

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

**STATE BIWEEKLY ACTIVE GROUP
RATES EFFECTIVE 1/03/2009 to 1/01/2010**

For Employees Sharing 25% of Traditional Plan or 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	\$180.30	-----	\$180.30
Member & Spouse/Partner	\$393.01	-----	\$393.01
Family	\$467.78	-----	\$467.78
Parent & Child	\$271.25	-----	\$271.25
<u>TRADITIONAL PLAN - #102</u>			
Single	\$267.00	\$89.00	\$356.00
Member & Spouse/Partner	\$571.46	\$190.48	\$761.94
Family	\$680.13	\$226.71	\$906.84
Parent & Child	\$394.37	\$131.45	\$525.82
<u>AETNA HMO - #119</u>			
Single	\$192.79	\$10.14	\$202.93
Member & Spouse/Partner	\$433.78	\$22.83	\$456.61
Family	\$481.98	\$25.36	\$507.34
Parent & Child	\$269.91	\$14.20	\$284.11
<u>CIGNA HealthCare HMO - #120</u>			
Single	\$194.72	\$10.24	\$204.96
Member & Spouse/Partner	\$438.13	\$23.05	\$461.18
Family	\$486.79	\$25.62	\$512.41
Parent & Child	\$272.61	\$14.34	\$286.95
<u>PRESCRIPTION DRUG PROGRAM - #202</u>			
Single	\$56.50	-----	\$56.50
Member & Spouse/Partner	\$127.13	-----	\$127.13
Family	\$141.25	-----	\$141.25
Parent & Child	\$79.10	-----	\$79.10