



UNION NEGOTIATED AND NON-ALIGNED PLANS
State Monthly Active Group
Monthly Rates – Aetna Plans
Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$959.58
Member & Spouse/Partner	\$1,919.16
Family	\$2,744.40
Parent & Child	\$1,784.82
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$954.53
Member & Spouse/Partner	\$1,909.06
Family	\$2,729.96
Parent & Child	\$1,775.43
PRESCRIPTION DRUG PROGRAM #204	
Single	\$204.98
Member & Spouse/Partner	\$409.96
Family	\$586.24
Parent & Child	\$381.26
Medical Plans Available with Prescription Drug Program #203	
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$940.13
Member & Spouse/Partner	\$1,880.26
Family	\$2,688.77
Parent & Child	\$1,748.64
PRESCRIPTION DRUG PROGRAM #203	
Single	\$217.16
Member & Spouse/Partner	\$434.32
Family	\$621.08
Parent & Child	\$403.92
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	\$662.88
Member & Spouse/Partner	\$1,325.76
Family	\$1,895.84
Parent & Child	\$1,232.96
PRESCRIPTION DRUG PROGRAM #209	
Single	\$147.91
Member & Spouse/Partner	\$295.84
Family	\$423.02
Parent & Child	\$275.11

* 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	
Freedom HDHigh #092 — <i>High Deductible Health Plan with \$4,100 In-Network Deductible</i>	
Single	\$632.06
Member & Spouse/Partner	\$1,264.12
Family	\$1,807.69
Parent & Child	\$1,175.63
Freedom HDLow #093 — <i>High Deductible Health Plan with \$1,600 In-Network Deductible</i>	
Single	\$937.39
Member & Spouse/Partner	\$1,874.78
Family	\$2,680.93
Parent & Child	\$1,743.54

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



UNION NEGOTIATED AND NON-ALIGNED PLANS
State Monthly Active Group
Monthly Rates – Horizon Plans
Effective 1/1/2025 – 12/31/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$959.58
Member & Spouse/Partner	\$1,919.16
Family	\$2,744.40
Parent & Child	\$1,784.82
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$954.53
Member & Spouse/Partner	\$1,909.06
Family	\$2,729.96
Parent & Child	\$1,775.43
PRESCRIPTION DRUG PROGRAM #204	
Single	\$204.98
Member & Spouse/Partner	\$409.96
Family	\$586.24
Parent & Child	\$381.26
Medical Plans Available with Prescription Drug Program #203	
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$940.13
Member & Spouse/Partner	\$1,880.26
Family	\$2,688.77
Parent & Child	\$1,748.64
PRESCRIPTION DRUG PROGRAM #203	
Single	\$217.16
Member & Spouse/Partner	\$434.32
Family	\$621.08
Parent & Child	\$403.92
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	\$662.88
Member & Spouse/Partner	\$1,325.76
Family	\$1,895.84
Parent & Child	\$1,232.96
PRESCRIPTION DRUG PROGRAM #209	
Single	\$147.91
Member & Spouse/Partner	\$295.84
Family	\$423.02
Parent & Child	\$275.11

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NJ DIRECT HDHigh #090 — <i>High Deductible Health Plan with \$4,100 In-Network Deductible</i>	
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Family	\$1,807.69
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