



**UNION NEGOTIATED AND NON-ALIGNED PLANS**  
**State Biweekly Active Group**  
**Biweekly Rates – Aetna Plans**  
**Effective 12/28/2024 to 12/26/2025**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$441.69
Member & Spouse/Partner	\$883.38
Family	\$1,263.24
Parent & Child	\$821.55
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$439.36
Member & Spouse/Partner	\$878.73
Family	\$1,256.59
Parent & Child	\$817.22
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$94.35
Member & Spouse/Partner	\$188.70
Family	\$269.84
Parent & Child	\$175.49
Medical Plans Available with Prescription Drug Program #203	
<b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$432.74
Member & Spouse/Partner	\$865.48
Family	\$1,237.63
Parent & Child	\$804.89
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$99.95
Member & Spouse/Partner	\$199.91
Family	\$285.88
Parent & Child	\$185.92
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	\$305.12
Member & Spouse/Partner	\$610.24
Family	\$872.65
Parent & Child	\$567.53
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$68.08
Member & Spouse/Partner	\$136.17
Family	\$194.71
Parent & Child	\$126.63

\* 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
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	\$290.93
Member & Spouse/Partner	\$581.87
Family	\$832.07
Parent & Child	\$541.14
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$431.47
Member & Spouse/Partner	\$862.95
Family	\$1,234.02
Parent & Child	\$802.55

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)



**UNION NEGOTIATED AND NON-ALIGNED PLANS**  
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**Biweekly Rates – Horizon Plans**  
**Effective 12/28/2024 – 12/26/2025**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$441.69
Member & Spouse/Partner	\$883.38
Family	\$1,263.24
Parent & Child	\$821.55
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$439.36
Member & Spouse/Partner	\$878.73
Family	\$1,256.59
Parent & Child	\$817.22
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$94.35
Member & Spouse/Partner	\$188.70
Family	\$269.84
Parent & Child	\$175.49
Medical Plans Available with Prescription Drug Program #203	
<b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$432.74
Member & Spouse/Partner	\$865.48
Family	\$1,237.63
Parent & Child	\$804.89
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$99.95
Member & Spouse/Partner	\$199.91
Family	\$285.88
Parent & Child	\$185.92
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	\$305.12
Member & Spouse/Partner	\$610.24
Family	\$872.65
Parent & Child	\$567.53
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$68.08
Member & Spouse/Partner	\$136.17
Family	\$194.71
Parent & Child	\$126.63

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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
<b>NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$290.93
Member & Spouse/Partner	\$581.87
Family	\$832.07
Parent & Child	\$541.14
<b>NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$431.47
Member & Spouse/Partner	\$862.95
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