

IMPORTANT NOTICE ABOUT CHANGES TO YOUR HEALTH BENEFITS FOR PLAN YEAR 2012

New Plans Offered

Governor Christie signed into law Chapter 78, P.L. 2011 on June 28, 2011. Chapter 78 requires that the SHBP/SEHBP offer additional health plan choices to participating members. Since the new plans have lower premiums than our existing plans, retirees who pay the full cost of coverage may want to review the new plans to see if they are more cost effective. There is no change to your existing health plans. Please visit our website at www.state.nj.us/treasury/pensions for a description of the new plans and their premiums. In 2012 prescription drug co-payments will be frozen at 2011 levels and mail order generic co-payments will be lowered to \$5. If you have any questions, please contact the Office of Client Services at 609-292-7524.

New Medicare Part D Plan

Chapter 78 also created two health plan design committees who were tasked to review existing plans and create new plan offerings for members. The committees approved the change of prescription drug coverage for Medicare eligible retirees to the Medicare Part D program effective January 1, 2012. The design of the plan provides that the current co-payments and out of pocket maximums will not change. You can expect to receive information from Medco Health Solutions concerning the new program over the next several weeks. Enrollment in the Medco Medicare Prescription Drug plan will be automatic; you don't have to do anything.

PEN111 (10-2011) NEW JERSEY DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS

PEN111 (10-2011)

**NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
PO BOX 299
TRENTON, NJ 08625-0299**

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STATE RETIRED GROUP — APPROVED MEDICAL PLAN DESIGNS — PLAN YEAR 2012													
	HORIZON PLANS					AETNA PLANS				CIGNA PLANS			
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT HD4000*	Aetna HMO	Aetna 1525	Aetna 2030**	Aetna HD4000*	CIGNA HMO	CIGNA 1525	CIGNA 2030	CIGNA HD4000*
Medical Cost Sharing													
Primary Care Copayment	\$10	\$15	\$15	\$20		\$10	\$15	\$20		\$10	\$15	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult \$20/child***		\$10	\$25	\$30/adult \$20/child***		\$10	\$25	\$30/adult \$20/child***	
Emergency Room Copayment	\$25	\$50	\$75	\$125		\$35	\$75	\$125		\$35	\$75	\$125	
In-Network Deductible ¹					\$4,000				\$4,000				\$4,000
In-Network Coinsurance ²	10% (On select services)	10% (On select services)	10% (On select services)	10% (On select services)	20% after deductible	\$100 deductible then 100%	\$100 deductible then 100%	\$100 deductible then 100%	20% after deductible	\$100 deductible then 100%	\$100 deductible then 100%	\$100 deductible then 100%	20% after deductible
In-Network Out-of-Pocket Maximum (Individual) ¹	\$400	\$400	\$400	\$800	\$1,000				\$1,000				\$1,000
Out-of-Network Deductible (Individual) ¹	\$100	\$100	\$100	\$200	See In-Network Deductible ³								
Out-of-Network Coinsurance (Individual) ⁴	20%	30%	30%	30%	40%								
Out-of-Network Out-of-Pocket Maximum (Individual) ¹	\$2,000	\$2,000	\$2,000	\$5,000	\$2,000								
Out-of-Network Inpatient Hospital Deductible	\$200/stay	\$200/stay	\$200/stay	\$500/stay									
Prescription Drug Copays													
Retail: Tier 1 Copayments	\$10.00	\$10.00	\$7.00	\$3.00	Subject to deductible and coinsurance	\$6.00	\$7.00	\$3.00	Subject to deductible and coinsurance	\$6.00	\$7.00	\$3.00	Subject to deductible and coinsurance
Retail: Tier 2 Copayments	\$22.00	\$22.00	\$16.00	\$18.00		\$12.00	\$16.00	\$18.00		\$12.00	\$16.00	\$18.00	
Retail: Tier 3 Copayments	\$44.00	\$44.00	\$35.00	\$46.00		\$24.00	\$35.00	\$46.00		\$24.00	\$35.00	\$46.00	
Mail: Tier 1 Copayments	\$5.00	\$5.00	\$5.00	\$5.00		\$5.00	\$5.00	\$5.00		\$5.00	\$5.00	\$5.00	
Mail: Tier 2 Copayments	\$33.00	\$33.00	\$40.00	\$36.00		\$18.00	\$40.00	\$36.00		\$18.00	\$40.00	\$36.00	
Mail: Tier 3 Copayments	\$55.00	\$55.00	\$88.00	\$92.00		\$30.00	\$88.00	\$92.00		\$30.00	\$88.00	\$92.00	
Prescription Drug Annual Out-of-Pocket Maximum ⁵	\$1,351.00	\$1,351.00				\$1,351.00				\$1,351.00			

* HD = High Deductible Health Plan (Medicare eligible retirees cannot enroll in the HD plans)

¹ Family amounts are 2 times the individual amounts for the high deductible plans and 2.5 for all other plans

** Medicare eligible retirees cannot enroll in the Aetna 2030 plan.

² On select services.

*** Up to 19th Birthday

³ Out-of-Network Deductible is combined with In-Network Deductible.

⁴ After Deductible.

⁵ Maximum out-of-pocket on prescription drugs per person per calendar year.

LOCAL GOVERNMENT RETIRED GROUP — APPROVED MEDICAL PLAN DESIGNS — PLAN YEAR 2012													
	HORIZON PLANS					AETNA PLANS				CIGNA PLANS			
	NJ DIRECT10	NJ DIRECT15	NJ DIRECT1525	NJ DIRECT2030	NJ DIRECT HD4000*	Aetna HMO	Aetna 1525	Aetna 2030**	Aetna HD4000*	CIGNA HMO	CIGNA 1525	CIGNA 2030	CIGNA HD4000*
Medical Cost Sharing													
Primary Care Copayment	\$10	\$15	\$15	\$20		\$10	\$15	\$20		\$10	\$15	\$20	
Specialist Care Copayment	\$10	\$15	\$25	\$30/adult \$20/child***		\$10	\$25	\$30/adult \$20/child***		\$10	\$25	\$30/adult \$20/child***	
Emergency Room Copayment	\$25	\$50	\$75	\$125		\$35	\$75	\$125		\$35	\$75	\$125	
In-Network Deductible ¹					\$4,000				\$4,000				\$4,000
In-Network Coinsurance ²	10%	10%	10%	10%	20% after deductible	\$100 deductible then 100%	\$100 deductible then 100%	\$100 deductible then 100%	20% after deductible	\$100 deductible then 100%	\$100 deductible then 100%	\$100 deductible then 100%	20% after deductible
In-Network Out-of-Pocket Maximum (Individual) ²	\$400	\$400	\$400	\$800	\$1,000				\$1,000				\$1,000
Out-of-Network Deductible (Individual) ²	\$100	\$100	\$100	\$200	See In-Network Deductible ³								
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** Medicare eligible retirees cannot enroll in the Aetna 2030 plan.

*** Up to 19th Birthday.

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⁴ After Deductible

⁵ Maximum out-of-pocket on prescription drugs per person per calendar year.

This publication is produced and distributed by the New Jersey Division of Pensions and Benefits - www.state.nj.us/treasury/pensions

This is a summary and not intended to provide total information. Although every attempt at accuracy is made, it cannot be guaranteed.

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

MEDICARE AND NON-MEDICARE MONTHLY RATES EFFECTIVE 1/1/2012-12/31/2012
CHAPTER 330 RATES FOR LOCAL GOVERNMENT RETIREES

	MONTHLY RATE** Retiree Share
NJ DIRECT 15 - #150	
Single-No Medicare	\$304.49
Single-On Medicare	\$112.48
Member & Spouse/Partner-No Medicare	\$663.79
Member & Spouse/Partner-One on Medicare	\$374.85
Member & Spouse/Partner-Both on Medicare	\$224.95
Family-No Medicare	\$755.13
Family-One on Medicare	\$465.16
Family-Both on Medicare	\$291.68
Parent & Child-No Medicare	\$426.29
Parent & Child-Retiree on Medicare	\$178.09
NJ DIRECT 10 - #050	
Single-No Medicare	\$349.77
Single-On Medicare	\$133.62
Member & Spouse/Partner-No Medicare	\$762.57
Member & Spouse/Partner-One on Medicare	\$441.28
Member & Spouse/Partner-Both on Medicare	\$267.25
Family-No Medicare	\$867.50
Family-One on Medicare	\$545.18
Family-Both on Medicare	\$346.54
Parent & Child-No Medicare	\$489.70
Parent & Child-Retiree on Medicare	\$211.57
NJ DIRECT 1525 PLAN A - #051	
Single-No Medicare	\$266.43
Single-On Medicare	\$86.46
Member & Spouse/Partner-No Medicare	\$580.82
Member & Spouse/Partner-One on Medicare	\$310.77
Member & Spouse/Partner-Both on Medicare	\$172.91
Family-No Medicare	\$660.74
Family-One on Medicare	\$389.66
Family-Both on Medicare	\$224.20
Parent & Child-No Medicare	\$373.01
Parent & Child-Retiree on Medicare	\$136.89
NJ DIRECT 2030 PLAN B - #052	
Single-No Medicare	\$228.07
Single-On Medicare	\$77.95
Member & Spouse/Partner-No Medicare	\$497.18
Member & Spouse/Partner-One on Medicare	\$263.90
Member & Spouse/Partner-Both on Medicare	\$155.89
Family-No Medicare	\$565.60
Family-One on Medicare	\$331.28
Family-Both on Medicare	\$202.14
Parent & Child-No Medicare	\$319.30
Parent & Child-Retiree on Medicare	\$123.42
AETNA HMO #019	
Single-No Medicare	\$254.53
Single-On Medicare	\$175.21
Member & Spouse/Partner-No Medicare	\$555.26
Member & Spouse/Partner-One on Medicare	\$387.62
Member & Spouse/Partner-Both on Medicare	\$350.42
Family-No Medicare	\$631.92
Family-One on Medicare	\$463.25
Family-Both on Medicare	\$403.46
Parent & Child-No Medicare	\$356.74
Parent & Child-Retiree on Medicare	\$220.34

*Retirees who are eligible for State paid health benefits under the provisions of Chapter 330, P.L. 1998 pay the Retiree Share.

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

MEDICARE AND NON-MEDICARE MONTHLY RATES EFFECTIVE 1/1/2012-12/31/2012

CHAPTER 330 RATES FOR LOCAL GOVERNMENT RETIREES

	MONTHLY RATE* Retiree Share
AETNA, INC. 1525 PLAN A- #061	
Single-No Medicare	\$186.04
Single-On Medicare	\$133.89
Member & Spouse/Partner-No Medicare	\$405.56
Member & Spouse/Partner-One on Medicare	\$277.82
Member & Spouse/Partner-Both on Medicare	\$267.80
Family-No Medicare	\$461.38
Family-One on Medicare	\$332.60
Family-Both on Medicare	\$300.64
Parent & Child-No Medicare	\$260.46
Parent & Child-Retiree on Medicare	\$160.01
AETNA, INC. 2030 PLAN B- #062	
Single-No Medicare	\$151.12
Member & Spouse/Partner-No Medicare	\$329.43
Family-No Medicare	\$374.77
Parent & Child-No Medicare	\$211.57
CIGNA HealthCare HMO - #020	
Single-No Medicare	\$259.60
Single-On Medicare	\$177.71
Member & Spouse/Partner-No Medicare	\$565.96
Member & Spouse/Partner-One on Medicare	\$395.18
Member & Spouse/Partner-Both on Medicare	\$355.41
Family-No Medicare	\$643.84
Family-One on Medicare	\$472.02
Family-Both on Medicare	\$409.72
Parent & Child-No Medicare	\$363.46
Parent & Child-Retiree on Medicare	\$224.26
CIGNA 1525 - #071	
Single-No Medicare	\$190.53
Single-On Medicare	\$136.29
Member & Spouse/Partner-No Medicare	\$415.39
Member & Spouse/Partner-One on Medicare	\$284.70
Member & Spouse/Partner-Both on Medicare	\$272.58
Family-No Medicare	\$472.55
Family-One on Medicare	\$340.82
Family-Both on Medicare	\$306.64
Parent & Child-No Medicare	\$266.76
Parent & Child-Retiree on Medicare	\$163.52
CIGNA 2030 - #072	
Single-No Medicare	\$155.41
Single-On Medicare	\$126.32
Member & Spouse/Partner-No Medicare	\$338.82
Member & Spouse/Partner-One on Medicare	\$239.60
Member & Spouse/Partner-Both on Medicare	\$252.64
Family-No Medicare	\$385.45
Family-One on Medicare	\$285.19
Family-Both on Medicare	\$281.83
Parent & Child-No Medicare	\$217.59
Parent & Child-Retiree on Medicare	\$148.89
NJ DIRECT HD4000 -#090	
	see note**
Single-No Medicare	\$0.00
Member & Spouse/Partner-No Medicare	\$0.00
Family-No Medicare	\$0.00
Parent & Child-No Medicare	\$0.00
Aetna HD4000 - #092	
	see note**
Single-No Medicare	\$0.00
Member & Spouse/Partner-No Medicare	\$0.00
Family-No Medicare	\$0.00
Parent & Child-No Medicare	\$0.00
CIGNA HD4000 - #094	
	see note**
Single-No Medicare	\$0.00
Member & Spouse/Partner-No Medicare	\$0.00
Family-No Medicare	\$0.00
Parent & Child-No Medicare	\$0.00

*Retirees who are eligible for State paid health benefits under the provisions of Chapter 330, P.L. 1998 pay the Retiree Share.

**For Plan Year 2012 retirees who subscribe to the High Deductible (HD) Health Plans and who retired prior to the enactment of Chapter 78, P.L. 2011, pay the Retiree Share; retirees who retired after the enactment of Chapter 78, P.L. 2011, pay either the Retiree Share or 1.5 percent of the pension allowance, whichever is higher. HD plans (NJ DIRECT HD4000, Aetna HD4000, and CIGNA HD4000) are not available to Medicare eligible retirees and retirees with Medicare eligible dependents.