



Local Monthly Active Group — Local Government Employers Monthly Rates – Aetna Plans Effective 1/1/2027 to 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Freedom 10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,845.41		\$1,845.41
Member & Spouse/Partner	\$1,852.06	\$1,838.76	\$3,690.82
Family	\$1,854.50	\$3,294.19	\$5,148.69
Parent & Child	\$1,848.36	\$1,454.92	\$3,303.28
Freedom 15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,757.31		\$1,757.31
Member & Spouse/Partner	\$1,763.96	\$1,750.66	\$3,514.62
Family	\$1,766.40	\$3,136.49	\$4,902.89
Parent & Child	\$1,760.26	\$1,385.32	\$3,145.58
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,706.78		\$1,706.78
Member & Spouse/Partner	\$1,713.43	\$1,700.13	\$3,413.56
Family	\$1,715.87	\$3,046.05	\$4,761.92
Parent & Child	\$1,709.73	\$1,345.41	\$3,055.14
PRESCRIPTION DRUG PROGRAM #201			
Single	\$441.44		\$441.44
Member & Spouse/Partner	\$441.44	\$441.44	\$882.88
Family	\$441.44	\$790.18	\$1,231.62
Parent & Child	\$441.44	\$348.74	\$790.18
Medical Plans Available with Prescription Drug Program #205			
Freedom 1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,704.66		\$1,704.66
Member & Spouse/Partner	\$1,711.31	\$1,698.01	\$3,409.32
Family	\$1,713.75	\$3,042.25	\$4,756.00
Parent & Child	\$1,707.61	\$1,343.73	\$3,051.34
PRESCRIPTION DRUG PROGRAM #205			
Single	\$400.36		\$400.36
Member & Spouse/Partner	\$400.36	\$400.36	\$800.72
Family	\$400.36	\$716.64	\$1,117.00
Parent & Child	\$400.36	\$316.28	\$716.64
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	\$1,440.65		\$1,440.65
Member & Spouse/Partner	\$1,447.30	\$1,434.00	\$2,881.30
Family	\$1,449.74	\$2,569.67	\$4,019.41
Parent & Child	\$1,443.60	\$1,135.16	\$2,578.76
PRESCRIPTION DRUG PROGRAM #209			
Single	\$400.36		\$400.36
Member & Spouse/Partner	\$400.36	\$400.36	\$800.72
Family	\$400.36	\$716.64	\$1,117.00
Parent & Child	\$400.36	\$316.28	\$716.64



Local Monthly Active Group — Local Government Employers Monthly Rates – Aetna Plans Effective 1/1/2027 to 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
Freedom 2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,691.50		\$1,691.50
Member & Spouse/Partner	\$1,698.15	\$1,684.85	\$3,383.00
Family	\$1,700.59	\$3,018.70	\$4,719.29
Parent & Child	\$1,694.45	\$1,333.34	\$3,027.79
PRESCRIPTION DRUG PROGRAM #206			
Single	\$402.89		\$402.89
Member & Spouse/Partner	\$402.89	\$402.89	\$805.78
Family	\$402.89	\$721.17	\$1,124.06
Parent & Child	\$402.89	\$318.28	\$721.17
Medical Plans Available with Prescription Drug Program #207			
Freedom 2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,590.01		\$1,590.01
Member & Spouse/Partner	\$1,596.66	\$1,583.36	\$3,180.02
Family	\$1,599.10	\$2,837.03	\$4,436.13
Parent & Child	\$1,592.96	\$1,253.16	\$2,846.12
PRESCRIPTION DRUG PROGRAM #207			
Single	\$398.42		\$398.42
Member & Spouse/Partner	\$398.42	\$398.42	\$796.84
Family	\$398.42	\$713.17	\$1,111.59
Parent & Child	\$398.42	\$314.75	\$713.17
Medical Plans Available with Prescription Drug Program #297			
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,643.10		\$1,643.10
Member & Spouse/Partner	\$1,649.75	\$1,636.45	\$3,286.20
Family	\$1,652.19	\$2,932.06	\$4,584.25
Parent & Child	\$1,646.05	\$1,295.10	\$2,941.15
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,634.44		\$1,634.44
Member & Spouse/Partner	\$1,641.09	\$1,627.79	\$3,268.88
Family	\$1,643.53	\$2,916.56	\$4,560.09
Parent & Child	\$1,637.39	\$1,288.26	\$2,925.65
PRESCRIPTION DRUG PROGRAM #297			
Single	\$400.69		\$400.69
Member & Spouse/Partner	\$400.69	\$400.69	\$801.38
Family	\$400.69	\$717.24	\$1,117.93
Parent & Child	\$400.69	\$316.55	\$717.24



