



UNION NEGOTIATED AND NON-ALIGNED PLANS

State Monthly Active Group

Monthly Rates – Aetna Plans

Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,082.62
Member & Spouse/Partner	\$2,165.24
Family	\$3,096.29
Parent & Child	\$2,013.67
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,076.93
Member & Spouse/Partner	\$2,153.86
Family	\$3,080.02
Parent & Child	\$2,003.09
PRESCRIPTION DRUG PROGRAM #204	
Single	\$282.89
Member & Spouse/Partner	\$565.78
Family	\$809.07
Parent & Child	\$526.18
Medical Plans Available with Prescription Drug Program #203	
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,143.47
Member & Spouse/Partner	\$2,286.94
Family	\$3,270.32
Parent & Child	\$2,126.85
PRESCRIPTION DRUG PROGRAM #203	
Single	\$313.74
Member & Spouse/Partner	\$627.48
Family	\$897.30
Parent & Child	\$583.56
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	\$797.89
Member & Spouse/Partner	\$1,595.78
Family	\$2,281.97
Parent & Child	\$1,484.08
PRESCRIPTION DRUG PROGRAM #209	
Single	\$210.34
Member & Spouse/Partner	\$420.68
Family	\$601.57
Parent & Child	\$391.23

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



UNION NEGOTIATED AND NON-ALIGNED PLANS
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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	\$799.02
Member & Spouse/Partner	\$1,598.04
Family	\$2,285.20
Parent & Child	\$1,486.18
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,185.00
Member & Spouse/Partner	\$2,370.00
Family	\$3,389.10
Parent & Child	\$2,204.10

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 1/1/2026 – 12/31/2026**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,082.62
Member & Spouse/Partner	\$2,165.24
Family	\$3,096.29
Parent & Child	\$2,013.67
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,076.93
Member & Spouse/Partner	\$2,153.86
Family	\$3,080.02
Parent & Child	\$2,003.09
PRESCRIPTION DRUG PROGRAM #204	
Single	\$282.89
Member & Spouse/Partner	\$565.78
Family	\$809.07
Parent & Child	\$526.18
Medical Plans Available with Prescription Drug Program #203	
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,143.47
Member & Spouse/Partner	\$2,286.94
Family	\$3,270.32
Parent & Child	\$2,126.85
PRESCRIPTION DRUG PROGRAM #203	
Single	\$313.74
Member & Spouse/Partner	\$627.48
Family	\$897.30
Parent & Child	\$583.56
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	\$797.89
Member & Spouse/Partner	\$1,595.78
Family	\$2,281.97
Parent & Child	\$1,484.08
PRESCRIPTION DRUG PROGRAM #209	
Single	\$210.34
Member & Spouse/Partner	\$420.68
Family	\$601.57
Parent & Child	\$391.23

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.



UNION NEGOTIATED AND NON-ALIGNED PLANS
State Monthly Active Group
Monthly Rates – Horizon Plans
Effective 1/1/2026 – 12/31/2026

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	\$799.02
Member & Spouse/Partner	\$1,598.04
Family	\$2,285.20
Parent & Child	\$1,486.18
NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,185.00
Member & Spouse/Partner	\$2,370.00
Family	\$3,389.10
Parent & Child	\$2,204.10

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