UNION NEGOTIATED AND NON-ALIGNED PLANS
State Biweekly Active Group
Biweekly Rates – Aetna Plans
Effective 12/26/2026 to 12/24/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A— *PPO Plan with $15 Primary Care Copayment*	
Single	$546.14
Member & Spouse/Partner	$1,092.28
Family	$1,561.96
Parent & Child	$1,015.82
PRESCRIPTION DRUG PROGRAM #204	
Single	$153.77
Member & Spouse/Partner	$307.54
Family	$439.78
Parent & Child	$286.01
Medical Plans Available with Prescription Drug Program #203	
26 Aetna HMO #01I— *HMO Plan with $15 Primary Care Copayment*	
Single	$571.26
Member & Spouse/Partner	$1,142.53
Family	$1,633.82
Parent & Child	$1,062.55
PRESCRIPTION DRUG PROGRAM #203	
Single	$169.02
Member & Spouse/Partner	$338.04
Family	$483.40
Parent & Child	$314.37
Medical Plans Available with Prescription Drug Program #2A9	
26 Aetna Liberty Plus #06H — *Tiered Plan with $5 Primary Care / $20 Specialist Care Copayment for Tier 1*	
Single	$417.64
Member & Spouse/Partner	$835.29
Family	$1,194.47
Parent & Child	$776.82
PRESCRIPTION DRUG PROGRAM #2A9	
Single	$114.83
Member & Spouse/Partner	$229.66
Family	$328.41
Parent & Child	$213.58
High Deductible Health Plans with Built In Prescription Drug	
26 Freedom HDHigh #09C— *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$412.43
Member & Spouse/Partner	$824.86
Family	$1,179.55
Parent & Child	$767.12
26 Freedom HDLow #09D— *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$611.22
Member & Spouse/Partner	$1,222.44
Family	$1,748.09
Parent & Child	$1,136.86

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

UNION NEGOTIATED AND NON-ALIGNED PLANS
State Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 12/26/2026– 12/24/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — *PPO Plan with $15 Primary Care Copayment*	
Single	$546.14
Member & Spouse/Partner	$1,092.28
Family	$1,561.96
Parent & Child	$1,015.82
PRESCRIPTION DRUG PROGRAM #204	
Single	$153.77
Member & Spouse/Partner	$307.54
Family	$439.78
Parent & Child	$286.01
Medical Plans Available with Prescription Drug Program #203	
26 Horizon HMO #01A— *HMO Plan with $15 Primary Care Copayment*	
Single	$571.26
Member & Spouse/Partner	$1,142.53
Family	$1,633.82
Parent & Child	$1,062.55
PRESCRIPTION DRUG PROGRAM #203	
Single	$169.02
Member & Spouse/Partner	$338.04
Family	$483.40
Parent & Child	$314.37
Medical Plans Available with Prescription Drug Program #2A9	
26 Horizon OMNIA #05E— *Tiered Plan with $5 Primary Care / $20 Specialist Care Copayment for Tier 1*	
Single	$417.64
Member & Spouse/Partner	$835.29
Family	$1,194.47
Parent & Child	$776.82
PRESCRIPTION DRUG PROGRAM #2A9	
Single	$114.83
Member & Spouse/Partner	$229.66
Family	$328.41
Parent & Child	$213.58
High Deductible Health Plans with Built In Prescription Drug	
26 NJ DIRECT HDHigh #09A — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$412.43
Member & Spouse/Partner	$824.86
Family	$1,179.55
Parent & Child	$767.12
26 NJ DIRECT HDLow #09B— *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$611.22
Member & Spouse/Partner	$1,222.44
Family	$1,748.09
Parent & Child	$1,136.86

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