Local Monthly Active Group — Local Government Employers Monthly Rates – Aetna Plans Effective 1/1/2027 to 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
High Deductible Health Plans with Built-In Prescription Drug			
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$1,777.85		\$1,777.85
Member & Spouse/Partner	\$1,784.50	\$1,771.20	\$3,555.70
Family	\$1,786.94	\$3,173.26	\$4,960.20
Parent & Child	\$1,780.80	\$1,401.55	\$3,182.35
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,935.99		\$1,935.99
Member & Spouse/Partner	\$1,942.64	\$1,929.34	\$3,871.98
Family	\$1,945.08	\$3,456.34	\$5,401.42
Parent & Child	\$1,938.94	\$1,526.49	\$3,465.43

**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



Local Monthly Active Group — Local Government Employers Monthly Rates – Horizon Plans Effective 1/1/2027 – 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,845.41		\$1,845.41
Member & Spouse/Partner	\$1,852.06	\$1,838.76	\$3,690.82
Family	\$1,854.50	\$3,294.19	\$5,148.69
Parent & Child	\$1,848.36	\$1,454.92	\$3,303.28
NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,757.31		\$1,757.31
Member & Spouse/Partner	\$1,763.96	\$1,750.66	\$3,514.62
Family	\$1,766.40	\$3,136.49	\$4,902.89
Parent & Child	\$1,760.26	\$1,385.32	\$3,145.58
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,706.78		\$1,706.78
Member & Spouse/Partner	\$1,713.43	\$1,700.13	\$3,413.56
Family	\$1,715.87	\$3,046.05	\$4,761.92
Parent & Child	\$1,709.73	\$1,345.41	\$3,055.14
PRESCRIPTION DRUG PROGRAM #201			
Single	\$441.44		\$441.44
Member & Spouse/Partner	\$441.44	\$441.44	\$882.88
Family	\$441.44	\$790.18	\$1,231.62
Parent & Child	\$441.44	\$348.74	\$790.18
Medical Plans Available with Prescription Drug Program #205			
NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,704.66		\$1,704.66
Member & Spouse/Partner	\$1,711.31	\$1,698.01	\$3,409.32
Family	\$1,713.75	\$3,042.25	\$4,756.00
Parent & Child	\$1,707.61	\$1,343.73	\$3,051.34
PRESCRIPTION DRUG PROGRAM #205			
Single	\$400.36		\$400.36
Member & Spouse/Partner	\$400.36	\$400.36	\$800.72
Family	\$400.36	\$716.64	\$1,117.00
Parent & Child	\$400.36	\$316.28	\$716.64
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	\$1,440.65		\$1,440.65
Member & Spouse/Partner	\$1,447.30	\$1,434.00	\$2,881.30
Family	\$1,449.74	\$2,569.67	\$4,019.41
Parent & Child	\$1,443.60	\$1,135.16	\$2,578.76
PRESCRIPTION DRUG PROGRAM #209			
Single	\$400.36		\$400.36
Member & Spouse/Partner	\$400.36	\$400.36	\$800.72
Family	\$400.36	\$716.64	\$1,117.00
Parent & Child	\$400.36	\$316.28	\$716.64



