



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates – Aetna Plans**  
Effective 1/1/2025 to 12/31/2025

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
<b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,274.96		\$1,274.96
Member & Spouse/Partner	\$1,281.29	\$1,268.63	\$2,549.92
Family	\$1,283.61	\$2,273.53	\$3,557.14
Parent & Child	\$1,277.77	\$1,004.41	\$2,282.18
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,214.10		\$1,214.10
Member & Spouse/Partner	\$1,220.43	\$1,207.77	\$2,428.20
Family	\$1,222.75	\$2,164.59	\$3,387.34
Parent & Child	\$1,216.91	\$956.33	\$2,173.24
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,179.19		\$1,179.19
Member & Spouse/Partner	\$1,185.52	\$1,172.86	\$2,358.38
Family	\$1,187.84	\$2,102.10	\$3,289.94
Parent & Child	\$1,182.00	\$928.75	\$2,110.75
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$236.39		\$236.39
Member & Spouse/Partner	\$236.39	\$236.39	\$472.78
Family	\$236.39	\$423.14	\$659.53
Parent & Child	\$236.39	\$186.75	\$423.14
Medical Plans Available with Prescription Drug Program #205			
<b>Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$1,177.72		\$1,177.72
Member & Spouse/Partner	\$1,184.05	\$1,171.39	\$2,355.44
Family	\$1,186.37	\$2,099.47	\$3,285.84
Parent & Child	\$1,180.53	\$927.59	\$2,108.12
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$214.39		\$214.39
Member & Spouse/Partner	\$214.39	\$214.39	\$428.78
Family	\$214.39	\$383.76	\$598.15
Parent & Child	\$214.39	\$169.37	\$383.76



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #297			
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,135.19		\$1,135.19
Member & Spouse/Partner	\$1,141.52	\$1,128.86	\$2,270.38
Family	\$1,143.84	\$2,023.34	\$3,167.18
Parent & Child	\$1,138.00	\$893.99	\$2,031.99
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,129.21		\$1,129.21
Member & Spouse/Partner	\$1,135.54	\$1,122.88	\$2,258.42
Family	\$1,137.86	\$2,012.64	\$3,150.50
Parent & Child	\$1,132.02	\$889.27	\$2,021.29
<b>PRESCRIPTION DRUG PROGRAM #297</b>			
Single	\$214.57		\$214.57
Member & Spouse/Partner	\$214.57	\$214.57	\$429.14
Family	\$214.57	\$384.08	\$598.65
Parent & Child	\$214.57	\$169.51	\$384.08
High Deductible Health Plans with Built-In Prescription Drug			
<b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>			
Single	\$758.21		\$758.21
Member & Spouse/Partner	\$764.54	\$751.88	\$1,516.42
Family	\$766.86	\$1,348.54	\$2,115.40
Parent & Child	\$761.02	\$596.17	\$1,357.19
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>			
Single	\$1,124.51		\$1,124.51
Member & Spouse/Partner	\$1,130.84	\$1,118.18	\$2,249.02
Family	\$1,133.16	\$2,004.22	\$3,137.38
Parent & Child	\$1,127.32	\$885.55	\$2,012.87

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

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)



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #209			
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>			
Single	\$845.65		\$845.65
Member & Spouse/Partner	\$851.98	\$839.32	\$1,691.30
Family	\$854.30	\$1,505.06	\$2,359.36
Parent & Child	\$848.46	\$665.25	\$1,513.71
<b>PRESCRIPTION DRUG PROGRAM #209</b>			
Single	\$191.06		\$191.06
Member & Spouse/Partner	\$191.06	\$191.06	\$382.12
Family	\$191.06	\$342.00	\$533.06
Parent & Child	\$191.06	\$150.94	\$342.00
Medical Plans Available with Prescription Drug Program #206			
<b>Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$1,107.01		\$1,107.01
Member & Spouse/Partner	\$1,113.34	\$1,100.68	\$2,214.02
Family	\$1,115.66	\$1,972.90	\$3,088.56
Parent & Child	\$1,109.82	\$871.73	\$1,981.55
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$218.22		\$218.22
Member & Spouse/Partner	\$218.22	\$218.22	\$436.44
Family	\$218.22	\$390.61	\$608.83
Parent & Child	\$218.22	\$172.39	\$390.61
Medical Plans Available with Prescription Drug Program #207			
<b>Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$952.04		\$952.04
Member & Spouse/Partner	\$958.37	\$945.71	\$1,904.08
Family	\$960.69	\$1,695.50	\$2,656.19
Parent & Child	\$954.85	\$749.30	\$1,704.15
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$196.40		\$196.40
Member & Spouse/Partner	\$196.40	\$196.40	\$392.80
Family	\$196.40	\$351.56	\$547.96
Parent & Child	\$196.40	\$155.16	\$351.56



