



Chapter 172 Part-Time State Monthly Active Group Monthly Rates – Aetna Plans Effective 7/1/2024 to 12/31/2024

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 #203	
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
PRESCRIPTION DRUG PROGRAM #203	
Single	\$190.99
Member & Spouse/Partner	\$381.98
Family	\$546.23
Parent & Child	\$355.24
Medical Plans Available with Prescription Drug Program #205	
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$933.94
Member & Spouse/Partner	\$1,867.88
Family	\$2,671.07
Parent & Child	\$1,737.13
PRESCRIPTION DRUG PROGRAM #205	
Single	\$173.22
Member & Spouse/Partner	\$346.45
Family	\$495.42
Parent & Child	\$322.20
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	\$722.07
Member & Spouse/Partner	\$1,444.14
Family	\$2,065.12
Parent & Child	\$1,343.05
PRESCRIPTION DRUG PROGRAM #209	
Single	\$138.50
Member & Spouse/Partner	\$277.02
Family	\$396.11
Parent & Child	\$257.60



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$878.19
Member & Spouse/Partner	\$1,756.39
Family	\$2,511.64
Parent & Child	\$1,633.44
PRESCRIPTION DRUG PROGRAM #206	
Single	\$176.30
Member & Spouse/Partner	\$352.61
Family	\$504.24
Parent & Child	\$327.93
Medical Plans Available with Prescription Drug Program #207	
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$755.26
Member & Spouse/Partner	\$1,510.52
Family	\$2,160.04
Parent & Child	\$1,404.78
PRESCRIPTION DRUG PROGRAM #207	
Single	\$158.68
Member & Spouse/Partner	\$317.37
Family	\$453.83
Parent & Child	\$295.15
Medical Plans Available with Prescription Drug Program #204	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.60
Parent & Child	\$1,825.27
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
CWA Unity Freedom* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.61
Parent & Child	\$1,825.27

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
PRESCRIPTION DRUG PROGRAM #204	
Single	\$182.16
Member & Spouse/Partner	\$364.32
Family	\$520.98
Parent & Child	\$338.82
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$605.71
Member & Spouse/Partner	\$1,211.43
Family	\$1,732.34
Parent & Child	\$1,126.63

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



Chapter 172 Part-Time State Monthly Active Group Monthly Rates – Horizon Plans Effective 1/1/2024 – 12/31/2024

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 #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
PRESCRIPTION DRUG PROGRAM #203	
Single	\$190.99
Member & Spouse/Partner	\$381.98
Family	\$546.23
Parent & Child	\$355.24
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$933.94
Member & Spouse/Partner	\$1,867.88
Family	\$2,671.07
Parent & Child	\$1,737.13
PRESCRIPTION DRUG PROGRAM #205	
Single	\$173.22
Member & Spouse/Partner	\$346.45
Family	\$495.42
Parent & Child	\$322.20
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$722.07
Member & Spouse/Partner	\$1,444.14
Family	\$2,065.12
Parent & Child	\$1,343.05
PRESCRIPTION DRUG PROGRAM #209	
Single	\$138.50
Member & Spouse/Partner	\$277.02
Family	\$396.11
Parent & Child	\$257.60



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$878.19
Member & Spouse/Partner	\$1,756.39
Family	\$2,511.64
Parent & Child	\$1,633.44
PRESCRIPTION DRUG PROGRAM #206	
Single	\$176.30
Member & Spouse/Partner	\$352.61
Family	\$504.24
Parent & Child	\$327.93
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$755.26
Member & Spouse/Partner	\$1,510.52
Family	\$2,160.04
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PRESCRIPTION DRUG PROGRAM #207	
Single	\$158.68
Member & Spouse/Partner	\$317.37
Family	\$453.83
Parent & Child	\$295.15
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.60
Parent & Child	\$1,825.27
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.61
Parent & Child	\$1,825.27

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
PRESCRIPTION DRUG PROGRAM #204	
Single	\$182.16
Member & Spouse/Partner	\$364.32
Family	\$520.98
Parent & Child	\$338.82
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$605.71
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