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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,691.50		\$1,691.50
Member & Spouse/Partner	\$1,698.15	\$1,684.85	\$3,383.00
Family	\$1,700.59	\$3,018.70	\$4,719.29
Parent & Child	\$1,694.45	\$1,333.34	\$3,027.79
PRESCRIPTION DRUG PROGRAM #206			
Single	\$402.89		\$402.89
Member & Spouse/Partner	\$402.89	\$402.89	\$805.78
Family	\$402.89	\$721.17	\$1,124.06
Parent & Child	\$402.89	\$318.28	\$721.17
Medical Plans Available with Prescription Drug Program #207			
NJ DIRECT 2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,590.01		\$1,590.01
Member & Spouse/Partner	\$1,596.66	\$1,583.36	\$3,180.02
Family	\$1,599.10	\$2,837.03	\$4,436.13
Parent & Child	\$1,592.96	\$1,253.16	\$2,846.12
PRESCRIPTION DRUG PROGRAM #207			
Single	\$398.42		\$398.42
Member & Spouse/Partner	\$398.42	\$398.42	\$796.84
Family	\$398.42	\$713.17	\$1,111.59
Parent & Child	\$398.42	\$314.75	\$713.17
Medical Plans Available with Prescription Drug Program #297			
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,643.10		\$1,643.10
Member & Spouse/Partner	\$1,649.75	\$1,636.45	\$3,286.20
Family	\$1,652.19	\$2,932.06	\$4,584.25
Parent & Child	\$1,646.05	\$1,295.10	\$2,941.15
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,634.44		\$1,634.44
Member & Spouse/Partner	\$1,641.09	\$1,627.79	\$3,268.88
Family	\$1,643.53	\$2,916.56	\$4,560.09
Parent & Child	\$1,637.39	\$1,288.26	\$2,925.65
PRESCRIPTION DRUG PROGRAM #297			
Single	\$400.69		\$400.69
Member & Spouse/Partner	\$400.69	\$400.69	\$801.38
Family	\$400.69	\$717.24	\$1,117.93
Parent & Child	\$400.69	\$316.55	\$717.24



Local Monthly Active Group — Local Government Employers Monthly Rates – Horizon Plans Effective 1/1/2027 – 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
High Deductible Health Plans with Built-In Prescription Drug			
NJ DIRECT HDHigh #090 — <i>High Deductible Health Plan with \$4,100 In-Network Deductible</i>			
Single	\$1,777.85		\$1,777.85
Member & Spouse/Partner	\$1,784.50	\$1,771.20	\$3,555.70
Family	\$1,786.94	\$3,173.26	\$4,960.20
Parent & Child	\$1,780.80	\$1,401.55	\$3,182.35
NJ DIRECT HDLow #091 — <i>High Deductible Health Plan with \$1,600 In-Network Deductible</i>			
Single	\$1,935.99		\$1,935.99
Member & Spouse/Partner	\$1,942.64	\$1,929.34	\$3,871.98
Family	\$1,945.08	\$3,456.34	\$5,401.42
Parent & Child	\$1,938.94	\$1,526.49	\$3,465.43

* 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.

