



**State Retired Group**  
**Medicare and Non-Medicare Monthly Rates**  
 Effective 1/1/2025 to 12/31/2025  
**Medical Including Rx**

PLAN AND COVERAGE LEVEL	MONTHLY RATE
<b>Rates for Retirees and Dependents – No Medicare</b>	
<b>Aetna CWA Unity Freedom #025 (24G) &amp; Horizon CWA Unity DIRECT #023 (24E)</b>	
Single – No Medicare	\$1,422.70
Retiree & Spouse/Partner – No Medicare	\$3,101.47
Family – No Medicare	\$3,528.27
Parent & Child – No Medicare	\$1,991.78
<b>Aetna CWA Unity Freedom 2019 #026 (24H) &amp; Horizon CWA Unity DIRECT 2019 #024 (24F)</b>	
Single – No Medicare	\$1,422.70
Retiree & Spouse/Partner – No Medicare	\$3,101.47
Family – No Medicare	\$3,528.27
Parent & Child – No Medicare	\$1,991.78
<b>Aetna Freedom #031 (24N) &amp; Horizon NJ DIRECT #027 (24L)</b>	
Single – No Medicare	\$1,422.70
Retiree & Spouse/Partner – No Medicare	\$3,101.47
Family – No Medicare	\$3,528.27
Parent & Child – No Medicare	\$1,991.78
<b>Aetna Freedom 2019 #032 (24O) &amp; Horizon NJ DIRECT 2019 #030 (24M)</b>	
Single – No Medicare	\$1,422.70
Retiree & Spouse/Partner – No Medicare	\$3,101.47
Family – No Medicare	\$3,528.27
Parent & Child – No Medicare	\$1,991.78
<b>Aetna Freedom 10 #018 (24B) &amp; Horizon NJ DIRECT 10 #050 (230)</b>	
Single – No Medicare	\$1,625.09
Retiree & Spouse/Partner – No Medicare	\$3,542.72
Family – No Medicare	\$4,030.27
Parent & Child – No Medicare	\$2,275.12
<b>Aetna Freedom 15 #180 (24C) &amp; Horizon NJ DIRECT 15 #150 (231)</b>	
Single – No Medicare	\$1,544.80
Retiree & Spouse/Partner – No Medicare	\$3,367.64
Family – No Medicare	\$3,831.09
Parent & Child – No Medicare	\$2,162.67
<b>Aetna Freedom 1525 #063 (249) &amp; Horizon NJ DIRECT 1525 #051 (234)</b>	
Single – No Medicare	\$1,490.13
Retiree & Spouse/Partner – No Medicare	\$3,248.48
Family – No Medicare	\$3,695.50
Parent & Child – No Medicare	\$2,086.16
<b>Aetna Freedom 2030 #064 (24A) &amp; Horizon NJ DIRECT 2030 #052 (235)</b>	
Single – No Medicare	\$1,426.14
Retiree & Spouse/Partner – No Medicare	\$3,108.98
Family – No Medicare	\$3,536.79
Parent & Child – No Medicare	\$1,996.57



**State Retired Group  
 Medicare and Non-Medicare Monthly Rates  
 Effective 1/1/2025 to 12/31/2025  
 Medical Including Rx**

PLAN AND COVERAGE LEVEL	MONTHLY RATE
<b>Aetna HMO #019 (232) &amp; Horizon HMO #011 (246)</b>	
Single – No Medicare	\$1,456.08
Retiree & Spouse/Partner – No Medicare	\$3,172.34
Family – No Medicare	\$3,608.99
Parent & Child – No Medicare	\$2,037.07
<b>Aetna HMO 1525 #061 (236) &amp; Horizon HMO 1525 #053 (247)</b>	
Single – No Medicare	\$1,344.16
Retiree & Spouse/Partner – No Medicare	\$2,930.24
Family – No Medicare	\$3,333.50
Parent & Child – No Medicare	\$1,881.77
<b>Aetna HMO 2030 #062 (237) &amp; Horizon HMO 2030 #054 (248)</b>	
Single – No Medicare	\$1,287.25
Retiree & Spouse/Partner – No Medicare	\$2,806.26
Family – No Medicare	\$3,192.39
Parent & Child – No Medicare	\$1,802.16
<b>Aetna Liberty #067 (24Q) &amp; Horizon OMNIA #057 (24P)</b>	
Single – No Medicare	\$1,195.21
Retiree & Spouse/Partner – No Medicare	\$2,605.56
Family – No Medicare	\$2,964.15
Parent & Child – No Medicare	\$1,673.29
<b>Aetna Freedom HDHigh #092 (242) &amp; Horizon NJ DIRECT HDHigh #090 (240)</b>	
Single – No Medicare	\$820.96
Retiree & Spouse/Partner – No Medicare	\$1,789.59
Family – No Medicare	\$2,035.87
Parent & Child – No Medicare	\$1,149.27
<b>Aetna Freedom HDLow #093 (243) &amp; Horizon NJ DIRECT HDLow #091 (241)</b>	
Single – No Medicare	\$1,201.47
Retiree & Spouse/Partner – No Medicare	\$2,619.20
Family – No Medicare	\$2,979.67
Parent & Child – No Medicare	\$1,682.03
<b>Rates for Retirees and Dependents – Retiree, Spouse, or Both on Medicare</b>	
<b>Aetna Medicare Advantage 15   Aetna Freedom Split #19F (23I)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,061.56
Family – One on Medicare	\$2,488.36
Family – Both on Medicare	\$1,448.45
Parent & Child – One on Medicare	\$951.87
<b>Aetna Medicare Advantage 15   Aetna Freedom 2019 Split #19G (23K)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,061.56
Family – One on Medicare	\$2,488.36
Family – Both on Medicare	\$1,448.45
Parent & Child – One on Medicare	\$951.87



