



CWA Members
State Biweekly Active Group
Biweekly Rates – Aetna Plans
Effective 12/27/2025 to 12/25/2026

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
CWA Unity Freedom* #025 — PPO Plan with \$15 Primary Care Copayment	
Single	\$498.32
Member & Spouse/Partner	\$996.65
Family	\$1,425.21
Parent & Child	\$926.89
CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$495.71
Member & Spouse/Partner	\$991.42
Family	\$1,417.73
Parent & Child	\$922.02
PRESCRIPTION DRUG PROGRAM #204	
Single	\$130.21
Member & Spouse/Partner	\$260.42
Family	\$372.41
Parent & Child	\$242.20
Medical Plans Available with Prescription Drug Program #203	
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$526.33
Member & Spouse/Partner	\$1,052.67
Family	\$1,505.32
Parent & Child	\$978.98
PRESCRIPTION DRUG PROGRAM #203	
Single	\$144.41
Member & Spouse/Partner	\$288.82
Family	\$413.02
Parent & Child	\$268.61
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	\$367.26
Member & Spouse/Partner	\$734.53
Family	\$1,050.38
Parent & Child	\$683.12
PRESCRIPTION DRUG PROGRAM #209	
Single	\$96.81
Member & Spouse/Partner	\$193.63
Family	\$276.90
Parent & Child	\$180.08

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



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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$367.78
Member & Spouse/Partner	\$735.57
Family	\$1,051.87
Parent & Child	\$684.08
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$545.45
Member & Spouse/Partner	\$1,090.90
Family	\$1,560.00
Parent & Child	\$1,014.54

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



CWA Members
State Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 12/27/2025 – 12/25/2026

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$498.32
Member & Spouse/Partner	\$996.65
Family	\$1,425.21
Parent & Child	\$926.89
CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$495.71
Member & Spouse/Partner	\$991.42
Family	\$1,417.73
Parent & Child	\$922.02
PRESCRIPTION DRUG PROGRAM #204	
Single	\$130.21
Member & Spouse/Partner	\$260.42
Family	\$372.41
Parent & Child	\$242.20
Medical Plans Available with Prescription Drug Program #203	
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$526.33
Member & Spouse/Partner	\$1,052.67
Family	\$1,505.32
Parent & Child	\$978.98
PRESCRIPTION DRUG PROGRAM #203	
Single	\$144.41
Member & Spouse/Partner	\$288.82
Family	\$413.02
Parent & Child	\$268.61
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	\$367.26
Member & Spouse/Partner	\$734.53
Family	\$1,050.38
Parent & Child	\$683.12
PRESCRIPTION DRUG PROGRAM #209	
Single	\$96.81
Member & Spouse/Partner	\$193.63
Family	\$276.90
Parent & Child	\$180.08

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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$367.78
Member & Spouse/Partner	\$735.57
Family	\$1,051.87
Parent & Child	\$684.08
NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$545.45
Member & Spouse/Partner	\$1,090.90
Family	\$1,560.00
Parent & Child	\$1,014.54

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