

NEW JERSEY

**STATE HEALTH BENEFITS PROGRAM
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM**

***SUMMARY
PROGRAM
DESCRIPTION***

FOR EMPLOYEES AND RETIREES

**Department of the Treasury
Division of Pensions and Benefits**

HEALTH BENEFITS CONTACT INFORMATION

Health and Dental plan telephone numbers and mailing addresses are located in the individual plan descriptions (beginning on page 20 for medical plans and page 34 for dental plans).

ADDRESSES

Our Mailing Address is Division of Pensions and Benefits
PO Box 299
Trenton, NJ 08625-0299

● Our Internet Address is www.state.nj.us/treasury/pensions/health-benefits.shtml

Our E-mail Address is pensions.nj@treas.state.nj.us

TELEPHONE NUMBERS

Division of Pensions and Benefits:

Office of Client Services (609) 292-7524
TDD Phone (Hearing Impaired) (609) 292-7718

State Employee Advisory Service (EAS) 24 hours a day 1-866-EAS-9133
..... 1-866-327-9133

New Jersey State Police

Employee Advisory Program (EAP) 1-800-FOR-NJSP

Rutgers University Personnel Counseling Service

Employee Advisory Program (EAP) (732) 932-7539

University of Medicine and Dentistry of New Jersey

Employee Advisory Program (EAP) (973) 972-5429

New Jersey Department of Banking and Insurance

Individual Health Coverage Program Board 1-800-838-0935
Consumer Assistance for Health Insurance (609) 292-5316
(Press 2)

New Jersey Department of Human Services

Pharmaceutical Assistance to the Aged and Disabled (PAAD) .. 1-800-792-9745

New Jersey Department of Health and Senior Services

Division of Aging and Community Services 1-800-792-8820
Insurance Counseling 1-800-792-8820
Independent Health Care Appeals Program (609) 633-0660

Centers for Medicare and Medicaid Services

Medicare Part A and Part B 1-800-MEDICARE

HEALTH BENEFITS PUBLICATIONS

The publications and fact sheets available from the Division of Pensions and Benefits provide information on a variety of subjects. Fact sheets, handbooks, applications, and other publications are available for viewing or downloading over the Internet at: www.state.nj.us/treasury/pensions

General Publications

Plan Comparison for State Employees

Plan Comparison for Local Government Employees

● *Plan Comparison for Local Education Employees*

Plan Comparison for All Retirees

Health Benefit Fact Sheets

Fact Sheet #11, *Enrolling in the Health Benefits Coverage When you Retire*

Fact Sheet #23, *Health Benefits and Medicare Parts A & B for Retirees*

Fact Sheet #25, *Employer Responsibilities under COBRA*

Fact Sheet #26, *Health Benefits Options upon Termination of Employment*

Fact Sheet #30, *The Continuation of Health Benefits Coverage under COBRA*

Fact Sheet #31, *Benefits at Termination of Employment through registration, Dismissal or Layoff*

Fact Sheet #37, *Employee Dental Plans*

Fact Sheet #47, *Retired Health Benefits Coverage under Chapter 330 - PFRS & LEO*

Fact Sheet #48, *Family Status Changes - Employees*

Fact Sheet #49, *Family Status Changes - Retirees*

Fact Sheet #51, *Continuing Health Benefits Coverage for Over Age Children with Disabilities*

Fact Sheet #66, *Health Benefits Coverage for Part-Time Employees*

Fact Sheet #69, *SHBP Coverage for State Intermittent Employees*

Fact Sheet #71, *Benefits under the Domestic Partnership Act*

Fact Sheet #73, *Retiree Dental Expense Plan*

Fact Sheet #74, *Health Benefits Coverage of Children until Age 31 under Ch. 375, P.L. 2007*

Fact Sheet #75, *Civil Unions*

Health Plan Member Handbooks

NJ DIRECT Member Handbook

Aetna Member Handbook

Cigna Member Handbook

Prescription Drug Plans Member Handbook

Employee Dental Plans Member Handbook

Retiree Dental Expense Plan Member Handbook



State of New Jersey
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Division of Pensions and Benefits

PLAN COMPARISON SUMMARY CHARTS

FOR MEMBERS OF THE
STATE HEALTH BENEFITS PROGRAM (SHBP)
OR
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM (SEHBP)

PLAN COMPARISONS

COPAYMENT AND DEDUCTIBLE COMPARISONS FOR PLAN YEAR 2012

Select your employee or retiree group from the links below.