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Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Aetna Plans Effective 1/1/2027 to 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A1			
26 Freedom 10 #01H— PPO Plan with \$10 Primary Care Copayment			
Single	\$1,812.35		\$1,812.35
Member & Spouse/Partner	\$1,819.00	\$1,805.70	\$3,624.70
Family	\$1,821.44	\$3,235.02	\$5,056.46
Parent & Child	\$1,815.30	\$1,428.80	\$3,244.10
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,723.15		\$1,723.15
Member & Spouse/Partner	\$1,729.80	\$1,716.49	\$3,446.29
Family	\$1,732.24	\$3,075.34	\$4,807.58
Parent & Child	\$1,726.10	\$1,358.33	\$3,084.43
26 Aetna HMO #01I — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,685.82		\$1,685.82
Member & Spouse/Partner	\$1,692.47	\$1,679.16	\$3,371.63
Family	\$1,694.91	\$3,008.52	\$4,703.43
Parent & Child	\$1,688.77	\$1,328.84	\$3,017.61
PRESCRIPTION DRUG PROGRAM #2A1			
Single	\$414.29		\$414.29
Member & Spouse/Partner	\$414.29	\$414.29	\$828.58
Family	\$414.29	\$741.59	\$1,155.88
Parent & Child	\$414.29	\$327.30	\$741.59
Medical Plans Available with Prescription Drug Program #2A5			
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,671.46		\$1,671.46
Member & Spouse/Partner	\$1,678.11	\$1,664.81	\$3,342.92
Family	\$1,680.55	\$2,982.83	\$4,663.38
Parent & Child	\$1,674.41	\$1,317.51	\$2,991.92
PRESCRIPTION DRUG PROGRAM #2A5			
Single	\$382.28		\$382.28
Member & Spouse/Partner	\$382.28	\$382.29	\$764.57
Family	\$382.28	\$684.29	\$1,066.57
Parent & Child	\$382.28	\$302.01	\$684.29
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	\$1,422.96		\$1,422.96
Member & Spouse/Partner	\$1,429.61	\$1,416.30	\$2,845.91
Family	\$1,432.05	\$2,537.99	\$3,970.04
Parent & Child	\$1,425.91	\$1,121.17	\$2,547.08
PRESCRIPTION DRUG PROGRAM #2A9			
Single	\$382.28		\$382.28
Member & Spouse/Partner	\$382.28	\$382.28	\$764.56
Family	\$382.28	\$684.28	\$1,066.56
Parent & Child	\$382.28	\$302.00	\$684.28



Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Aetna Plans Effective 1/1/2027 to 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A6			
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,659.11		\$1,659.11
Member & Spouse/Partner	\$1,665.76	\$1,652.46	\$3,318.22
Family	\$1,668.20	\$2,960.72	\$4,628.92
Parent & Child	\$1,662.06	\$1,307.75	\$2,969.81
PRESCRIPTION DRUG PROGRAM #2A6			
Single	\$382.77		\$382.77
Member & Spouse/Partner	\$382.77	\$382.76	\$765.53
Family	\$382.77	\$685.15	\$1,067.92
Parent & Child	\$382.77	\$302.37	\$685.14
Medical Plans Available with Prescription Drug Program #2A7			
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,568.97		\$1,568.97
Member & Spouse/Partner	\$1,575.62	\$1,562.32	\$3,137.94
Family	\$1,578.06	\$2,799.37	\$4,377.43
Parent & Child	\$1,571.92	\$1,236.54	\$2,808.46
PRESCRIPTION DRUG PROGRAM #2A7			
Single	\$381.88		\$381.88
Member & Spouse/Partner	\$381.88	\$381.89	\$763.77
Family	\$381.88	\$683.57	\$1,065.45
Parent & Child	\$381.88	\$301.69	\$683.57
Medical Plans Available with Prescription Drug Program #29G			
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,611.76		\$1,611.76
Member & Spouse/Partner	\$1,618.41	\$1,605.11	\$3,223.52
Family	\$1,620.85	\$2,875.96	\$4,496.81
Parent & Child	\$1,614.71	\$1,270.34	\$2,885.05
PRESCRIPTION DRUG PROGRAM #29G			
Single	\$380.31		\$380.31
Member & Spouse/Partner	\$380.31	\$380.30	\$760.61
Family	\$380.31	\$680.75	\$1,061.06
Parent & Child	\$380.31	\$300.44	\$680.75
High Deductible Health Plans with Built-In Prescription Drug			
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$1,757.55		\$1,757.55
Member & Spouse/Partner	\$1,764.20	\$1,750.89	\$3,515.09
Family	\$1,766.64	\$3,136.92	\$4,903.56
Parent & Child	\$1,760.50	\$1,385.50	\$3,146.00
26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,912.91		\$1,912.91
Member & Spouse/Partner	\$1,919.56	\$1,906.27	\$3,825.83
Family	\$1,922.00	\$3,415.05	\$5,337.05
Parent & Child	\$1,915.86	\$1,508.26	\$3,424.12

