



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates – Aetna Plans**  
Effective 1/1/2026 to 12/31/2026

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

| PLAN/COVERAGE DESCRIPTION  | EMPLOYEE<br>SINGLE COST | DEPENDENT<br>COST | TOTAL      |
|--|-------------------------|-------------------|------------|
| Medical Plans Available with Prescription Drug Program #201                                |                         |                   |            |
| <b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>                          |                         |                   |            |
| Single   | \$1,666.44              |                   | \$1,666.44 |
| Member & Spouse/Partner  | \$1,672.92              | \$1,659.96        | \$3,332.88 |
| Family   | \$1,675.30              | \$2,974.07        | \$4,649.37 |
| Parent & Child   | \$1,669.32              | \$1,313.61        | \$2,982.93 |
| <b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>                          |                         |                   |            |
| Single   | \$1,586.89              |                   | \$1,586.89 |
| Member & Spouse/Partner  | \$1,593.37              | \$1,580.41        | \$3,173.78 |
| Family   | \$1,595.75              | \$2,831.67        | \$4,427.42 |
| Parent & Child   | \$1,589.77              | \$1,250.76        | \$2,840.53 |
| <b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>                          |                         |                   |            |
| Single   | \$1,541.26              |                   | \$1,541.26 |
| Member & Spouse/Partner  | \$1,547.74              | \$1,534.78        | \$3,082.52 |
| Family   | \$1,550.12              | \$2,750.00        | \$4,300.12 |
| Parent & Child   | \$1,544.14              | \$1,214.72        | \$2,758.86 |
| <b>PRESCRIPTION DRUG PROGRAM #201</b>  |                         |                   |            |
| Single   | \$382.44                |                   | \$382.44   |
| Member & Spouse/Partner  | \$382.44                | \$382.44          | \$764.88   |
| Family   | \$382.44                | \$684.57          | \$1,067.01 |
| Parent & Child   | \$382.44                | \$302.13          | \$684.57   |
| Medical Plans Available with Prescription Drug Program #205                                |                         |                   |            |
| <b>Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b> |                         |                   |            |
| Single   | \$1,539.34              |                   | \$1,539.34 |
| Member & Spouse/Partner  | \$1,545.82              | \$1,532.86        | \$3,078.68 |
| Family   | \$1,548.20              | \$2,746.56        | \$4,294.76 |
| Parent & Child   | \$1,542.22              | \$1,213.20        | \$2,755.42 |
| <b>PRESCRIPTION DRUG PROGRAM #205</b>  |                         |                   |            |
| Single   | \$346.85                |                   | \$346.85   |
| Member & Spouse/Partner  | \$346.85                | \$346.85          | \$693.70   |
| Family   | \$346.85                | \$620.86          | \$967.71   |
| Parent & Child   | \$346.85                | \$274.01          | \$620.86   |



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

| PLAN/COVERAGE DESCRIPTION   | EMPLOYEE<br>SINGLE COST | DEPENDENT<br>COST | TOTAL      |
|---|-------------------------|-------------------|------------|
| Medical Plans Available with Prescription Drug Program #297                                 |                         |                   |            |
| <b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>                            |                         |                   |            |
| Single  | \$1,483.75              |                   | \$1,483.75 |
| Member & Spouse/Partner   | \$1,490.23              | \$1,477.27        | \$2,967.50 |
| Family  | \$1,492.61              | \$2,647.05        | \$4,139.66 |
| Parent & Child  | \$1,486.63              | \$1,169.28        | \$2,655.91 |
| <b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>                       |                         |                   |            |
| Single  | \$1,475.93              |                   | \$1,475.93 |
| Member & Spouse/Partner   | \$1,482.41              | \$1,469.46        | \$2,951.87 |
| Family  | \$1,484.79              | \$2,633.07        | \$4,117.86 |
| Parent & Child  | \$1,478.81              | \$1,163.11        | \$2,641.92 |
| <b>PRESCRIPTION DRUG PROGRAM #297</b>   |                         |                   |            |
| Single  | \$347.14                |                   | \$347.14   |
| Member & Spouse/Partner   | \$347.14                | \$347.14          | \$694.28   |
| Family  | \$347.14                | \$621.38          | \$968.52   |
| Parent & Child  | \$347.14                | \$274.24          | \$621.38   |
| 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  | \$1,034.68              |                   | \$1,034.68 |
| Member & Spouse/Partner   | \$1,041.16              | \$1,028.20        | \$2,069.36 |
| Family  | \$1,043.54              | \$1,843.22        | \$2,886.76 |
| Parent & Child  | \$1,037.56              | \$814.52          | \$1,852.08 |
| <b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>  |                         |                   |            |
| Single  | \$1,534.55              |                   | \$1,534.55 |
| Member & Spouse/Partner   | \$1,541.03              | \$1,528.07        | \$3,069.10 |
| Family  | \$1,543.41              | \$2,737.99        | \$4,281.40 |
| Parent & Child  | \$1,537.43              | \$1,209.42        | \$2,746.85 |

\* 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<br>SINGLE COST | DEPENDENT<br>COST | TOTAL      |
|---|-------------------------|-------------------|------------|
| Medical Plans Available with Prescription Drug Program #209   |                         |                   |            |
| <b>Aetna Liberty Plus #067</b> — <i>Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</i> |                         |                   |            |
| Single  | \$1,105.64              |                   | \$1,105.64 |
| Member & Spouse/Partner   | \$1,112.12              | \$1,099.16        | \$2,211.28 |
| Family  | \$1,114.50              | \$1,970.24        | \$3,084.74 |
| Parent & Child  | \$1,108.52              | \$870.58          | \$1,979.10 |
| <b>PRESCRIPTION DRUG PROGRAM #209</b>   |                         |                   |            |
| Single  | \$301.85                |                   | \$301.85   |
| Member & Spouse/Partner   | \$301.85                | \$301.85          | \$603.70   |
| Family  | \$301.85                | \$540.31          | \$842.16   |
| Parent & Child  | \$301.85                | \$238.46          | \$540.31   |
| Medical Plans Available with Prescription Drug Program #206   |                         |                   |            |
| <b>Freedom2030 #064</b> — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>                     |                         |                   |            |
| Single  | \$1,527.46              |                   | \$1,527.46 |
| Member & Spouse/Partner   | \$1,533.94              | \$1,520.98        | \$3,054.92 |
| Family  | \$1,536.32              | \$2,725.29        | \$4,261.61 |
| Parent & Child  | \$1,530.34              | \$1,203.81        | \$2,734.15 |
| <b>PRESCRIPTION DRUG PROGRAM #206</b>   |                         |                   |            |
| Single  | \$349.04                |                   | \$349.04   |
| Member & Spouse/Partner   | \$349.04                | \$349.04          | \$698.08   |
| Family  | \$349.04                | \$624.78          | \$973.82   |
| Parent & Child  | \$349.04                | \$275.74          | \$624.78   |
| Medical Plans Available with Prescription Drug Program #207   |                         |                   |            |
| <b>Freedom2035 #066</b> — <i>PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</i>                     |                         |                   |            |
| Single  | \$1,435.81              |                   | \$1,435.81 |
| Member & Spouse/Partner   | \$1,442.29              | \$1,429.33        | \$2,871.62 |
| Family  | \$1,444.67              | \$2,561.24        | \$4,005.91 |
| Parent & Child  | \$1,438.69              | \$1,131.41        | \$2,570.10 |
| <b>PRESCRIPTION DRUG PROGRAM #207</b>   |                         |                   |            |
| Single  | \$345.17                |                   | \$345.17   |
| Member & Spouse/Partner   | \$345.17                | \$345.17          | \$690.34   |
| Family  | \$345.17                | \$617.85          | \$963.02   |
| Parent & Child  | \$345.17                | \$272.68          | \$617.85   |