Plan Design Comparison Charts for Employees

- [State Active Employees](#) enrolled in the SHBP Adobe PDF (92K)
- [Local Government Active Employees](#) enrolled in the SHBP Adobe PDF (93K)
- [Local Education Active Employees](#) enrolled in the SEHBP Adobe PDF (93K)
- [Percentage of Premium Calculators and Worksheets](#) — employee cost sharing for the new medical plans.
- [Side-by-Side Comparison](#) — Flexible Spending Accounts vs. Health Savings Accounts Adobe PDF (23K)

Plan Design Comparison Charts for Retirees

- [State Retirees](#) enrolled in the SHBP Adobe PDF (113K)
- [Local Government Retirees](#) enrolled in the SHBP Adobe PDF (113K)
- [Local Education Retirees](#) enrolled in the SEHBP Adobe PDF (113K)

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DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
 LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
 MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201			
<u>AETNA FREEDOM10 #018(1)</u>			
Single	\$649.40	-----	\$649.40
Member & Spouse/Partner	\$651.01	\$647.80	\$1,298.81
Family	\$651.61	\$1,010.85	\$1,662.46
Parent & Child	\$650.10	\$362.96	\$1,013.06
<u>NJ DIRECT10 - #050(1)</u>			
Single	\$642.97	-----	\$642.97
Member & Spouse/Partner	\$644.58	\$641.37	\$1,285.95
Family	\$645.18	\$1,000.82	\$1,646.00
Parent & Child	\$643.67	\$359.36	\$1,003.03
<u>AETNA FREEDOM15 #180(1)</u>			
Single	\$618.21	-----	\$618.21
Member & Spouse/Partner	\$619.82	\$616.61	\$1,236.43
Family	\$620.42	\$962.20	\$1,582.62
Parent & Child	\$618.91	\$345.60	\$964.41
<u>NJ DIRECT15 - #150(1)</u>			
Single	\$612.09	-----	\$612.09
Member & Spouse/Partner	\$613.70	\$610.49	\$1,224.19
Family	\$614.30	\$952.65	\$1,566.95
Parent & Child	\$612.79	\$342.07	\$954.86
<u>AETNA HMO #019(1)</u>			
Single	\$602.32	-----	\$602.32
Member & Spouse/Partner	\$603.93	\$600.70	\$1,204.63
Family	\$604.53	\$937.41	\$1,541.94
Parent & Child	\$603.02	\$338.60	\$939.62
<u>HORIZON HMO #011(1)</u>			
Single	\$596.30	-----	\$596.30
Member & Spouse/Partner	\$597.91	\$594.67	\$1,192.58
Family	\$598.51	\$928.02	\$1,526.53
Parent & Child	\$597.00	\$333.23	\$930.23
<u>PRESCRIPTION DRUG PROGRAM - #201</u>			
Single	\$163.05	-----	\$163.05
Member & Spouse/Partner	\$163.05	\$163.05	\$326.10
Family	\$163.05	\$254.36	\$417.41
Parent & Child	\$163.05	\$91.31	\$254.36
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205			
<u>AETNA FREEDOM1525 #063(2)</u>			
Single	\$599.99	-----	\$599.99
Member & Spouse/Partner	\$601.60	\$598.38	\$1,199.98
Family	\$602.20	\$933.77	\$1,535.97
Parent & Child	\$600.69	\$335.29	\$935.98
<u>NJ DIRECT1525 #051(2)</u>			
Single	\$594.05	-----	\$594.05
Member & Spouse/Partner	\$595.66	\$592.44	\$1,188.10
Family	\$596.26	\$924.51	\$1,520.77
Parent & Child	\$594.75	\$331.97	\$926.72
<u>AETNA HMO1525 #061(2)</u>			
Single	\$556.18	-----	\$556.18
Member & Spouse/Partner	\$557.79	\$554.56	\$1,112.35
Family	\$558.39	\$865.43	\$1,423.82
Parent & Child	\$556.88	\$310.76	\$867.64
<u>HORIZON HMO1525 #053(2)</u>			
Single	\$550.62	-----	\$550.62
Member & Spouse/Partner	\$552.23	\$549.00	\$1,101.23
Family	\$552.83	\$866.76	\$1,409.59
Parent & Child	\$551.32	\$307.65	\$858.97
<u>PRESCRIPTION DRUG PROGRAM #205</u>			
Single	\$147.88	-----	\$147.88
Member & Spouse/Partner	\$147.88	\$147.89	\$295.77
Family	\$147.88	\$230.69	\$378.57
Parent & Child	\$147.88	\$82.81	\$230.69

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - LOCAL EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2013 to 12/31/2013

