



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

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	\$1,584.24		\$1,584.24
Member & Spouse/Partner	\$1,590.57	\$1,577.91	\$3,168.48
Family	\$1,592.89	\$2,938.03	\$4,530.92
Parent & Child	\$1,587.05	\$1,359.63	\$2,946.68
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,520.31		\$1,520.31
Member & Spouse/Partner	\$1,526.64	\$1,513.99	\$3,040.63
Family	\$1,528.96	\$2,819.13	\$4,348.09
Parent & Child	\$1,523.12	\$1,304.66	\$2,827.78
<b>New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment</b>			
Single	\$1,146.37		\$1,146.37
Member & Spouse/Partner	\$1,152.70	\$1,140.03	\$2,292.73
Family	\$1,155.02	\$2,123.59	\$3,278.61
Parent & Child	\$1,149.18	\$983.06	\$2,132.24
<b>Garden State Health Plan #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>			
Single	\$1,014.92		\$1,014.92
Member & Spouse/Partner	\$1,021.25	\$1,008.59	\$2,029.84
Family	\$1,023.57	\$1,879.10	\$2,902.67
Parent & Child	\$1,017.73	\$870.02	\$1,887.75

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 1/1/2025 – 12/31/2025**

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	\$1,584.24		\$1,584.24
Member & Spouse/Partner	\$1,590.57	\$1,577.91	\$3,168.48
Family	\$1,592.89	\$2,938.03	\$4,530.92
Parent & Child	\$1,587.05	\$1,359.63	\$2,946.68
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,520.31		\$1,520.31
Member & Spouse/Partner	\$1,526.64	\$1,513.99	\$3,040.63
Family	\$1,528.96	\$2,819.13	\$4,348.09
Parent & Child	\$1,523.12	\$1,304.66	\$2,827.78
<b>New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment</b>			
Single	\$1,146.37		\$1,146.37
Member & Spouse/Partner	\$1,152.70	\$1,140.03	\$2,292.73
Family	\$1,155.02	\$2,123.59	\$3,278.61
Parent & Child	\$1,149.18	\$983.06	\$2,132.24

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)