

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

STATE HEALTH BENEFITS PROGRAM

Imputed Income for Civil Union or Domestic Partner Coverage

State Biweekly Group - 1/2/2010 to 12/31/2010

PLAN NAME AND NUMBER	IMPUTED INCOME		
	No Premium Share or 1.5% of salary member contribution	Premium Share (Member & Spouse or Domestic Partner)	Premium Share (Family)
NJ DIRECT15 — #150	\$216.70		
Aetna HMO — #005	\$216.03		
CIGNA HealthCare HMO — #006	\$218.19		
NJ PLUS — #101	\$202.48	N/A	N/A
Aetna HMO — #119	\$209.33	\$195.56	\$197.21
CIGNA HealthCare HMO — #120	\$211.43	\$197.52	\$199.19
Prescription Drug Plan — #202	\$59.00		
Prescription Drug Plan — #203	\$59.48	N/A	N/A
Dental Expense Plan — #399	N/A	\$12.25	\$12.25
BeneCare — #301	N/A	\$7.32	\$7.32
Community Dental — #302	N/A	\$6.97	\$6.98
CIGNA Dental Health — #305	N/A	\$6.27	\$6.28
Healthplex — # 307	N/A	\$5.96	\$5.97
Horizon Dental Choice — #317	N/A	\$5.69	\$5.69
Aetna DMO — #319	N/A	\$6.06	\$6.07