

**COBRA RATES**

HC-0296-0912

(FOR EMPLOYERS WHO OFFER THE EMPLOYEES' PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

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**DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM  
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS  
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #203</b>	
<b>AETNA FREEDOM10 #018(1)</b>	
Single	\$662.38
Member & Spouse/Partner	\$1,324.78
Family	\$1,695.70
Parent & Child	\$1,033.32
<b>NJ DIRECT10 - #050(1)</b>	
Single	\$655.82
Member & Spouse/Partner	\$1,311.66
Family	\$1,678.92
Parent & Child	\$1,023.09
<b>AETNA FREEDOM15 #180(1)</b>	
Single	\$630.57
Member & Spouse/Partner	\$1,261.15
Family	\$1,614.27
Parent & Child	\$983.69
<b>NJ DIRECT15 - #150(1)</b>	
Single	\$624.33
Member & Spouse/Partner	\$1,248.67
Family	\$1,598.28
Parent & Child	\$973.95
<b>AETNA HMO #019(1)</b>	
Single	\$614.36
Member & Spouse/Partner	\$1,228.72
Family	\$1,572.77
Parent & Child	\$958.41
<b>HORIZON HMO #011(1)</b>	
Single	\$608.22
Member & Spouse/Partner	\$1,216.43
Family	\$1,557.06
Parent & Child	\$948.83
<b>PRESCRIPTION DRUG PROGRAM - #201</b>	
Single	\$166.31
Member & Spouse/Partner	\$332.62
Family	\$425.75
Parent & Child	\$259.44
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205</b>	
<b>AETNA FREEDOM1525 #063(2)</b>	
Single	\$611.98
Member & Spouse/Partner	\$1,223.97
Family	\$1,566.68
Parent & Child	\$954.69
<b>NJ DIRECT1525 #051(2)</b>	
Single	\$605.93
Member & Spouse/Partner	\$1,211.86
Family	\$1,551.18
Parent & Child	\$945.25
<b>AETNA HMO1525 #061(2)</b>	
Single	\$567.30
Member & Spouse/Partner	\$1,134.59
Family	\$1,452.29
Parent & Child	\$884.99
<b>HORIZON HMO1525 #053(2)</b>	
Single	\$561.63
Member & Spouse/Partner	\$1,123.25
Family	\$1,437.78
Parent & Child	\$876.14
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$150.83
Member & Spouse/Partner	\$301.68
Family	\$386.14
Parent & Child	\$235.30

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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206	
<b><u>AETNA FREEDOM2030 #064(3)</u></b>	
Single	\$575.14
Member & Spouse/Partner	\$1,150.31
Family	\$1,472.38
Parent & Child	\$897.23
<b><u>NJ DIRECT2030 #052(3)</u></b>	
Single	\$569.45
Member & Spouse/Partner	\$1,138.92
Family	\$1,457.80
Parent & Child	\$888.34
<b><u>AETNA HMO2030 #062(3)</u></b>	
Single	\$533.46
Member & Spouse/Partner	\$1,066.89
Family	\$1,365.65
Parent & Child	\$832.19
<b><u>HORIZON HMO2030 #054(3)</u></b>	
Single	\$0.00
Member & Spouse/Partner	\$528.12
Family	\$1,056.23
Parent & Child	\$1,351.99
Parent & Child	\$823.87
<b><u>PRESCRIPTION DRUG PROGRAM #206</u></b>	
Single	\$153.51
Member & Spouse/Partner	\$307.00
Family	\$392.98
Parent & Child	\$239.47
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG	
<b><u>AETNA VALUE HD1500 #093(5)</u></b>	
Single	\$645.87
Member & Spouse/Partner	\$1,317.24
Family	\$1,693.21
Parent & Child	\$1,021.83
<b><u>NJ DIRECT HD1500 #091(5)</u></b>	
Single	\$643.12
Member & Spouse/Partner	\$1,311.72
Family	\$1,686.16
Parent & Child	\$1,017.54

- 1) Subscribers in # 150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201
- 2) Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205
- 3) Subscribers in # 052, #062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206
- 4) For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York
- 5) Subscribers in High Deductible Plans #91, #93, are subject to \$1,500 In-Network deductible
- 6) For Subscribers in High Deductible Plans #093 and #091, employer required to contribute \$300 annually to Health Savings Account

**COBRA RATES**

HC-0373-0912

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(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED.)

