

State Monthly Active Group Monthly Rates

Effective 1/1/2019 to 12/31/2019

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription I	Orug Program #203
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$740.07
Member & Spouse/Partner	\$1,480.14
Family	\$2,116.60
Parent & Child	\$1,376.53
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$740.07
Member & Spouse/Partner	\$1,480.14
-amily	\$2,116.60
Parent & Child	\$1,376.53
AETNA HMO #005 — HMO Plan with \$15 Primary Care Copayment	
Single	\$716.24
Member & Spouse/Partner	\$1,432.48
-amily	\$2,048.45
Parent & Child	\$1,332.21
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	<u> </u>
Single	\$709.07
Member & Spouse/Partner	\$1,418.14
Family	\$2,027.94
Parent & Child	\$1,318.87
PRESCRIPTION DRUG PROGRAM #203	·
Single	\$141.89
Member & Spouse/Partner	\$283.78
Family	\$405.81
Parent & Child	\$263.92
Medical Plans Available with Prescription I	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Spec	, ,
Single	\$719.35
Member & Spouse/Partner	\$1,438.70
Family	\$2,057.34
Parent & Child	\$1,337.99
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Ca	
Single	\$719.35
Member & Spouse/Partner	\$1,438.70
Family	\$2,057.34
Parent & Child	\$1,337.99
PRESCRIPTION DRUG PROGRAM #205	1
Single	\$128.69
Member & Spouse/Partner	\$257.38
Family	\$368.05
Parent & Child	\$239.36



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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program	#209
AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Cop	payment for Tier 1
Single	\$540.86
Member & Spouse/Partner	\$1,081.72
Family	\$1,546.86
Parent & Child	\$1,006.00
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copa	ayment for Tier 1
Single	\$540.86
Member & Spouse/Partner	\$1,081.72
Family	\$1,546.86
Parent & Child	\$1,006.00
PRESCRIPTION DRUG PROGRAM #209	·
Single	\$136.43
Member & Spouse/Partner	\$272.88
Family	\$390.19
Parent & Child	\$253.76
Madical Diana Available with Description Deve Process	#00C
Medical Plans Available with Prescription Drug Program : AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Cop	
Single	\$676.42
Member & Spouse/Partner	\$1,352.84
Family	\$1,934.56
Parent & Child	\$1,258.14
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	!
Single	\$676.42
Member & Spouse/Partner	\$1,352.84
Family	\$1,934.56
Parent & Child	\$1,258.14
PRESCRIPTION DRUG PROGRAM #206	<u>.</u>
Single	\$130.98
Member & Spouse/Partner	\$261.96
Family	\$374.60
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Medical Plans Available with Prescription Drug Progra	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care C	
Single	\$581.72
Member & Spouse/Partner	\$1,163.44
Family	\$1,663.72
Parent & Child	\$1,082.00
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copaymo	
Single	\$581.72
Member & Spouse/Partner	\$1,163.44
Family	\$1,663.72
Parent & Child	\$1,082.00
PRESCRIPTION DRUG PROGRAM #207	
Single	\$117.89
Member & Spouse/Partner	\$235.78
-amily	\$337.17
Parent & Child	\$219.28
High Deductible Health Plans with Built-In Prescriptio AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Ded	
Single	\$463.35
Member & Spouse/Partner	\$926.70
Family	\$1,325.19
Parent & Child	\$861.84
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NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deduct	
Single	\$463.35
Member & Spouse/Partner	\$926.70
Family	\$1,325.19
Parent & Child	\$861.84
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Ded	
Single	\$687.19
Member & Spouse/Partner	\$1,374.38
Family	\$1,965.36
Parent & Child	\$1,278.17
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deduct	
Single	\$687.19
Member & Spouse/Partner	\$1,374.38
Family	\$1,965.36
Parent & Child	\$1,278.17