



Chapter 172 Part-Time Local Education Monthly Active Group
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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,435.08
Member & Spouse/Partner	\$2,870.16
Family	\$4,104.33
Parent & Child	\$2,669.24
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,366.15
Member & Spouse/Partner	\$2,732.31
Family	\$3,907.20
Parent & Child	\$2,541.04
PRESCRIPTION DRUG PROGRAM #201	
Single	\$318.32
Member & Spouse/Partner	\$636.65
Family	\$910.42
Parent & Child	\$592.09
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	\$1,056.93
Member & Spouse/Partner	\$2,113.85
Family	\$3,022.82
Parent & Child	\$1,965.88
PRESCRIPTION DRUG PROGRAM #298	
Single	\$204.07
Member & Spouse/Partner	\$408.14
Family	\$583.64
Parent & Child	\$379.57
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	\$912.34
Member & Spouse/Partner	\$1,824.68
Family	\$2,609.28
Parent & Child	\$1,696.94
PRESCRIPTION DRUG PROGRAM #299	
Single	\$204.07
Member & Spouse/Partner	\$408.14
Family	\$583.64
Parent & Child	\$379.57

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



Chapter 172 Part-Time Local Education Monthly Active Group
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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,435.08
Member & Spouse/Partner	\$2,870.16
Family	\$4,104.33
Parent & Child	\$2,669.24
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,366.15
Member & Spouse/Partner	\$2,732.31
Family	\$3,907.20
Parent & Child	\$2,541.04
PRESCRIPTION DRUG PROGRAM #201	
Single	\$318.32
Member & Spouse/Partner	\$636.65
Family	\$910.42
Parent & Child	\$592.09
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	\$1,056.93
Member & Spouse/Partner	\$2,113.85
Family	\$3,022.82
Parent & Child	\$1,965.88
PRESCRIPTION DRUG PROGRAM #298	
Single	\$204.07
Member & Spouse/Partner	\$408.14
Family	\$583.64
Parent & Child	\$379.57

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