

**Medical and Prescription Drug Biweekly Rates
Effective 1/1/2017 to 12/31/17**

Plan	Biweekly	Plan	Biweekly	Plan	Biweekly	Plan	Biweekly
NJ DIRECT15 #150		NJ DIRECT 1525 #051		NJ DIRECT 2030 #052		NJ DIRECT 2035 #056	
Single	\$ 321.02	Single	\$ 312.03	Single	\$ 293.41	Single	\$ 252.33
Member & Spouse/Partner	\$ 642.05	Member & Spouse/Partner	\$ 624.06	Member & Spouse/Partner	\$ 586.83	Member & Spouse/Partner	\$ 504.66
Family	\$ 918.12	Family	\$ 892.41	Family	\$ 839.16	Family	\$ 721.67
Parent & Child	\$ 597.10	Parent & Child	\$ 580.38	Parent & Child	\$ 545.75	Parent & Child	\$ 469.34
Aetna Freedom15 #180		Aetna Freedom 1525 #063		Aetna Freedom2030 #064		Aetna Freedom2035 #066	
Single	\$ 321.02	Single	\$ 312.03	Single	\$ 293.41	Single	\$ 252.33
Member & Spouse/Partner	\$ 642.05	Member & Spouse/Partner	\$ 624.06	Member & Spouse/Partner	\$ 586.83	Member & Spouse/Partner	\$ 504.66
Family	\$ 918.12	Family	\$ 892.41	Family	\$ 839.16	Family	\$ 721.67
Parent & Child	\$ 597.10	Parent & Child	\$ 580.38	Parent & Child	\$ 545.75	Parent & Child	\$ 469.34
Aetna HMO #005		Aetna Liberty Plan #067		Prescription Drug Program #206		Prescription Drug Program #207	
Single	\$ 310.68	Single	\$ 240.77	Single	\$ 81.25	Single	\$ 73.13
Member & Spouse/Partner	\$ 621.37	Member & Spouse/Partner	\$ 481.53	Member & Spouse/Partner	\$ 162.49	Member & Spouse/Partner	\$ 146.25
Family	\$ 888.56	Family	\$ 688.59	Family	\$ 232.37	Family	\$ 209.16
Parent & Child	\$ 577.87	Parent & Child	\$ 447.83	Parent & Child	\$ 151.12	Parent & Child	\$ 136.02
Horizon HMO #011		Horizon OMNIA Health Plan #057					
Single	\$ 307.57	Single	\$ 240.77				
Member & Spouse/Partner	\$ 615.15	Member & Spouse/Partner	\$ 481.53				
Family	\$ 879.66	Family	\$ 688.59				
Parent & Child	\$ 572.09	Parent & Child	\$ 447.83				
Prescription Drug Program #203		Prescription Drug Program #205					
Single	\$ 88.02	Single	\$ 79.83				
Member & Spouse/Partner	\$ 176.04	Member & Spouse/Partner	\$ 159.67				
Family	\$ 251.74	Family	\$ 228.32				
Parent & Child	\$ 163.72	Parent & Child	\$ 148.49				
NJ DIRECT HD4000 #090		NJ DIRECT HD1500 #091					
Single	\$ 217.13	Single	\$ 322.03				
Member & Spouse/Partner	\$ 434.27	Member & Spouse/Partner	\$ 644.05				
Family	\$ 621.00	Family	\$ 921.00				
Parent & Child	\$ 403.86	Parent & Child	\$ 598.98				
Aetna Value HD4000 #092		Aetna Value HD1500 #093					
Single	\$ 217.13	Single	\$ 322.03				
Member & Spouse/Partner	\$ 434.27	Member & Spouse/Partner	\$ 644.05				
Family	\$ 621.00	Family	\$ 921.00				
Parent & Child	\$ 403.86	Parent & Child	\$ 598.98				

The above rates are used when calculating the biweekly Percentage of Premium contribution. For an estimated Health Benefit Contribution, please visit the Division of Pensions and Benefits website: <http://www.state.nj.us/treasury/pensions/hb-percentage17-monthly.shtml>
University Hospital is on a 26 pay period payroll schedule.