

**DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM  
 OVER AGE CHILDREN OF LOCAL MONTHLY ACTIVE AND RETIRED GROUPS  
 EDUCATION EMPLOYERS  
 RATES EFFECTIVE 4/1/2008-12/31/08**

PLAN/COVERAGE DESCRIPTION	Monthly Rate		
	EMPLOYERS WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN *	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN **	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES ***
<b><u>NJ DIRECT15 - #150</u></b>			
Single	\$492.43	\$361.53	\$433.84
<b><u>NJ DIRECT10 - #050</u></b>			
Single	\$510.67	\$379.77	\$455.73
<b><u>AETNA, INC.-#019</u></b>			
Single	\$485.34	\$354.44	\$450.14
<b><u>CIGNA HealthCare HMO-#020</u></b>			
Single	\$488.88	\$357.98	\$454.64

\* Premium includes cost of SHBP medical plan and SHBP Employee Prescription Drug Plan.

\*\* Premium for SHBP medical plan only. See your employer for prescription drug coverage information and cost.

\*\*\* Prescription drug coverage provided through SHBP medical plan.