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PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b><u>AETNA FREEDOM10 #018(1)</u></b>	
Single	\$822.24
Member & Spouse/Partner	\$1,644.49
Family	\$2,104.93
Parent & Child	\$1,282.69
<b><u>NJ DIRECT10 - #050(1)</u></b>	
Single	\$777.25
Member & Spouse/Partner	\$1,554.51
Family	\$1,989.75
Parent & Child	\$1,212.50
<b><u>AETNA FREEDOM15 #180(1)</u></b>	
Single	\$790.42
Member & Spouse/Partner	\$1,580.86
Family	\$2,023.49
Parent & Child	\$1,233.06
<b><u>NJ DIRECT15 - #150(1)</u></b>	
Single	\$739.91
Member & Spouse/Partner	\$1,479.85
Family	\$1,894.19
Parent & Child	\$1,154.27
<b><u>AETNA HMO #019(1)</u></b>	
Single	\$774.22
Member & Spouse/Partner	\$1,548.43
Family	\$1,982.00
Parent & Child	\$1,207.78
<b><u>HORIZON HMO #011(1)</u></b>	
Single	\$768.08
Member & Spouse/Partner	\$1,536.14
Family	\$1,966.28
Parent & Child	\$1,198.20
<b><u>AETNA FREEDOM1525 #063(2)</u></b>	
Single	\$720.30
Member & Spouse/Partner	\$1,440.60
Family	\$1,843.97
Parent & Child	\$1,123.67
<b><u>NJ DIRECT1525 #051(2)</u></b>	
Single	\$714.24
Member & Spouse/Partner	\$1,428.48
Family	\$1,828.47
Parent & Child	\$1,114.22
<b><u>AETNA HMO1525 #061(2)</u></b>	
Single	\$718.14
Member & Spouse/Partner	\$1,436.28
Family	\$1,838.43
Parent & Child	\$1,120.29
<b><u>HORIZON HMO1525 #053(2)</u></b>	
Single	\$712.47
Member & Spouse/Partner	\$1,424.94
Family	\$1,823.92
Parent & Child	\$1,111.45

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<b><u>AETNA FREEDOM2030 #064(3)</u></b>	
Single	\$683.46
Member & Spouse/Partner	\$1,366.94
Family	\$1,749.66
Parent & Child	\$1,066.20
<b><u>NJ DIRECT2030 #052(3)</u></b>	
Single	\$677.76
Member & Spouse/Partner	\$1,355.54
Family	\$1,735.09
Parent & Child	\$1,057.32
<b><u>AETNA HMO2030 #062(3)</u></b>	
Single	\$686.97
Member & Spouse/Partner	\$1,373.90
Family	\$1,758.64
Parent & Child	\$1,071.67
<b><u>HORIZON HMO2030 #054(3)</u></b>	
Single	\$681.63
Member & Spouse/Partner	\$1,363.24
Family	\$1,744.98
Parent & Child	\$1,063.35
<b><u>AETNA VALUE HD1500 #093(5)</u></b>	
Single	\$645.87
Member & Spouse/Partner	\$1,317.24
Family	\$1,693.21
Parent & Child	\$1,021.83
<b><u>NJ DIRECT HD1500 #091(5)</u></b>	
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2) Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

3) Subscribers in # 052,#062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206

4) For Horizon HMO Plans #011,#053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York

5) Employer funding for health savings accounts is not available for high deductible plans #091 and #093