

**Imputed Income for Civil Union or Domestic Partner Coverage
State Monthly Group - 1/1/2009 to 12/31/2009**

PLAN	IMPUTED INCOME		
	No Premium Share or 1.5% of salary member contribution	Premium Share Member & Spouse or Partner	Premium Share Family
NJ DIRECT15 #150	\$415.17		
Aetna HMO #005	\$432.24		
CIGNA HealthCare HMO #006	\$436.56		
Traditional Plan #102	\$773.41	\$552.93	\$566.48
NJ PLUS #101	\$391.72	N/A	N/A
Aetna Health #119	\$440.88	\$413.33	\$416.63
CIGNA Health #120	\$445.29	\$417.46	\$420.80
Prescription Drug Plan #202	\$122.75		
Prescription Drug Plan #203	\$120.34	N/A	N/A
Dental Expense Plan #399	N/A	\$26.09	\$26.10
Atlantic (Benecare) #301	N/A	\$17.25	\$17.20
Community Dental #302	N/A	\$16.09	\$16.04
CIGNA #305	N/A	\$13.66	\$13.61
International (Healthplex) # 307	N/A	\$13.46	\$13.41
Horizon Dental Choice #317	N/A	\$11.64	\$11.59
Aetna DMO #319	N/A	\$13.43	\$13.38