

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

**STATE MONTHLY ACTIVE GROUP  
RATES EFFECTIVE 1/1/2011 to 12/31/2011**

For Employees Paying Contribution of 1.5% of Salary for Any Plan or Coverage Level;  
NJ DIRECT15 and HMO office visit copayment \$15

PLAN/COVERAGE DESCRIPTION	TOTAL
<b><u>NJ DIRECT15 - #150</u></b>	
Single	\$499.52
Member & Spouse/Partner	\$1,123.91
Family	\$1,248.80
Parent & Child	\$699.34
<b><u>AETNA, INC. - #005</u></b>	
Single	\$513.45
Member & Spouse/Partner	\$1,155.24
Family	\$1,283.61
Parent & Child	\$718.81
<b><u>CIGNA HealthCare HMO - #006</u></b>	
Single	\$516.21
Member & Spouse/Partner	\$1,161.47
Family	\$1,290.51
Parent & Child	\$722.68
<b><u>PRESCRIPTION DRUG PROGRAM - #203</u></b>	
Single	\$135.70
Member & Spouse/Partner	\$305.35
Family	\$339.27
Parent & Child	\$190.00

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DENTAL PLAN RATES

STATE MONTHLY ACTIVE GROUP  
 RATES EFFECTIVE 1/1/2011 to 12/31/2011

DESCRIPTION OF COVERAGE	STATE CONTRIBUTION	EMPLOYEE CONTRIBUTION	TOTAL
<b><u>DENTAL EXPENSE PLAN - #399</u></b>			
Single	\$21.51	\$21.50	\$43.01
Member & Spouse/Partner	\$37.37	\$37.37	\$74.74
Family	\$61.14	\$61.14	\$122.28
Parent & Child	\$45.29	\$45.29	\$90.58
<b><u>DENTAL PROVIDER ORGANIZATIONS (DPO)</u></b>			
<b>BENECARE (DPO #301)</b>			
Single	\$12.72	\$12.71	\$25.43
Member & Spouse/Partner	\$22.09	\$22.09	\$44.18
Family	\$36.15	\$36.15	\$72.30
Parent & Child	\$26.78	\$26.77	\$53.55
<b>COMMUNITY DENTAL (DPO #302)</b>			
Single	\$12.01	\$12.01	\$24.02
Member & Spouse/Partner	\$20.89	\$20.88	\$41.77
Family	\$34.16	\$34.16	\$68.32
Parent & Child	\$25.30	\$25.30	\$50.60
<b>CIGNA (DPO #305)</b>			
Single	\$10.80	\$10.79	\$21.59
Member & Spouse/Partner	\$18.78	\$18.77	\$37.55
Family	\$30.71	\$30.70	\$61.41
Parent & Child	\$22.76	\$22.75	\$45.51
<b>HEALTHPLEX (DPO #307)</b>			
Single	\$9.75	\$9.75	\$19.50
Member & Spouse/Partner	\$16.95	\$16.95	\$33.90
Family	\$27.73	\$27.73	\$55.46
Parent & Child	\$20.54	\$20.54	\$41.08
<b>HORIZON DENTAL CHOICE (DPO #317)</b>			
Single	\$9.98	\$9.98	\$19.96
Member & Spouse/Partner	\$17.34	\$17.34	\$34.68
Family	\$28.37	\$28.37	\$56.74
Parent & Child	\$21.02	\$21.01	\$42.03
<b>AETNA DMO (DPO #319)</b>			
Single	\$10.47	\$10.46	\$20.93
Member & Spouse/Partner	\$18.22	\$18.21	\$36.43
Family	\$29.79	\$29.79	\$59.58
Parent & Child	\$22.08	\$22.07	\$44.15