



# UNION NEGOTIATED AND NON-ALIGNED PLANS

## State Monthly Active Group

### Monthly Rates – Aetna Plans

Effective 1/1/2025 to 12/31/2025

| PLAN/COVERAGE DESCRIPTION  | TOTAL      |
|--|------------|
| Medical Plans Available with Prescription Drug Program #204  |            |
| <b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>   |            |
| Single   | \$959.58   |
| Member & Spouse/Partner  | \$1,919.16 |
| Family   | \$2,744.40 |
| Parent & Child   | \$1,784.82 |
| <b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>  |            |
| Single   | \$954.53   |
| Member & Spouse/Partner  | \$1,909.06 |
| Family   | \$2,729.96 |
| Parent & Child   | \$1,775.43 |
| <b>PRESCRIPTION DRUG PROGRAM #204</b>  |            |
| Single   | \$204.98   |
| Member & Spouse/Partner  | \$409.96   |
| Family   | \$586.24   |
| Parent & Child   | \$381.26   |
| Medical Plans Available with Prescription Drug Program #203  |            |
| <b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>  |            |
| Single   | \$940.13   |
| Member & Spouse/Partner  | \$1,880.26 |
| Family   | \$2,688.77 |
| Parent & Child   | \$1,748.64 |
| <b>PRESCRIPTION DRUG PROGRAM #203</b>  |            |
| Single   | \$217.16   |
| Member & Spouse/Partner  | \$434.32   |
| Family   | \$621.08   |
| Parent & Child   | \$403.92   |
| Medical Plans Available with Prescription Drug Program #209  |            |
| <b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b> |            |
| Single   | \$662.88   |
| Member & Spouse/Partner  | \$1,325.76 |
| Family   | \$1,895.84 |
| Parent & Child   | \$1,232.96 |
| <b>PRESCRIPTION DRUG PROGRAM #209</b>  |            |
| Single   | \$147.91   |
| Member & Spouse/Partner  | \$295.84   |
| Family   | \$423.02   |
| Parent & Child   | \$275.11   |

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



**UNION NEGOTIATED AND NON-ALIGNED PLANS**  
**State Monthly Active Group**  
**Monthly Rates – Aetna Plans**  
**Effective 1/1/2025 to 12/31/2025**

| PLAN/COVERAGE DESCRIPTION   | TOTAL      |
|---|------------|
| High Deductible Health Plans with Built-In Prescription Drug                                |            |
| <b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible</b> |            |
| Single  | \$632.06   |
| Member & Spouse/Partner   | \$1,264.12 |
| Family  | \$1,807.69 |
| Parent & Child  | \$1,175.63 |
| <b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>  |            |
| Single  | \$937.39   |
| Member & Spouse/Partner   | \$1,874.78 |
| Family  | \$2,680.93 |
| Parent & Child  | \$1,743.54 |

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



# UNION NEGOTIATED AND NON-ALIGNED PLANS

## State Monthly Active Group

### Monthly Rates – Horizon Plans

Effective 1/1/2025 – 12/31/2025

| PLAN/COVERAGE DESCRIPTION   | TOTAL      |
|---|------------|
| Medical Plans Available with Prescription Drug Program #204   |            |
| <b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>  |            |
| Single  | \$959.58   |
| Member & Spouse/Partner   | \$1,919.16 |
| Family  | \$2,744.40 |
| Parent & Child  | \$1,784.82 |
| <b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>                                   |            |
| Single  | \$954.53   |
| Member & Spouse/Partner   | \$1,909.06 |
| Family  | \$2,729.96 |
| Parent & Child  | \$1,775.43 |
| <b>PRESCRIPTION DRUG PROGRAM #204</b>   |            |
| Single  | \$204.98   |
| Member & Spouse/Partner   | \$409.96   |
| Family  | \$586.24   |
| Parent & Child  | \$381.26   |
| Medical Plans Available with Prescription Drug Program #203   |            |
| <b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>                                       |            |
| Single  | \$940.13   |
| Member & Spouse/Partner   | \$1,880.26 |
| Family  | \$2,688.77 |
| Parent & Child  | \$1,748.64 |
| <b>PRESCRIPTION DRUG PROGRAM #203</b>   |            |
| Single  | \$217.16   |
| Member & Spouse/Partner   | \$434.32   |
| Family  | \$621.08   |
| Parent & Child  | \$403.92   |
| Medical Plans Available with Prescription Drug Program #209   |            |
| <b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b> |            |
| Single  | \$662.88   |
| Member & Spouse/Partner   | \$1,325.76 |
| Family  | \$1,895.84 |
| Parent & Child  | \$1,232.96 |
| <b>PRESCRIPTION DRUG PROGRAM #209</b>   |            |
| Single  | \$147.91   |
| Member & Spouse/Partner   | \$295.84   |
| Family  | \$423.02   |
| Parent & Child  | \$275.11   |

\* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.



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**State Monthly Active Group**  
**Monthly Rates – Horizon Plans**  
**Effective 1/1/2025 – 12/31/2025**

| PLAN/COVERAGE DESCRIPTION   | TOTAL      |
|---|------------|
| High Deductible Health Plans with Built-In Prescription Drug                                  |            |
| <b>NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible</b> |            |
| Single  | \$632.06   |
| Member & Spouse/Partner   | \$1,264.12 |
| Family  | \$1,807.69 |
| Parent & Child  | \$1,175.63 |
| <b>NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>  |            |
| Single  | \$937.39   |
| Member & Spouse/Partner   | \$1,874.78 |
| Family  | \$2,680.93 |
| Parent & Child  | \$1,743.54 |

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