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206			
AETNA FREEDOM2030 #064(3)			
Single	\$563.87	-----	\$563.87
Member & Spouse/Partner	\$565.48	\$562.28	\$1,127.76
Family	\$566.08	\$877.43	\$1,443.51
Parent & Child	\$564.57	\$315.07	\$879.64
NJ DIRECT2030 #052(3)			
Single	\$558.29	-----	\$558.29
Member & Spouse/Partner	\$559.90	\$556.69	\$1,116.59
Family	\$560.50	\$868.72	\$1,429.22
Parent & Child	\$558.99	\$311.94	\$870.93
AETNA HMO2030 #062(3)			
Single	\$523.00	-----	\$523.00
Member & Spouse/Partner	\$524.61	\$521.37	\$1,045.98
Family	\$525.21	\$813.67	\$1,338.88
Parent & Child	\$523.70	\$292.18	\$815.88
HORIZON HMO2030 #054(3)			
Single	\$517.77	-----	\$517.77
Member & Spouse/Partner	\$519.38	\$616.14	\$1,035.52
Family	\$519.98	\$805.51	\$1,325.49
Parent & Child	\$518.47	\$289.25	\$807.72
PRESCRIPTION DRUG PROGRAM #206			
Single	\$150.50	-----	\$150.50
Member & Spouse/Partner	\$150.50	\$150.49	\$300.99
Family	\$150.50	\$234.78	\$385.28
Parent & Child	\$150.50	\$84.28	\$234.78
HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG			
AETNA VALUE HD1500 #093(5)			
Single	\$633.21	-----	\$633.21
Member & Spouse/Partner	\$634.82	\$656.60	\$1,291.42
Family	\$635.42	\$1,024.59	\$1,660.01
Parent & Child	\$633.91	\$367.89	\$1,001.80
NJ DIRECT HD1500 #091(5)			
Single	\$630.51	-----	\$630.51
Member & Spouse/Partner	\$632.12	\$653.88	\$1,286.00
Family	\$632.72	\$1,020.38	\$1,653.10
Parent & Child	\$631.21	\$366.38	\$997.59

- 1) Subscribers in # 150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201
- 2) Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205
- 3) Subscribers in # 052, #062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206
- 4) For Horizon HMO Plans #011, #053 and #054 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York
- 5) Subscribers in High Deductible Plans #91, #93, are subject to \$1,500 In-Network deductible
- 6) For Subscribers in High Deductible Plans #093 and #091, employer required to contribute \$300 annually to Health Savings Account

The Prescription rates for Prescription Corporation of America (PCA) for the 2013 plan year are as follows:

Plan Type	Monthly Cost
Single	\$140.47
Parent/Child	\$301.39
Employee/Spouse	\$334.68
Family	\$403.70

SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

(Local Education Employees)

Use this worksheet and the attached charts to calculate your combined Health Benefit Contribution.

Calculate Premium Percentages		CURRENT YEAR PHASE-IN AMOUNT	NEXT YEAR PHASE-IN AMOUNT
1.	Use the <i>SEHBP Premium Rate Charts</i> and enter the premium amount for your SEHBP Medical Plan at your selected Level of Coverage.	\$	\$
2.	Use the <i>Percentage of Premium Charts</i> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
3.	Calculate your Medical Plan Contribution: Multiply the Medical Plan Premium by the Premium Percentage.	\$	\$
<i>(For example: If NJ DIRECT15, Family coverage is \$1,336.45 per month, and your premium percentage is 10.0%; the calculation is $\\$1,336.45 \times 0.10 = \\133.64 per month.)</i>			
4.	Use the <i>SEHBP Premium Rate Charts</i> or an employer-provided rate, and enter any premium for a Prescription Drug Plan at your selected Level of Coverage. <i>(If Prescription Drug is combined with the SEHBP Medical Plan, go to Line #7.)</i>	\$	\$
5.	Use the <i>Percentage of Premium Chart</i> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%	%
6.	Calculate any Prescription Drug Plan Contribution: Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$	\$
7. Add Line #3 and Line #6. <i>(Medical Plan Contribution + Prescription Drug Plan Contribution)</i>			
Calculate Minimum Required Contribution <i>Employees must pay a minimum of 1.5% of Annual Salary</i>			
8.	Enter your total Annual Salary.	\$	\$
9.	Multiply your Annual Salary by 1.5% (Salary X 0.015).	X 0.015	X 0.015
10.	This is your 1.5% Minimum <i>annual</i> percentage of salary.	\$	\$
11.	Divide the annual amount on Line #10 by 12 months.	÷ 12	÷ 12
12.	This is the minimum monthly amount you are required to contribute.	\$	\$
Your Health Benefit Contribution			
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$	\$
This is Your Monthly Required Contribution			

*The calculations from this worksheet are approximations
and may differ from the actual amounts deducted from payroll.*

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

PERCENTAGE OF PREMIUM CHARTS

For Health Benefit Contributions under Chapter 78, P.L. 2011

Note: The following charts reflect the phase-in of contribution levels for employees employed on the contribution's effective date who will pay $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ and the full amount of the contribution rate during the phase-in years.

