10
Family	\$1,136.95	\$59.83	\$1,196.78
Parent & Child	\$636.69	\$33.50	\$670.19
<u>CIGNA HEALTHCARE HMO - #120</u>			
Single	\$459.33	\$24.17	\$483.50
Member & Spouse/Partner	\$1,033.49	\$54.39	\$1,087.88
Family	\$1,148.32	\$60.43	\$1,208.75
Parent & Child	\$643.05	\$33.84	\$676.89
<u>PRESCRIPTION DRUG PROGRAM - #202</u>			
Single	\$131.83	-----	\$131.83
Member & Spouse/Partner	\$296.63	-----	\$296.63
Family	\$329.58	-----	\$329.58
Parent & Child	\$184.57	-----	\$184.57