UNION NEGOTIATED AND NON-ALIGNED PLANS
State Monthly Active Group
Monthly Rates – Aetna Plans
Effective 1/1/2027 to 12/31/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,186.49
Member & Spouse/Partner	$2,372.98
Family	$3,393.36
Parent & Child	$2,206.87
PRESCRIPTION DRUG PROGRAM #204	
Single	$334.07
Member & Spouse/Partner	$668.14
Family	$955.44
Parent & Child	$621.37
Medical Plans Available with Prescription Drug Program #203	
26 Aetna HMO #01I — *HMO Plan with $15 Primary Care Copayment*	
Single	$1,241.08
Member & Spouse/Partner	$2,482.16
Family	$3,549.49
Parent & Child	$2,308.41
PRESCRIPTION DRUG PROGRAM #203	
Single	$367.20
Member & Spouse/Partner	$734.40
Family	$1,050.19
Parent & Child	$682.99
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	$907.34
Member & Spouse/Partner	$1,814.68
Family	$2,594.99
Parent & Child	$1,687.65
PRESCRIPTION DRUG PROGRAM #2A9	
Single	$249.47
Member & Spouse/Partner	$498.94
Family	$713.48
Parent & Child	$464.01
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$896.01
Member & Spouse/Partner	$1,792.02
Family	$2,562.59
Parent & Child	$1,666.58
26 Freedom HDLow #09D — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,327.88
Member & Spouse/Partner	$2,655.76
Family	$3,797.73
Parent & Child	$2,469.85

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 Monthly Active Group
Monthly Rates – Horizon Plans
Effective 1/1/2027 – 12/31/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,186.49
Member & Spouse/Partner	$2,372.98
Family	$3,393.36
Parent & Child	$2,206.87
PRESCRIPTION DRUG PROGRAM #204	
Single	$334.07
Member & Spouse/Partner	$668.14
Family	$955.44
Parent & Child	$621.37
Medical Plans Available with Prescription Drug Program #203	
26 Horizon HMO #01A — *HMO Plan with $15 Primary Care Copayment*	
Single	$1,241.08
Member & Spouse/Partner	$2,482.16
Family	$3,549.49
Parent & Child	$2,308.41
PRESCRIPTION DRUG PROGRAM #203	
Single	$367.20
Member & Spouse/Partner	$734.40
Family	$1,050.19
Parent & Child	$682.99
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	$907.34
Member & Spouse/Partner	$1,814.68
Family	$2,594.99
Parent & Child	$1,687.65
PRESCRIPTION DRUG PROGRAM #2A9	
Single	$249.47
Member & Spouse/Partner	$498.94
Family	$713.48
Parent & Child	$464.01
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	$896.01
Member & Spouse/Partner	$1,792.02
Family	$2,562.59
Parent & Child	$1,666.58
26 NJ DIRECT HDLow #09B — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,327.88
Member & Spouse/Partner	$2,655.76
Family	$3,797.73
Parent & Child	$2,469.85

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