

Medical and Prescription Biweekly Premiums
Effective 1/1/2012 to 12/31/12

<u>NJ DIRECT15</u>		<u>NJ DIRECT 1525</u>		<u>NJ DIRECT 2030</u>	
Single	\$ 254.00	Single	\$ 246.89	Single	\$ 232.16
Member & Spouse/Partner	\$ 508.01	Member & Spouse/Partner	\$ 493.78	Member & Spouse/Partner	\$ 464.32
Family	\$ 635.01	Family	\$ 617.23	Family	\$ 580.40
Parent & Child	\$ 375.92	Parent & Child	\$ 365.40	Parent & Child	\$ 343.59
<u>Aetna, Inc</u>		<u>Aetna, Inc 1525</u>		<u>Aetna, Inc 2030</u>	
Single	\$ 261.09	Single	\$ 253.78	Single	\$ 238.63
Member & Spouse/Partner	\$ 522.18	Member & Spouse/Partner	\$ 507.55	Member & Spouse/Partner	\$ 477.27
Family	\$ 652.72	Family	\$ 634.44	Family	\$ 596.59
Parent & Child	\$ 386.41	Parent & Child	\$ 375.59	Parent & Child	\$ 353.18
<u>Cigna HealthCare HMO</u>		<u>Cigna HealthCare HMO 1525</u>		<u>Cigna HealthCare HMO 2030</u>	
Single	\$ 262.49	Single	\$ 255.14	Single	\$ 239.92
Member & Spouse/Partner	\$ 524.98	Member & Spouse/Partner	\$ 510.28	Member & Spouse/Partner	\$ 479.83
Family	\$ 656.23	Family	\$ 637.86	Family	\$ 599.79
Parent & Child	\$ 388.49	Parent & Child	\$ 377.61	Parent & Child	\$ 355.08
<u>Prescription Drug Program</u>		<u>Prescription Drug Program</u>		<u>Prescription Drug Program</u>	
Single	\$ 70.69	Single	\$ 64.12	Single	\$ 65.25
Member & Spouse/Partner	\$ 141.39	Member & Spouse/Partner	\$ 128.24	Member & Spouse/Partner	\$ 130.50
Family	\$ 176.74	Family	\$ 160.30	Family	\$ 163.13
Parent & Child	\$ 104.63	Parent & Child	\$ 94.90	Parent & Child	\$ 96.57
<u>NJ DIRECT HD4000</u>		<u>NJ DIRECT HD1500</u>			
Single	\$ 185.51	Single	\$ 275.13		
Member & Spouse/Partner	\$ 371.02	Member & Spouse/Partner	\$ 550.26		
Family	\$ 463.77	Family	\$ 687.83		
Parent & Child	\$ 274.55	Parent & Child	\$ 407.19		
<u>Aetna, Inc HD4000</u>		<u>Aetna, Inc HD1500</u>			
Single	\$ 189.55	Single	\$ 281.13		
Member & Spouse/Partner	\$ 379.11	Member & Spouse/Partner	\$ 562.27		
Family	\$ 473.89	Family	\$ 702.84		
Parent & Child	\$ 280.54	Parent & Child	\$ 416.08		
<u>Cigna HealthCare HD4000</u>		<u>Cigna HealthCare HMO HD1500</u>			
Single	\$ 190.36	Single	\$ 282.32		
Member & Spouse/Partner	\$ 380.71	Member & Spouse/Partner	\$ 564.65		
Family	\$ 475.90	Family	\$ 705.81		
Parent & Child	\$ 281.73	Parent & Child	\$ 417.84		