



**Local Monthly Active Group —
Education Employers
Monthly Rates – Aetna Plans**
Effective 1/1/2025* to 12/31/2025

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,304.62		\$1,304.62
Member & Spouse/Partner	\$1,310.95	\$1,298.29	\$2,609.24
Family	\$1,313.27	\$2,417.94	\$3,731.21
Parent & Child	\$1,307.43	\$1,119.16	\$2,426.59
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,241.96		\$1,241.96
Member & Spouse/Partner	\$1,248.29	\$1,235.63	\$2,483.92
Family	\$1,250.61	\$2,301.39	\$3,552.00
Parent & Child	\$1,244.77	\$1,065.27	\$2,310.04
PRESCRIPTION DRUG PROGRAM #201			
Single	\$289.39		\$289.39
Member & Spouse/Partner	\$289.39	\$289.39	\$578.78
Family	\$289.39	\$538.27	\$827.66
Parent & Child	\$289.39	\$248.88	\$538.27
Medical Plan Available with Prescription Drug Program #298			
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$960.85		\$960.85
Member & Spouse/Partner	\$967.18	\$954.51	\$1,921.69
Family	\$969.50	\$1,778.52	\$2,748.02
Parent & Child	\$963.66	\$823.51	\$1,787.17
PRESCRIPTION DRUG PROGRAM #298			
Single	\$185.52		\$185.52
Member & Spouse/Partner	\$185.52	\$185.52	\$371.04
Family	\$185.52	\$345.07	\$530.59
Parent & Child	\$185.52	\$159.55	\$345.07
Medical Plan Available with Prescription Drug Program #299			
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$829.40		\$829.40
Member & Spouse/Partner	\$835.73	\$823.07	\$1,658.80
Family	\$838.05	\$1,534.03	\$2,372.08
Parent & Child	\$832.21	\$710.47	\$1,542.68
PRESCRIPTION DRUG PROGRAM #299			
Single	\$185.52		\$185.52
Member & Spouse/Partner	\$185.52	\$185.52	\$371.04
Family	\$185.52	\$345.07	\$530.59
Parent & Child	\$185.52	\$159.55	\$345.07

*The Garden State Health Plan is available 1/1/2024 - 12/31/2024

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



**Local Monthly Active Group —
Education Employers
Monthly Rates – Horizon Plans
Effective 1/1/2025 – 12/31/2025**

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,304.62		\$1,304.62
Member & Spouse/Partner	\$1,310.95	\$1,298.29	\$2,609.24
Family	\$1,313.27	\$2,417.94	\$3,731.21
Parent & Child	\$1,307.43	\$1,119.16	\$2,426.59
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,241.96		\$1,241.96
Member & Spouse/Partner	\$1,248.29	\$1,235.63	\$2,483.92
Family	\$1,250.61	\$2,301.39	\$3,552.00
Parent & Child	\$1,244.77	\$1,065.27	\$2,310.04
PRESCRIPTION DRUG PROGRAM #201			
Single	\$289.39		\$289.39
Member & Spouse/Partner	\$289.39	\$289.39	\$578.78
Family	\$289.39	\$538.27	\$827.66
Parent & Child	\$289.39	\$248.88	\$538.27
Medical Plan Available with Prescription Drug Program #298			
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$960.85		\$960.85
Member & Spouse/Partner	\$967.18	\$954.51	\$1,921.69
Family	\$969.50	\$1,778.52	\$2,748.02
Parent & Child	\$963.66	\$823.51	\$1,787.17
PRESCRIPTION DRUG PROGRAM #298			
Single	\$185.52		\$185.52
Member & Spouse/Partner	\$185.52	\$185.52	\$371.04
Family	\$185.52	\$345.07	\$530.59
Parent & Child	\$185.52	\$159.55	\$345.07

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