



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$914.87	—	\$914.87
Member & Spouse/Partner	\$916.72	\$913.02	\$1,829.74
Family	\$917.39	\$1,699.14	\$2,616.53
Parent & Child	\$915.68	\$785.98	\$1,701.66
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$914.87	—	\$914.87
Member & Spouse/Partner	\$916.72	\$913.02	\$1,829.74
Family	\$917.39	\$1,699.14	\$2,616.53
Parent & Child	\$915.68	\$785.98	\$1,701.66
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$870.93	—	\$870.93
Member & Spouse/Partner	\$872.78	\$869.08	\$1,741.86
Family	\$873.45	\$1,617.41	\$2,490.86
Parent & Child	\$871.74	\$748.19	\$1,619.93
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$870.93	—	\$870.93
Member & Spouse/Partner	\$872.78	\$869.08	\$1,741.86
Family	\$873.45	\$1,617.41	\$2,490.86
Parent & Child	\$871.74	\$748.19	\$1,619.93
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$838.88	—	\$838.88
Member & Spouse/Partner	\$840.73	\$837.03	\$1,677.76
Family	\$841.40	\$1,557.80	\$2,399.20
Parent & Child	\$839.69	\$720.63	\$1,560.32
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$830.51	—	\$830.51
Member & Spouse/Partner	\$832.36	\$828.66	\$1,661.02
Family	\$833.03	\$1,542.23	\$2,375.26
Parent & Child	\$831.32	\$713.43	\$1,544.75
PRESCRIPTION DRUG PROGRAM #201			
Single	\$253.27	—	\$253.27
Member & Spouse/Partner	\$253.27	\$253.25	\$506.52
Family	\$253.27	\$471.08	\$724.35
Parent & Child	\$253.27	\$217.81	\$471.08



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #205			
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$845.27	—	\$845.27
Member & Spouse/Partner	\$847.12	\$843.42	\$1,690.54
Family	\$847.79	\$1,569.68	\$2,417.47
Parent & Child	\$846.08	\$726.12	\$1,572.20
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$845.27	—	\$845.27
Member & Spouse/Partner	\$847.12	\$843.42	\$1,690.54
Family	\$847.79	\$1,569.68	\$2,417.47
Parent & Child	\$846.08	\$726.12	\$1,572.20
AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$774.63	—	\$774.63
Member & Spouse/Partner	\$776.48	\$772.78	\$1,549.26
Family	\$777.15	\$1,438.29	\$2,215.44
Parent & Child	\$775.44	\$665.37	\$1,440.81
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$766.89	—	\$766.89
Member & Spouse/Partner	\$768.74	\$765.04	\$1,533.78
Family	\$769.41	\$1,423.90	\$2,193.31
Parent & Child	\$767.70	\$658.72	\$1,426.42
PRESCRIPTION DRUG PROGRAM #205			
Single	\$229.70	—	\$229.70
Member & Spouse/Partner	\$229.70	\$229.71	\$459.41
Family	\$229.70	\$427.24	\$656.94
Parent & Child	\$229.70	\$197.54	\$427.24



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$794.39	—	\$794.39
Member & Spouse/Partner	\$796.24	\$792.54	\$1,588.78
Family	\$796.91	\$1,475.05	\$2,271.96
Parent & Child	\$795.20	\$682.37	\$1,477.57
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$794.39	—	\$794.39
Member & Spouse/Partner	\$796.24	\$792.54	\$1,588.78
Family	\$796.91	\$1,475.05	\$2,271.96
Parent & Child	\$795.20	\$682.37	\$1,477.57
AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$728.43	—	\$728.43
Member & Spouse/Partner	\$730.28	\$726.58	\$1,456.86
Family	\$730.95	\$1,352.36	\$2,083.31
Parent & Child	\$729.24	\$625.64	\$1,354.88
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$721.14	—	\$721.14
Member & Spouse/Partner	\$722.99	\$719.29	\$1,442.28
Family	\$723.66	\$1,338.80	\$2,062.46
Parent & Child	\$721.95	\$619.37	\$1,341.32
PRESCRIPTION DRUG PROGRAM #206			
Single	\$233.77	—	\$233.77
Member & Spouse/Partner	\$233.77	\$233.74	\$467.51
Family	\$233.77	\$434.81	\$668.58
Parent & Child	\$233.77	\$201.04	\$434.81



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #207			
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$683.18	—	\$683.18
Member & Spouse/Partner	\$685.03	\$681.33	\$1,366.36
Family	\$685.70	\$1,268.19	\$1,953.89
Parent & Child	\$683.99	\$586.72	\$1,270.71
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$683.18	—	\$683.18
Member & Spouse/Partner	\$685.03	\$681.33	\$1,366.36
Family	\$685.70	\$1,268.19	\$1,953.89
Parent & Child	\$683.99	\$586.72	\$1,270.71
AETNA HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$626.45	—	\$626.45
Member & Spouse/Partner	\$628.30	\$624.60	\$1,252.90
Family	\$628.97	\$1,162.68	\$1,791.65
Parent & Child	\$627.26	\$537.94	\$1,165.20
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$620.17	—	\$620.17
Member & Spouse/Partner	\$622.02	\$618.32	\$1,240.34
Family	\$622.69	\$1,151.00	\$1,773.69
Parent & Child	\$620.98	\$532.54	\$1,153.52
PRESCRIPTION DRUG PROGRAM #207			
Single	\$210.39	—	\$210.39
Member & Spouse/Partner	\$210.39	\$210.39	\$420.78
Family	\$210.39	\$391.33	\$601.72
Parent & Child	\$210.39	\$180.94	\$391.33
High Deductible Health Plans with Built-In Prescription Drug			
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$952.86	—	\$952.86
Member & Spouse/Partner	\$954.71	\$951.03	\$1,905.74
Family	\$955.38	\$1,769.80	\$2,725.18
Parent & Child	\$953.67	\$818.65	\$1,772.32
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$952.86	—	\$952.86
Member & Spouse/Partner	\$954.71	\$951.03	\$1,905.74
Family	\$955.38	\$1,769.80	\$2,725.18
Parent & Child	\$953.67	\$818.65	\$1,772.32



