



**Local Monthly Active Group —  
Education Employers  
Monthly Rates – Aetna Plans**  
Effective 7/1/2024\* to 12/31/2024

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,295.14		\$1,295.14
Member & Spouse/Partner	\$1,299.94	\$1,290.35	\$2,590.29
Family	\$1,301.70	\$2,402.40	\$3,704.10
Parent & Child	\$1,297.27	\$1,111.69	\$2,408.96
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,242.26		\$1,242.26
Member & Spouse/Partner	\$1,247.06	\$1,237.47	\$2,484.53
Family	\$1,248.82	\$2,304.06	\$3,552.88
Parent & Child	\$1,244.39	\$1,066.22	\$2,310.61
<b>New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment</b>			
Single	\$1,053.59		\$1,053.59
Member & Spouse/Partner	\$1,058.39	\$1,048.79	\$2,107.18
Family	\$1,060.15	\$1,953.11	\$3,013.26
Parent & Child	\$1,055.72	\$903.95	\$1,959.67
<b>Garden State Health Plan #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>			
Single	\$929.34		\$929.34
Member & Spouse/Partner	\$934.14	\$924.53	\$1,858.67
Family	\$935.90	\$1,722.00	\$2,657.90
Parent & Child	\$931.47	\$797.09	\$1,728.56

\*The Garden State Health Plan is available 1/1/2024 - 12/31/2024

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



**Local Monthly Active Group —  
Education Employers  
Monthly Rates – Horizon Plans  
Effective 1/1/2024 – 12/31/2024**

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,295.14		\$1,295.14
Member & Spouse/Partner	\$1,299.94	\$1,290.35	\$2,590.29
Family	\$1,301.70	\$2,402.40	\$3,704.10
Parent & Child	\$1,297.27	\$1,111.69	\$2,408.96
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,242.26		\$1,242.26
Member & Spouse/Partner	\$1,247.06	\$1,237.47	\$2,484.53
Family	\$1,248.82	\$2,304.06	\$3,552.88
Parent & Child	\$1,244.39	\$1,066.22	\$2,310.61
<b>New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment</b>			
Single	\$1,053.59		\$1,053.59
Member & Spouse/Partner	\$1,058.39	\$1,048.79	\$2,107.18
Family	\$1,060.15	\$1,953.11	\$3,013.26
Parent & Child	\$1,055.72	\$903.95	\$1,959.67

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