



# UNION NEGOTIATED AND NON-ALIGNED PLANS

## 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	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$498.32
Member & Spouse/Partner	\$996.65
Family	\$1,425.21
Parent & Child	\$926.89
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$495.71
Member & Spouse/Partner	\$991.42
Family	\$1,417.73
Parent & Child	\$922.02
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$130.21
Member & Spouse/Partner	\$260.42
Family	\$372.41
Parent & Child	\$242.20
Medical Plans Available with Prescription Drug Program #203	
<b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$526.33
Member & Spouse/Partner	\$1,052.67
Family	\$1,505.32
Parent & Child	\$978.98
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$144.41
Member & Spouse/Partner	\$288.82
Family	\$413.02
Parent & Child	\$268.61
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	\$367.26
Member & Spouse/Partner	\$734.53
Family	\$1,050.38
Parent & Child	\$683.12
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
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 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	\$367.78
Member & Spouse/Partner	\$735.57
Family	\$1,051.87
Parent & Child	\$684.08
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
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](http://www.nj.gov/treasury/pensions)



# UNION NEGOTIATED AND NON-ALIGNED PLANS

## 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	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$498.32
Member & Spouse/Partner	\$996.65
Family	\$1,425.21
Parent & Child	\$926.89
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$495.71
Member & Spouse/Partner	\$991.42
Family	\$1,417.73
Parent & Child	\$922.02
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$130.21
Member & Spouse/Partner	\$260.42
Family	\$372.41
Parent & Child	\$242.20
Medical Plans Available with Prescription Drug Program #203	
<b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$526.33
Member & Spouse/Partner	\$1,052.67
Family	\$1,505.32
Parent & Child	\$978.98
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$144.41
Member & Spouse/Partner	\$288.82
Family	\$413.02
Parent & Child	\$268.61
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	\$367.26
Member & Spouse/Partner	\$734.53
Family	\$1,050.38
Parent & Child	\$683.12
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
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	
<b>NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$367.78
Member & Spouse/Partner	\$735.57
Family	\$1,051.87
Parent & Child	\$684.08
<b>NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$545.45
Member & Spouse/Partner	\$1,090.90
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