**Local Monthly Active Group —  
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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,274.96		\$1,274.96
Member & Spouse/Partner	\$1,281.29	\$1,268.63	\$2,549.92
Family	\$1,283.61	\$2,273.53	\$3,557.14
Parent & Child	\$1,277.77	\$1,004.41	\$2,282.18
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,214.10		\$1,214.10
Member & Spouse/Partner	\$1,220.43	\$1,207.77	\$2,428.20
Family	\$1,222.75	\$2,164.59	\$3,387.34
Parent & Child	\$1,216.91	\$956.33	\$2,173.24
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,179.19		\$1,179.19
Member & Spouse/Partner	\$1,185.52	\$1,172.86	\$2,358.38
Family	\$1,187.84	\$2,102.10	\$3,289.94
Parent & Child	\$1,182.00	\$928.75	\$2,110.75
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$236.39		\$236.39
Member & Spouse/Partner	\$236.39	\$236.39	\$472.78
Family	\$236.39	\$423.14	\$659.53
Parent & Child	\$236.39	\$186.75	\$423.14
Medical Plans Available with Prescription Drug Program #205			
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$1,177.72		\$1,177.72
Member & Spouse/Partner	\$1,184.05	\$1,171.39	\$2,355.44
Family	\$1,186.37	\$2,099.47	\$3,285.84
Parent & Child	\$1,180.53	\$927.59	\$2,108.12
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$214.39		\$214.39
Member & Spouse/Partner	\$214.39	\$214.39	\$428.78
Family	\$214.39	\$383.76	\$598.15
Parent & Child	\$214.39	\$169.37	\$383.76



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Medical Plans Available with Prescription Drug Program #209			
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>			
Single	\$845.65		\$845.65
Member & Spouse/Partner	\$851.98	\$839.32	\$1,691.30
Family	\$854.30	\$1,505.06	\$2,359.36
Parent & Child	\$848.46	\$665.25	\$1,513.71
<b>PRESCRIPTION DRUG PROGRAM #209</b>			
Single	\$191.06		\$191.06
Member & Spouse/Partner	\$191.06	\$191.06	\$382.12
Family	\$191.06	\$342.00	\$533.06
Parent & Child	\$191.06	\$150.94	\$342.00
Medical Plans Available with Prescription Drug Program #206			
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$1,107.01		\$1,107.01
Member & Spouse/Partner	\$1,113.34	\$1,100.68	\$2,214.02
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Parent & Child	\$1,109.82	\$871.73	\$1,981.55
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Single	\$218.22		\$218.22
Member & Spouse/Partner	\$218.22	\$218.22	\$436.44
Family	\$218.22	\$390.61	\$608.83
Parent & Child	\$218.22	\$172.39	\$390.61
Medical Plans Available with Prescription Drug Program #207			
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$952.04		\$952.04
Member & Spouse/Partner	\$958.37	\$945.71	\$1,904.08
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<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$196.40		\$196.40
Member & Spouse/Partner	\$196.40	\$196.40	\$392.80
Family	\$196.40	\$351.56	\$547.96
Parent & Child	\$196.40	\$155.16	\$351.56



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Member & Spouse/Partner	\$1,141.52	\$1,128.86	\$2,270.38
Family	\$1,143.84	\$2,023.34	\$3,167.18
Parent & Child	\$1,138.00	\$893.99	\$2,031.99
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,129.21		\$1,129.21
Member & Spouse/Partner	\$1,135.54	\$1,122.88	\$2,258.42
Family	\$1,137.86	\$2,012.64	\$3,150.50
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