**State Retired Group  
 Medicare and Non-Medicare Monthly Rates  
 Effective 1/1/2025 to 12/31/2025  
 Medical Including Rx**

PLAN AND COVERAGE LEVEL	MONTHLY RATE
<b>Aetna Medicare Advantage 15   Aetna CWA Unity Freedom Split #19H (23L)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,061.56
Family – One on Medicare	\$2,488.36
Family – Both on Medicare	\$1,448.45
Parent & Child – One on Medicare	\$951.87
<b>Aetna Medicare Advantage 15   Aetna CWA Unity Freedom 2019 Split #19I (23M)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,061.56
Family – One on Medicare	\$2,488.36
Family – Both on Medicare	\$1,448.45
Parent & Child – One on Medicare	\$951.87
<b>Aetna Medicare Advantage 10   Aetna Freedom 10 Split #19K (24V)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,318.56
Family – One on Medicare	\$2,806.11
Family – Both on Medicare	\$1,581.95
Parent & Child – One on Medicare	\$1,050.96
<b>Aetna Medicare Advantage 15   Aetna Freedom 15 Split #19L (23O)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,205.63
Family – One on Medicare	\$2,669.08
Family – Both on Medicare	\$1,507.07
Parent & Child – One on Medicare	\$1,000.66
<b>Aetna Medicare Advantage   Aetna HMO Split #19M (23P)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,222.78
Family – One on Medicare	\$2,659.43
Family – Both on Medicare	\$1,709.87
Parent & Child – One on Medicare	\$1,087.51
<b>Aetna Medicare Advantage   Aetna HMO 1525 Split #19N (23Q)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,022.23
Family – One on Medicare	\$2,425.49
Family – Both on Medicare	\$1,517.48
Parent & Child – One on Medicare	\$973.76
<b>Aetna Medicare Advantage   Aetna Freedom HDHigh Split #19P (23S)*</b>	
Retiree & Spouse/Partner – One on Medicare	\$1,351.42
Family – One on Medicare	\$1,597.70
<b>Aetna Medicare Advantage   Aetna Freedom HDLow Split #19O (23R)*</b>	
Retiree & Spouse/Partner – One on Medicare	\$1,800.52
Family – One on Medicare	\$2,160.99
<b>Aetna Medicare Advantage   Aetna Liberty Split #19Q (23U)*</b>	
Retiree & Spouse/Partner – One on Medicare	\$1,793.14
Family – One on Medicare	\$2,151.73

*\*These plans are not available when the Retiree is on Medicare*



**State Retired Group  
 Medicare and Non-Medicare Monthly Rates  
 Effective 1/1/2025 to 12/31/2025  
 Medical Including Rx**