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| PLAN/COVERAGE DESCRIPTION  | EMPLOYEE<br>SINGLE COST | DEPENDENT<br>COST | TOTAL      |
|--|-------------------------|-------------------|------------|
| Medical Plans Available with Prescription Drug Program #201                                  |                         |                   |            |
| <b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>                          |                         |                   |            |
| Single   | \$1,666.44              |                   | \$1,666.44 |
| Member & Spouse/Partner  | \$1,672.92              | \$1,659.96        | \$3,332.88 |
| Family   | \$1,675.30              | \$2,974.07        | \$4,649.37 |
| Parent & Child   | \$1,669.32              | \$1,313.61        | \$2,982.93 |
| <b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>                          |                         |                   |            |
| Single   | \$1,586.89              |                   | \$1,586.89 |
| Member & Spouse/Partner  | \$1,593.37              | \$1,580.41        | \$3,173.78 |
| Family   | \$1,595.75              | \$2,831.67        | \$4,427.42 |
| Parent & Child   | \$1,589.77              | \$1,250.76        | \$2,840.53 |
| <b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>                          |                         |                   |            |
| Single   | \$1,541.26              |                   | \$1,541.26 |
| Member & Spouse/Partner  | \$1,547.74              | \$1,534.78        | \$3,082.52 |
| Family   | \$1,550.12              | \$2,750.00        | \$4,300.12 |
| Parent & Child   | \$1,544.14              | \$1,214.72        | \$2,758.86 |
| <b>PRESCRIPTION DRUG PROGRAM #201</b>  |                         |                   |            |
| Single   | \$382.44                |                   | \$382.44   |
| Member & Spouse/Partner  | \$382.44                | \$382.44          | \$764.88   |
| Family   | \$382.44                | \$684.57          | \$1,067.01 |
| Parent & Child   | \$382.44                | \$302.13          | \$684.57   |
| Medical Plans Available with Prescription Drug Program #205                                  |                         |                   |            |
| <b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b> |                         |                   |            |
| Single   | \$1,539.34              |                   | \$1,539.34 |
| Member & Spouse/Partner  | \$1,545.82              | \$1,532.86        | \$3,078.68 |
| Family   | \$1,548.20              | \$2,746.56        | \$4,294.76 |
| Parent & Child   | \$1,542.22              | \$1,213.20        | \$2,755.42 |
| <b>PRESCRIPTION DRUG PROGRAM #205</b>  |                         |                   |            |
| Single   | \$346.85                |                   | \$346.85   |
| Member & Spouse/Partner  | \$346.85                | \$346.85          | \$693.70   |
| Family   | \$346.85                | \$620.86          | \$967.71   |
| Parent & Child   | \$346.85                | \$274.01          | \$620.86   |



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| PLAN/COVERAGE DESCRIPTION   | EMPLOYEE<br>SINGLE COST | DEPENDENT<br>COST | TOTAL      |
|---|-------------------------|-------------------|------------|
| 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  | \$1,105.64              |                   | \$1,105.64 |
| Member & Spouse/Partner   | \$1,112.12              | \$1,099.16        | \$2,211.28 |
| Family  | \$1,114.50              | \$1,970.24        | \$3,084.74 |
| Parent & Child  | \$1,108.52              | \$870.58          | \$1,979.10 |
| <b>PRESCRIPTION DRUG PROGRAM #209</b>   |                         |                   |            |
| Single  | \$301.85                |                   | \$301.85   |
| Member & Spouse/Partner   | \$301.85                | \$301.85          | \$603.70   |
| Family  | \$301.85                | \$540.31          | \$842.16   |
| Parent & Child  | \$301.85                | \$238.46          | \$540.31   |
| Medical Plans Available with Prescription Drug Program #206   |                         |                   |            |
| <b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>              |                         |                   |            |
| Single  | \$1,527.46              |                   | \$1,527.46 |
| Member & Spouse/Partner   | \$1,533.94              | \$1,520.98        | \$3,054.92 |
| Family  | \$1,536.32              | \$2,725.29        | \$4,261.61 |
| Parent & Child  | \$1,530.34              | \$1,203.81        | \$2,734.15 |
| <b>PRESCRIPTION DRUG PROGRAM #206</b>   |                         |                   |            |
| Single  | \$349.04                |                   | \$349.04   |
| Member & Spouse/Partner   | \$349.04                | \$349.04          | \$698.08   |
| Family  | \$349.04                | \$624.78          | \$973.82   |
| Parent & Child  | \$349.04                | \$275.74          | \$624.78   |
| Medical Plans Available with Prescription Drug Program #207   |                         |                   |            |
| <b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>              |                         |                   |            |
| Single  | \$1,435.81              |                   | \$1,435.81 |
| Member & Spouse/Partner   | \$1,442.29              | \$1,429.33        | \$2,871.62 |
| Family  | \$1,444.67              | \$2,561.24        | \$4,005.91 |
| Parent & Child  | \$1,438.69              | \$1,131.41        | \$2,570.10 |
| <b>PRESCRIPTION DRUG PROGRAM #207</b>   |                         |                   |            |
| Single  | \$345.17                |                   | \$345.17   |
| Member & Spouse/Partner   | \$345.17                | \$345.17          | \$690.34   |
| Family  | \$345.17                | \$617.85          | \$963.02   |
| Parent & Child  | \$345.17                | \$272.68          | \$617.85   |



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

| PLAN/COVERAGE DESCRIPTION   | EMPLOYEE<br>SINGLE COST | DEPENDENT<br>COST | TOTAL      |
|---|-------------------------|-------------------|------------|
| Medical Plans Available with Prescription Drug Program #297                                   |                         |                   |            |
| <b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>                            |                         |                   |            |
| Single  | \$1,483.75              |                   | \$1,483.75 |
| Member & Spouse/Partner   | \$1,490.23              | \$1,477.27        | \$2,967.50 |
| Family  | \$1,492.61              | \$2,647.05        | \$4,139.66 |
| Parent & Child  | \$1,486.63              | \$1,169.28        | \$2,655.91 |
| <b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>                       |                         |                   |            |
| Single  | \$1,475.93              |                   | \$1,475.93 |
| Member & Spouse/Partner   | \$1,482.41              | \$1,469.46        | \$2,951.87 |
| Family  | \$1,484.79              | \$2,633.07        | \$4,117.86 |
| Parent & Child  | \$1,478.81              | \$1,163.11        | \$2,641.92 |
| <b>PRESCRIPTION DRUG PROGRAM #297</b>   |                         |                   |            |
| Single  | \$347.14                |                   | \$347.14   |
| Member & Spouse/Partner   | \$347.14                | \$347.14          | \$694.28   |
| Family  | \$347.14                | \$621.38          | \$968.52   |
| Parent & Child  | \$347.14                | \$274.24          | \$621.38   |
| 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  | \$1,034.68              |                   | \$1,034.68 |
| Member & Spouse/Partner   | \$1,041.16              | \$1,028.20        | \$2,069.36 |
| Family  | \$1,043.54              | \$1,843.22        | \$2,886.76 |
| Parent & Child  | \$1,037.56              | \$814.52          | \$1,852.08 |
| <b>NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>  |                         |                   |            |
| Single  | \$1,534.55              |                   | \$1,534.55 |
| Member & Spouse/Partner   | \$1,541.03              | \$1,528.07        | \$3,069.10 |
| Family  | \$1,543.41              | \$2,737.99        | \$4,281.40 |
| Parent & Child  | \$1,537.43              | \$1,209.42        | \$2,746.85 |

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