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For employers who offer prescription drugs through the
medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,099.77	—	\$1,099.77
Member & Spouse/Partner	\$1,101.62	\$1,097.91	\$2,199.53
Family	\$1,102.29	\$2,043.05	\$3,145.34
Parent & Child	\$1,100.58	\$944.99	\$2,045.57
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,099.77	—	\$1,099.77
Member & Spouse/Partner	\$1,101.62	\$1,097.91	\$2,199.53
Family	\$1,102.29	\$2,043.05	\$3,145.34
Parent & Child	\$1,100.58	\$944.99	\$2,045.57
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,046.94	—	\$1,046.94
Member & Spouse/Partner	\$1,048.79	\$1,045.12	\$2,093.91
Family	\$1,049.46	\$1,944.79	\$2,994.25
Parent & Child	\$1,047.75	\$899.56	\$1,947.31
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,046.94	—	\$1,046.94
Member & Spouse/Partner	\$1,048.79	\$1,045.12	\$2,093.91
Family	\$1,049.46	\$1,944.79	\$2,994.25
Parent & Child	\$1,047.75	\$899.56	\$1,947.31
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,082.30	—	\$1,082.30
Member & Spouse/Partner	\$1,084.15	\$1,080.46	\$2,164.61
Family	\$1,084.82	\$2,010.56	\$3,095.38
Parent & Child	\$1,083.11	\$929.97	\$2,013.08
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,073.93	—	\$1,073.93
Member & Spouse/Partner	\$1,075.78	\$1,072.09	\$2,147.87
Family	\$1,076.45	\$1,994.99	\$3,071.44
Parent & Child	\$1,074.74	\$922.77	\$1,997.51
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,010.22	—	\$1,010.22
Member & Spouse/Partner	\$1,012.07	\$1,008.34	\$2,020.41
Family	\$1,012.74	\$1,876.49	\$2,889.23
Parent & Child	\$1,011.03	\$867.98	\$1,879.01
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,010.22	—	\$1,010.22
Member & Spouse/Partner	\$1,012.07	\$1,008.34	\$2,020.41
Family	\$1,012.74	\$1,876.49	\$2,889.23
Parent & Child	\$1,011.03	\$867.98	\$1,879.01



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AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,004.33	—	\$1,004.33
Member & Spouse/Partner	\$1,006.18	\$1,002.49	\$2,008.67
Family	\$1,006.85	\$1,865.53	\$2,872.38
Parent & Child	\$1,005.14	\$862.91	\$1,868.05
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$996.59	—	\$996.59
Member & Spouse/Partner	\$998.44	\$994.75	\$1,993.19
Family	\$999.11	\$1,851.14	\$2,850.25
Parent & Child	\$997.40	\$856.26	\$1,853.66
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$959.34	—	\$959.34
Member & Spouse/Partner	\$961.19	\$957.46	\$1,918.65
Family	\$961.86	\$1,781.86	\$2,743.72
Parent & Child	\$960.15	\$824.23	\$1,784.38
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$959.34	—	\$959.34
Member & Spouse/Partner	\$961.19	\$957.46	\$1,918.65
Family	\$961.86	\$1,781.86	\$2,743.72
Parent & Child	\$960.15	\$824.23	\$1,784.38
AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$962.20	—	\$962.20
Member & Spouse/Partner	\$964.05	\$960.32	\$1,924.37
Family	\$964.72	\$1,787.17	\$2,751.89
Parent & Child	\$963.01	\$826.68	\$1,789.69
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$954.91	—	\$954.91
Member & Spouse/Partner	\$956.76	\$953.03	\$1,909.79
Family	\$957.43	\$1,773.61	\$2,731.04
Parent & Child	\$955.72	\$820.41	\$1,776.13
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$831.64	—	\$831.64
Member & Spouse/Partner	\$833.49	\$829.77	\$1,663.26
Family	\$834.16	\$1,544.33	\$2,378.49
Parent & Child	\$832.45	\$714.40	\$1,546.85
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$831.64	—	\$831.64
Member & Spouse/Partner	\$833.49	\$829.77	\$1,663.26
Family	\$834.16	\$1,544.33	\$2,378.49
Parent & Child	\$832.45	\$714.40	\$1,546.85



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AETNA HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$836.84	—	\$836.84
Member & Spouse/Partner	\$838.69	\$834.99	\$1,673.68
Family	\$839.36	\$1,554.01	\$2,393.37
Parent & Child	\$837.65	\$718.88	\$1,556.53
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$830.56	—	\$830.56
Member & Spouse/Partner	\$832.41	\$828.71	\$1,661.12
Family	\$833.08	\$1,542.33	\$2,375.41
Parent & Child	\$831.37	\$713.48	\$1,544.85
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$952.86	—	\$952.86
Member & Spouse/Partner	\$954.71	\$951.03	\$1,905.74
Family	\$955.38	\$1,769.80	\$2,725.18
Parent & Child	\$953.67	\$818.65	\$1,772.32
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$952.86	—	\$952.86
Member & Spouse	\$954.71	\$951.03	\$1,905.74
Family	\$955.38	\$1,769.80	\$2,725.18
Parent & Child	\$953.67	\$818.65	\$1,772.32

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions