



CWA Members
State Biweekly Active Group
Biweekly Rates – Aetna Plans
Effective 12/28/2024 to 12/26/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
CWA Unity Freedom* #025 — PPO Plan with \$15 Primary Care Copayment	
Single	\$441.69
Member & Spouse/Partner	\$883.38
Family	\$1,263.24
Parent & Child	\$821.55
CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$439.36
Member & Spouse/Partner	\$878.73
Family	\$1,256.59
Parent & Child	\$817.22
PRESCRIPTION DRUG PROGRAM #204	
Single	\$94.35
Member & Spouse/Partner	\$188.70
Family	\$269.84
Parent & Child	\$175.49
Medical Plans Available with Prescription Drug Program #203	
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$432.74
Member & Spouse/Partner	\$865.48
Family	\$1,237.63
Parent & Child	\$804.89
PRESCRIPTION DRUG PROGRAM #203	
Single	\$99.95
Member & Spouse/Partner	\$199.91
Family	\$285.88
Parent & Child	\$185.92
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$305.12
Member & Spouse/Partner	\$610.24
Family	\$872.65
Parent & Child	\$567.53
PRESCRIPTION DRUG PROGRAM #209	
Single	\$68.08
Member & Spouse/Partner	\$136.17
Family	\$194.71
Parent & Child	\$126.63

* Members hired before July 1, 2019, will be enrolled in CWA Unity Freedom. Members hired after July 1, 2019, will be enrolled in CWA Unity Freedom 2019.



CWA Members
State Biweekly Active Group
Biweekly Rates – Aetna Plans
Effective 12/28/2024 to 12/26/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$290.93
Member & Spouse/Partner	\$581.87
Family	\$832.07
Parent & Child	\$541.14
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$431.47
Member & Spouse/Partner	\$862.95
Family	\$1,234.02
Parent & Child	\$802.55

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions



CWA Members
State Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 12/28/2024 – 12/26/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$441.69
Member & Spouse/Partner	\$883.38
Family	\$1,263.24
Parent & Child	\$821.55
CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$439.36
Member & Spouse/Partner	\$878.73
Family	\$1,256.59
Parent & Child	\$817.22
PRESCRIPTION DRUG PROGRAM #204	
Single	\$94.35
Member & Spouse/Partner	\$188.70
Family	\$269.84
Parent & Child	\$175.49
Medical Plans Available with Prescription Drug Program #203	
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$432.74
Member & Spouse/Partner	\$865.48
Family	\$1,237.63
Parent & Child	\$804.89
PRESCRIPTION DRUG PROGRAM #203	
Single	\$99.95
Member & Spouse/Partner	\$199.91
Family	\$285.88
Parent & Child	\$185.92
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$305.12
Member & Spouse/Partner	\$610.24
Family	\$872.65
Parent & Child	\$567.53
PRESCRIPTION DRUG PROGRAM #209	
Single	\$68.08
Member & Spouse/Partner	\$136.17
Family	\$194.71
Parent & Child	\$126.63

* Members hired before July 1, 2019, will be enrolled in CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in CWA Unity DIRECT 2019.



CWA Members
State Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 12/28/2024 – 12/26/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$290.93
Member & Spouse/Partner	\$581.87
Family	\$832.07
Parent & Child	\$541.14
NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$431.47
Member & Spouse/Partner	\$862.95
Family	\$1,234.02
Parent & Child	\$802.55

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions