



**Local Monthly Active Group —  
Education Employers  
Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>Medical Plans Available with Prescription Drug Program #208</b>			
<b>Aetna Freedom Zero #022— PPO Plan with \$0 Primary Care Copayment</b>			
Single	\$773.33		\$773.33
Member & Spouse/Partner	\$775.25	\$771.42	\$1,546.67
Family	\$775.95	\$1,435.70	\$2,211.65
Parent & Child	\$774.17	\$664.15	\$1,438.32
<b>NJ DIRECT ZERO #021— PPO Plan with \$0 Primary Care Copayment</b>			
Single	\$773.33		\$773.33
Member & Spouse/Partner	\$775.25	\$771.42	\$1,546.67
Family	\$775.95	\$1,435.70	\$2,211.65
Parent & Child	\$774.17	\$664.15	\$1,438.32
<b>PRESCRIPTION DRUG PROGRAM #208</b>			
Single	<del>\$173.33</del>		<del>\$173.33</del>
Member & Spouse/Partner	<del>\$173.33</del>	<del>\$173.34</del>	<del>\$346.67</del>
Family	<del>\$173.33</del>	<del>\$322.49</del>	<del>\$495.82</del>
Parent & Child	<del>\$173.33</del>	<del>\$149.16</del>	<del>\$322.49</del>



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<b>Medical Plans Available with Prescription Drug Program #201</b>			
<b>Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$965.77		\$965.77
Member & Spouse/Partner	\$967.69	\$963.85	\$1,931.54
Family	\$968.39	\$1,793.71	\$2,762.10
Parent & Child	\$966.61	\$829.72	\$1,796.33
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$965.77		\$965.77
Member & Spouse/Partner	\$967.69	\$963.85	\$1,931.54
Family	\$968.39	\$1,793.71	\$2,762.10
Parent & Child	\$966.61	\$829.72	\$1,796.33
<b>Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$919.38		\$919.38
Member & Spouse/Partner	\$921.30	\$917.46	\$1,838.76
Family	\$922.00	\$1,707.43	\$2,629.43
Parent & Child	\$920.22	\$789.83	\$1,710.05
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$919.38		\$919.38
Member & Spouse/Partner	\$921.30	\$917.46	\$1,838.76
Family	\$922.00	\$1,707.43	\$2,629.43
Parent & Child	\$920.22	\$789.83	\$1,710.05
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$885.55		\$885.55
Member & Spouse/Partner	\$887.47	\$883.63	\$1,771.10
Family	\$888.17	\$1,644.50	\$2,532.67
Parent & Child	\$886.39	\$760.73	\$1,647.12
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$876.71		\$876.71
Member & Spouse/Partner	\$878.63	\$874.79	\$1,753.42
Family	\$879.33	\$1,628.06	\$2,507.39
Parent & Child	\$877.55	\$753.13	\$1,630.68
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	<del>\$189.96</del>		<del>\$189.96</del>
Member & Spouse/Partner	<del>\$189.96</del>	<del>\$189.96</del>	<del>\$379.92</del>
Family	<del>\$189.96</del>	<del>\$353.33</del>	<del>\$543.29</del>
Parent & Child	<del>\$189.96</del>	<del>\$163.37</del>	<del>\$353.33</del>



