



State Monthly Active Group Monthly Rates – Aetna Plans Effective 7/1/2024 to 12/31/2024

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$873.49
Member & Spouse/Partner	\$1,746.98
Family	\$2,498.18
Parent & Child	\$1,624.69
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$836.90
Member & Spouse/Partner	\$1,673.80
Family	\$2,393.53
Parent & Child	\$1,556.63
PRESCRIPTION DRUG PROGRAM #203	
Single	\$173.63
Member & Spouse/Partner	\$347.26
Family	\$496.58
Parent & Child	\$322.95
Medical Plans Available with Prescription Drug Program #204	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$892.12
Member & Spouse/Partner	\$1,784.24
Family	\$2,551.46
Parent & Child	\$1,659.34
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$887.42
Member & Spouse/Partner	\$1,774.84
Family	\$2,538.02
Parent & Child	\$1,650.60
PRESCRIPTION DRUG PROGRAM #204	
Single	\$165.60
Member & Spouse/Partner	\$331.20
Family	\$473.62
Parent & Child	\$308.02
Medical Plans Available with Prescription Drug Program #205	
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$849.04
Member & Spouse/Partner	\$1,698.08
Family	\$2,428.25
Parent & Child	\$1,579.21
PRESCRIPTION DRUG PROGRAM #205	
Single	\$157.48
Member & Spouse/Partner	\$314.96
Family	\$450.39
Parent & Child	\$292.91

* Members hired before July 1, 2019, will be enrolled in Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019.



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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$798.36
Member & Spouse/Partner	\$1,596.72
Family	\$2,283.31
Parent & Child	\$1,484.95
PRESCRIPTION DRUG PROGRAM #206	
Single	\$160.28
Member & Spouse/Partner	\$320.56
Family	\$458.40
Parent & Child	\$298.12
Medical Plans Available with Prescription Drug Program #207	
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$686.60
Member & Spouse/Partner	\$1,373.20
Family	\$1,963.68
Parent & Child	\$1,277.08
PRESCRIPTION DRUG PROGRAM #207	
Single	\$144.26
Member & Spouse/Partner	\$288.52
Family	\$412.58
Parent & Child	\$268.32
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$656.43
Member & Spouse/Partner	\$1,312.86
Family	\$1,877.39
Parent & Child	\$1,220.96
PRESCRIPTION DRUG PROGRAM #209	
Single	\$125.91
Member & Spouse/Partner	\$251.84
Family	\$360.10
Parent & Child	\$234.19



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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$550.65
Member & Spouse/Partner	\$1,101.30
Family	\$1,574.86
Parent & Child	\$1,024.21
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$816.65
Member & Spouse/Partner	\$1,633.30
Family	\$2,335.62
Parent & Child	\$1,518.97

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



State Monthly Active Group Monthly Rates – Horizon Plans Effective 1/1/2024 to 12/31/2024

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$873.49
Member & Spouse/Partner	\$1,746.98
Family	\$2,498.18
Parent & Child	\$1,624.69
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$836.90
Member & Spouse/Partner	\$1,673.80
Family	\$2,393.53
Parent & Child	\$1,556.63
PRESCRIPTION DRUG PROGRAM #203	
Single	\$173.63
Member & Spouse/Partner	\$347.26
Family	\$496.58
Parent & Child	\$322.95
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$892.12
Member & Spouse/Partner	\$1,784.24
Family	\$2,551.46
Parent & Child	\$1,659.34
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$887.42
Member & Spouse/Partner	\$1,774.84
Family	\$2,538.02
Parent & Child	\$1,650.60
PRESCRIPTION DRUG PROGRAM #204	
Single	\$165.60
Member & Spouse/Partner	\$331.20
Family	\$473.62
Parent & Child	\$308.02
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$849.04
Member & Spouse/Partner	\$1,698.08
Family	\$2,428.25
Parent & Child	\$1,579.21
PRESCRIPTION DRUG PROGRAM #205	
Single	\$157.48
Member & Spouse/Partner	\$314.96
Family	\$450.39
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Family	\$2,283.31
Parent & Child	\$1,484.95
PRESCRIPTION DRUG PROGRAM #206	
Single	\$160.28
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Single	\$686.60
Member & Spouse/Partner	\$1,373.20
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Member & Spouse/Partner	\$288.52
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Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$656.43
Member & Spouse/Partner	\$1,312.86
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