New employees hired on or after June 28, 2011, the effective date of Chapter 78, P.L. 2011, contribute at the highest percentage level (Year 4) — unless hired into a position covered by a Collective Negotiations Agreement that has not expired as of the employee's date of hire.

HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE (PERCENTAGE OF PREMIUM)*

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 20,000	1.13%	2.25%	3.38%	4.50%
20,000-24,999.99	1.38%	2.75%	4.13%	5.50%
25,000-29,999.99	1.88%	3.75%	5.63%	7.50%
30,000-34,999.99	2.50%	5.00%	7.50%	10.00%
35,000-39,999.99	2.75%	5.50%	8.25%	11.00%
40,000-44,999.99	3.00%	6.00%	9.00%	12.00%
45,000-49,999.99	3.50%	7.00%	10.50%	14.00%
50,000-54,999.99	5.00%	10.00%	15.00%	20.00%
55,000-59,999.99	5.75%	11.50%	17.25%	23.00%
60,000-64,999.99	6.75%	13.50%	20.25%	27.00%
65,000-69,999.99	7.25%	14.50%	21.75%	29.00%
70,000-74,999.99	8.00%	16.00%	24.00%	32.00%
75,000-79,999.99	8.25%	16.50%	24.75%	33.00%
80,000-94,999.99	8.50%	17.00%	25.50%	34.00%
95,000 and over	8.75%	17.50%	26.25%	35.00%

* Member contribution is a minimum of 1.5% of base salary towards Health Benefits

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
 SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

**HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE
 (PERCENTAGE OF PREMIUM)***

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.75%	1.50%	2.25%	3.00%
25,000-29,999.99	1.00%	2.00%	3.00%	4.00%
30,000-34,999.99	1.25%	2.50%	3.75%	5.00%
35,000-39,999.99	1.50%	3.00%	4.50%	6.00%
40,000-44,999.99	1.75%	3.50%	5.25%	7.00%
45,000-49,999.99	2.25%	4.50%	6.75%	9.00%
50,000-54,999.99	3.00%	6.00%	9.00%	12.00%
55,000-59,999.99	3.50%	7.00%	10.50%	14.00%
60,000-64,999.99	4.25%	8.50%	12.75%	17.00%
65,000-69,999.99	4.75%	9.50%	14.25%	19.00%
70,000-74,999.99	5.50%	11.00%	16.50%	22.00%
75,000-79,999.99	5.75%	11.50%	17.25%	23.00%
80,000-84,999.99	6.00%	12.00%	18.00%	24.00%
85,000-89,999.99	6.50%	13.00%	19.50%	26.00%
90,000-94,999.99	7.00%	14.00%	21.00%	28.00%
95,000-99,999.99	7.25%	14.50%	21.75%	29.00%
100,000-109,999.99	8.00%	16.00%	24.00%	32.00%
110,000 and over	8.75%	17.50%	26.25%	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
 DIVISION OF PENSIONS AND BENEFITS
 SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

**HEALTH BENEFITS CONTRIBUTION FOR
 MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE
 (PERCENTAGE OF PREMIUM)***

Salary Range	Four Year Phase-In <i>Use dates indicated or as otherwise determined by contract</i>			
	Year 1 July 2011 to June 2012	Year 2 July 2012 to June 2013	Year 3 July 2013 to June 2014	Year 4 July 2014 and after
less than 25,000	0.88%	1.75%	2.63%	3.50%
25,000-29,999.99	1.13%	2.25%	3.38%	4.50%
30,000-34,999.99	1.50%	3.00%	4.50%	6.00%
35,000-39,999.99	1.75%	3.50%	5.25%	7.00%
40,000-44,999.99	2.00%	4.00%	6.00%	8.00%
45,000-49,999.99	2.50%	5.00%	7.50%	10.00%
50,000-54,999.99	3.75%	7.50%	11.25%	15.00%
55,000-59,999.99	4.25%	8.50%	12.75%	17.00%
60,000-64,999.99	5.25%	10.50%	15.75%	21.00%
65,000-69,999.99	5.75%	11.50%	17.25%	23.00%
70,000-74,999.99	6.50%	13.00%	19.50%	26.00%
75,000-79,999.99	6.75%	13.50%	20.25%	27.00%
80,000-84,999.99	7.00%	14.00%	21.00%	28.00%
85,000-99,999.99	7.50%	15.00%	22.50%	30.00%
100,000 and over	8.75%	17.50%	26.25%	35.00%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits