



State Monthly Active Group
Monthly Rates – Aetna Plans
 Effective 1/1/2027 to 12/31/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,285.94
Member & Spouse/Partner	\$2,571.88
Family	\$3,677.79
Parent & Child	\$2,391.85
26 Aetna HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,241.08
Member & Spouse/Partner	\$2,482.16
Family	\$3,549.49
Parent & Child	\$2,308.41
PRESCRIPTION DRUG PROGRAM #203	
Single	\$367.20
Member & Spouse/Partner	\$734.40
Family	\$1,050.19
Parent & Child	\$682.99
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,186.49
Member & Spouse/Partner	\$2,372.98
Family	\$3,393.36
Parent & Child	\$2,206.87
PRESCRIPTION DRUG PROGRAM #204	
Single	\$334.07
Member & Spouse/Partner	\$668.14
Family	\$955.44
Parent & Child	\$621.37
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,249.76
Member & Spouse/Partner	\$2,499.52
Family	\$3,574.31
Parent & Child	\$2,324.55
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$336.81
Member & Spouse/Partner	\$673.62
Family	\$963.28
Parent & Child	\$626.47



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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #2A6	
26 Freedom 2030 #06E— PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,175.41
Member & Spouse/Partner	\$2,350.82
Family	\$3,361.67
Parent & Child	\$2,186.26
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$340.19
Member & Spouse/Partner	\$680.38
Family	\$972.94
Parent & Child	\$632.75
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G— PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,017.22
Member & Spouse/Partner	\$2,034.44
Family	\$2,909.25
Parent & Child	\$1,892.03
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$311.59
Member & Spouse/Partner	\$623.18
Family	\$891.15
Parent & Child	\$579.56
Medical Plans Available with Prescription Drug Program #2A9	
26 Aetna Liberty Plus #06H— Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$907.34
Member & Spouse/Partner	\$1,814.68
Family	\$2,594.99
Parent & Child	\$1,687.65
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$249.47
Member & Spouse/Partner	\$498.94
Family	\$713.48
Parent & Child	\$464.01
High Deductible Health Plans with Built In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$896.01
Member & Spouse/Partner	\$1,792.02
Family	\$2,562.59
Parent & Child	\$1,666.58
26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,327.88
Member & Spouse/Partner	\$2,655.76
Family	\$3,797.73
Parent & Child	\$2,469.85

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



State Monthly Active Group
Monthly Rates – Horizon Plans
 Effective 1/1/2027 to 12/31/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,285.94
Member & Spouse/Partner	\$2,571.88
Family	\$3,677.79
Parent & Child	\$2,391.85
26 Horizon HMO #01A— HMO Plan with \$15 Primary Care Copayment	
Single	\$1,241.08
Member & Spouse/Partner	\$2,482.16
Family	\$3,549.49
Parent & Child	\$2,308.41
PRESCRIPTION DRUG PROGRAM #203	
Single	\$367.20
Member & Spouse/Partner	\$734.40
Family	\$1,050.19
Parent & Child	\$682.99
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,186.49
Member & Spouse/Partner	\$2,372.98
Family	\$3,393.36
Parent & Child	\$2,206.87
PRESCRIPTION DRUG PROGRAM #204	
Single	\$334.07
Member & Spouse/Partner	\$668.14
Family	\$955.44
Parent & Child	\$621.37
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,249.76
Member & Spouse/Partner	\$2,499.52
Family	\$3,574.31
Parent & Child	\$2,324.55
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$336.81
Member & Spouse/Partner	\$673.62
Family	\$963.28
Parent & Child	\$626.47



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Monthly Rates – Horizon Plans
 Effective 1/1/2027 to 12/31/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #2A6	
26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,175.41
Member & Spouse/Partner	\$2,350.82
Family	\$3,361.67
Parent & Child	\$2,186.26
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$340.19
Member & Spouse/Partner	\$680.38
Family	\$972.94
Parent & Child	\$632.75
Medical Plans Available with Prescription Drug Program #2A7	
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,017.22
Member & Spouse/Partner	\$2,034.44
Family	\$2,909.25
Parent & Child	\$1,892.03
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$311.59
Member & Spouse/Partner	\$623.18
Family	\$891.15
Parent & Child	\$579.56
Medical Plans Available with Prescription Drug Program #2A9	
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$907.34
Member & Spouse/Partner	\$1,814.68
Family	\$2,594.99
Parent & Child	\$1,687.65
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$249.47
Member & Spouse/Partner	\$498.94
Family	\$713.48
Parent & Child	\$464.01
High Deductible Health Plans with Built In Prescription Drug	
26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$896.01
Member & Spouse/Partner	\$1,792.02
Family	\$2,562.59
Parent & Child	\$1,666.58
26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,327.88
Member & Spouse/Partner	\$2,655.76
Family	\$3,797.73
Parent & Child	\$2,469.85

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