**NJDPB**  
Pensions & Benefits

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<b>Medical Plans Available with Prescription Drug Program #205</b>			
<b>Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$892.29		\$892.29
Member & Spouse/Partner	\$894.21	\$890.37	\$1,784.58
Family	\$894.91	\$1,657.04	\$2,551.95
Parent & Child	\$893.13	\$766.53	\$1,659.66
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$892.29		\$892.29
Member & Spouse/Partner	\$894.21	\$890.37	\$1,784.58
Family	\$894.91	\$1,657.04	\$2,551.95
Parent & Child	\$893.13	\$766.53	\$1,659.66
<b>Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$817.72		\$817.72
Member & Spouse/Partner	\$819.64	\$815.80	\$1,635.44
Family	\$820.34	\$1,518.34	\$2,338.68
Parent & Child	\$818.56	\$702.40	\$1,520.96
<b>HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$809.55		\$809.55
Member & Spouse/Partner	\$811.47	\$807.63	\$1,619.10
Family	\$812.17	\$1,503.14	\$2,315.31
Parent & Child	\$810.39	\$695.37	\$1,505.76
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$172.28		\$172.28
Member & Spouse/Partner	\$172.28	\$172.28	\$344.56
Family	\$172.28	\$320.44	\$492.72
Parent & Child	\$172.28	\$148.16	\$320.44



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<b>Medical Plans Available with Prescription Drug Program #206</b>			
<b>Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$838.58		\$838.58
Member & Spouse/Partner	\$840.50	\$836.66	\$1,677.16
Family	\$841.20	\$1,557.14	\$2,398.34
Parent & Child	\$839.42	\$720.34	\$1,559.76
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$838.58		\$838.58
Member & Spouse/Partner	\$840.50	\$836.66	\$1,677.16
Family	\$841.20	\$1,557.14	\$2,398.34
Parent & Child	\$839.42	\$720.34	\$1,559.76
<b>Aetna HMO2030 #082 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$768.95		\$768.95
Member & Spouse/Partner	\$770.87	\$767.03	\$1,537.90
Family	\$771.57	\$1,427.63	\$2,199.20
Parent & Child	\$769.79	\$660.46	\$1,430.25
<b>HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$761.26		\$761.26
Member & Spouse/Partner	\$763.18	\$759.34	\$1,522.52
Family	\$763.88	\$1,413.32	\$2,177.20
Parent & Child	\$762.10	\$653.84	\$1,415.94
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$175.33		\$175.33
Member & Spouse/Partner	\$175.33	\$175.33	\$350.66
Family	\$175.33	\$326.11	\$501.44
Parent & Child	\$175.33	\$150.78	\$326.11



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<b>Medical Plans Available with Prescription Drug Program #207</b>			
<b>Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$721.19		\$721.19
Member & Spouse/Partner	\$723.11	\$719.27	\$1,442.38
Family	\$723.81	\$1,338.79	\$2,062.60
Parent & Child	\$722.03	\$619.38	\$1,341.41
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$721.19		\$721.19
Member & Spouse/Partner	\$723.11	\$719.27	\$1,442.38
Family	\$723.81	\$1,338.79	\$2,062.60
Parent & Child	\$722.03	\$619.38	\$1,341.41
<b>Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$661.30		\$661.30
Member & Spouse/Partner	\$663.22	\$659.38	\$1,322.60
Family	\$663.92	\$1,227.40	\$1,891.32
Parent & Child	\$662.14	\$567.88	\$1,230.02
<b>HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$654.67		\$654.67
Member & Spouse/Partner	\$656.59	\$652.75	\$1,309.34
Family	\$657.29	\$1,215.07	\$1,872.36
Parent & Child	\$655.51	\$562.18	\$1,217.69
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$157.80		\$157.80
Member & Spouse/Partner	\$157.80	\$157.80	\$315.60
Family	\$157.80	\$293.51	\$451.31
Parent & Child	\$157.80	\$135.71	\$293.51
<b>High Deductible Health Plans with Built-In Prescription Drug</b>			
<b>Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
Single	\$752.41		\$752.41
Member & Spouse/Partner	\$754.33	\$750.49	\$1,504.82
Family	\$755.03	\$1,396.86	\$2,151.89
Parent & Child	\$753.25	\$646.23	\$1,399.48
<b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
Single	\$752.41		\$752.41
Member & Spouse/Partner	\$754.33	\$750.49	\$1,504.82
Family	\$755.03	\$1,396.86	\$2,151.89
Parent & Child	\$753.25	\$646.23	\$1,399.48