PLAN AND COVERAGE LEVEL	MONTHLY RATE
<b>Horizon CWA Unity DIRECT   Horizon NJ DIRECT 1525 Split #17B (23X)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,206.02
Family – One on Medicare	\$2,632.82
Family – Both on Medicare	\$1,737.37
Parent & Child – One on Medicare	\$1,096.33
<b>Horizon CWA Unity DIRECT   Horizon NJ DIRECT 2030 Split #17C (23X)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,192.78
Family – One on Medicare	\$2,619.58
Family – Both on Medicare	\$1,710.89
Parent & Child – One on Medicare	\$1,083.09
<b>Horizon NJ DIRECT   Horizon NJ DIRECT 1525 Split #17G (24I)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,206.02
Family – One on Medicare	\$2,632.82
Family – Both on Medicare	\$1,737.37
Parent & Child – One on Medicare	\$1,096.33
<b>Horizon NJ DIRECT   Horizon NJ DIRECT 2030 Split #17H (24R)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,192.78
Family – One on Medicare	\$2,619.58
Family – Both on Medicare	\$1,710.89
Parent & Child – One on Medicare	\$1,083.09
<b>Horizon NJ DIRECT 10   Horizon NJ DIRECT 1525 Split #17A (23A)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,444.88
Family – One on Medicare	\$2,932.43
Family – Both on Medicare	\$1,834.59
Parent & Child – One on Medicare	\$1,177.28
<b>Horizon NJ DIRECT 15   Horizon NJ DIRECT 1525 Split #17D (23B)</b>	
Retiree & Spouse/Partner – One on Medicare	\$2,350.09
Family – One on Medicare	\$2,813.54
Family – Both on Medicare	\$1,795.99
Parent & Child – One on Medicare	\$1,145.12
<b>Horizon NJ DIRECT HDHigh   Horizon NJ DIRECT 1525 Split #17Y (23Y)*</b>	
Retiree & Spouse/Partner – One on Medicare	\$1,495.88
Family – One on Medicare	\$1,742.16
<b>Horizon NJ DIRECT HDLow   Horizon NJ DIRECT 1525 Split #17V (23V)*</b>	
Retiree & Spouse/Partner – One on Medicare	\$1,944.98
Family – One on Medicare	\$2,305.45
<b>Horizon OMNIA   Horizon NJ DIRECT 1525 Split #17Z (23Z)*</b>	
Retiree & Spouse/Partner – One on Medicare	\$1,937.60
Family – One on Medicare	\$2,296.19

*\*These plans are not available when the Retiree is on Medicare*



**State Retired Group  
 Medicare and Non-Medicare Monthly Rates  
 Effective 1/1/2025 to 12/31/2025  
 Medical Including Rx**

PLAN AND COVERAGE LEVEL	MONTHLY RATE
<b>Horizon NJ DIRECT 1525 #051 (234)</b>	
Single – On Medicare	\$527.25
Retiree & Spouse/Partner – One on Medicare	\$2,285.60
Retiree & Spouse/Partner – Both on Medicare	\$1,054.50
Family – One on Medicare	\$2,732.62
Family – Both on Medicare	\$1,769.74
Parent & Child – One on Medicare	\$1,123.28
<b>Horizon NJ DIRECT 2030 #052 (235)</b>	
Single – On Medicare	\$514.01
Retiree & Spouse/Partner – One on Medicare	\$2,196.85
Retiree & Spouse/Partner – Both on Medicare	\$1,028.02
Family – One on Medicare	\$2,624.66
Family – Both on Medicare	\$1,712.53
Parent & Child – One on Medicare	\$1,084.44
<b>Horizon HMO #011 (246)</b>	
Single – On Medicare	\$689.89
Retiree & Spouse/Partner – One on Medicare	\$2,406.15
Retiree & Spouse/Partner – Both on Medicare	\$1,379.78
Family – One on Medicare	\$2,842.80
Family – Both on Medicare	\$2,076.61
Parent & Child – One on Medicare	\$1,270.88
<b>Horizon HMO 1525 #053 (247)</b>	
Single – On Medicare	\$644.37
Retiree & Spouse/Partner – One on Medicare	\$2,230.45
Retiree & Spouse/Partner – Both on Medicare	\$1,288.74
Family – One on Medicare	\$2,633.71
Family – Both on Medicare	\$1,933.92
Parent & Child – One on Medicare	\$1,181.98
<b>Horizon HMO 2030 #054 (248)</b>	
Single – On Medicare	\$629.16
Retiree & Spouse/Partner – One on Medicare	\$2,148.17
Retiree & Spouse/Partner – Both on Medicare	\$1,258.32
Family – One on Medicare	\$2,534.30
Family – Both on Medicare	\$1,876.21
Parent & Child – One on Medicare	\$1,144.07



**State Retired Group**  
**Medicare and Non-Medicare Monthly Rates**  
 Effective 1/1/2025 to 12/31/2025  
**Medical Including Rx**

PLAN AND COVERAGE LEVEL	MONTHLY RATE
<b>Aetna Medicare Advantage PPO 10 #181 (23C)</b>	
Single – On Medicare	\$400.93
Retiree & Spouse/Partner – Both on Medicare	\$801.86
<b>Aetna Medicare Advantage PPO 15 #182 (23D)</b>	
Single – On Medicare	\$382.79
Retiree & Spouse/Partner – Both on Medicare	\$765.58
<b>Aetna Medicare Advantage HMO #183 (23E)</b>	
Single – On Medicare	\$506.52
Retiree & Spouse/Partner – Both on Medicare	\$1,013.04
<b>Aetna Medicare Advantage HMO 1525 #184 (23F)</b>	
Single – On Medicare	\$436.15
Retiree & Spouse/Partner – Both on Medicare	\$872.30