

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

**STATE MONTHLY ACTIVE GROUP  
MONTHLY RATES EFFECTIVE 1/1/2017 TO 12/31/2017**

<b>PLAN/COVERAGE DESCRIPTION</b>	<b>TOTAL</b>
Medical Plans Available with Prescription Drug Program #203	
<b>AETNA FREEDOM15 #180</b>	
Single	\$695.55
Member & Spouse/Partner	\$1,391.10
Family	\$1,989.27
Parent & Child	\$1,293.72
<b>NJ DIRECT15 #150</b>	
Single	\$695.55
Member & Spouse/Partner	\$1,391.10
Family	\$1,989.27
Parent & Child	\$1,293.72
<b>AETNA HMO #005</b>	
Single	\$673.15
Member & Spouse/Partner	\$1,346.30
Family	\$1,925.21
Parent & Child	\$1,252.06
<b>HORIZON HMO #011</b>	
Single	\$666.41
Member & Spouse/Partner	\$1,332.82
Family	\$1,905.93
Parent & Child	\$1,239.52
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$190.71
Member & Spouse/Partner	\$381.43
Family	\$545.43
Parent & Child	\$354.72
Medical Plans Available with Prescription Drug Program #205	
<b>AETNA FREEDOM1525 #063</b>	
Single	\$676.07
Member & Spouse/Partner	\$1,352.14
Family	\$1,933.56
Parent & Child	\$1,257.49
<b>NJ DIRECT1525 #051</b>	
Single	\$676.07
Member & Spouse/Partner	\$1,352.14
Family	\$1,933.56
Parent & Child	\$1,257.49
<b>AETNA LIBERTY PLAN #067</b>	
Single	\$521.66
Member & Spouse/Partner	\$1,043.32
Family	\$1,491.95
Parent & Child	\$970.29
<b>OMNIA HEALTH PLAN #057</b>	
Single	\$521.66
Member & Spouse/Partner	\$1,043.32
Family	\$1,491.95
Parent & Child	\$970.29
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$172.97
Member & Spouse/Partner	\$345.96
Family	\$494.69
Parent & Child	\$321.72

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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064</b>	
Single	\$635.73
Member & Spouse/Partner	\$1,271.46
Family	\$1,818.19
Parent & Child	\$1,182.46
<b>NJ DIRECT2030 #052</b>	
Single	\$635.73
Member & Spouse/Partner	\$1,271.46
Family	\$1,818.19
Parent & Child	\$1,182.46
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$176.04
Member & Spouse/Partner	\$352.06
Family	\$503.47
Parent & Child	\$327.43
Medical Plans Available with Prescription Drug Program #207	
<b>AETNA FREEDOM2035 #066</b>	
Single	\$546.72
Member & Spouse/Partner	\$1,093.44
Family	\$1,563.62
Parent & Child	\$1,016.90
<b>NJ DIRECT2035 #056</b>	
Single	\$546.72
Member & Spouse/Partner	\$1,093.44
Family	\$1,563.62
Parent & Child	\$1,016.90
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$158.45
Member & Spouse/Partner	\$316.88
Family	\$453.17
Parent & Child	\$294.72

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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
<b>AETNA VALUE HD4000 #092</b>	
Single	\$470.45
Member & Spouse/Partner	\$940.91
Family	\$1,345.49
Parent & Child	\$875.04
<b>NJ DIRECT HD4000 #090</b>	
Single	\$470.45
Member & Spouse/Partner	\$940.91
Family	\$1,345.49
Parent & Child	\$875.04
<b>AETNA VALUE HD1500 #093</b>	
Single	\$697.73
Member & Spouse/Partner	\$1,395.45
Family	\$1,995.51
Parent & Child	\$1,297.78
<b>NJ DIRECT HD1500 #091</b>	
Single	\$697.73
Member & Spouse/Partner	\$1,395.45
Family	\$1,995.51
Parent & Child	\$1,297.78

For copayments and deductibles, please refer to the *Plan Design Charts* on our Web site at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)