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



Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Horizon Plans Effective 1/1/2027 – 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A1			
26 NJ DIRECT 10 #05A — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,812.35		\$1,812.35
Member & Spouse/Partner	\$1,819.00	\$1,805.70	\$3,624.70
Family	\$1,821.44	\$3,235.02	\$5,056.46
Parent & Child	\$1,815.30	\$1,428.80	\$3,244.10
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,723.15		\$1,723.15
Member & Spouse/Partner	\$1,729.80	\$1,716.49	\$3,446.29
Family	\$1,732.24	\$3,075.34	\$4,807.58
Parent & Child	\$1,726.10	\$1,358.33	\$3,084.43
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,685.82		\$1,685.82
Member & Spouse/Partner	\$1,692.47	\$1,679.16	\$3,371.63
Family	\$1,694.91	\$3,008.52	\$4,703.43
Parent & Child	\$1,688.77	\$1,328.84	\$3,017.61
PRESCRIPTION DRUG PROGRAM #2A1			
Single	\$414.29		\$414.29
Member & Spouse/Partner	\$414.29	\$414.29	\$828.58
Family	\$414.29	\$741.59	\$1,155.88
Parent & Child	\$414.29	\$327.30	\$741.59
Medical Plans Available with Prescription Drug Program #2A5			
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,671.46		\$1,671.46
Member & Spouse/Partner	\$1,678.11	\$1,664.81	\$3,342.92
Family	\$1,680.55	\$2,982.83	\$4,663.38
Parent & Child	\$1,674.41	\$1,317.51	\$2,991.92
PRESCRIPTION DRUG PROGRAM #2A5			
Single	\$382.28		\$382.28
Member & Spouse/Partner	\$382.28	\$382.29	\$764.57
Family	\$382.28	\$684.29	\$1,066.57
Parent & Child	\$382.28	\$302.01	\$684.29
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	\$1,422.96		\$1,422.96
Member & Spouse/Partner	\$1,429.61	\$1,416.30	\$2,845.91
Family	\$1,432.05	\$2,537.99	\$3,970.04
Parent & Child	\$1,425.91	\$1,121.17	\$2,547.08
PRESCRIPTION DRUG PROGRAM #2A9			
Single	\$382.28		\$382.28
Member & Spouse/Partner	\$382.28	\$382.28	\$764.56
Family	\$382.28	\$684.28	\$1,066.56
Parent & Child	\$382.28	\$302.00	\$684.28



Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Horizon Plans Effective 1/1/2027 – 12/31/2027

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	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	\$1,659.11		\$1,659.11
Member & Spouse/Partner	\$1,665.76	\$1,652.46	\$3,318.22
Family	\$1,668.20	\$2,960.72	\$4,628.92
Parent & Child	\$1,662.06	\$1,307.75	\$2,969.81
PRESCRIPTION DRUG PROGRAM #2A6			
Single	\$382.77		\$382.77
Member & Spouse/Partner	\$382.77	\$382.76	\$765.53
Family	\$382.77	\$685.15	\$1,067.92
Parent & Child	\$382.77	\$302.37	\$685.14
Medical Plans Available with Prescription Drug Program #2A7			
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,568.97		\$1,568.97
Member & Spouse/Partner	\$1,575.62	\$1,562.32	\$3,137.94
Family	\$1,578.06	\$2,799.37	\$4,377.43
Parent & Child	\$1,571.92	\$1,236.54	\$2,808.46
PRESCRIPTION DRUG PROGRAM #2A7			
Single	\$381.88		\$381.88
Member & Spouse/Partner	\$381.88	\$381.89	\$763.77
Family	\$381.88	\$683.57	\$1,065.45
Parent & Child	\$381.88	\$301.69	\$683.57
Medical Plans Available with Prescription Drug Program #29G			
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,611.76		\$1,611.76
Member & Spouse/Partner	\$1,618.41	\$1,605.11	\$3,223.52
Family	\$1,620.85	\$2,875.96	\$4,496.81
Parent & Child	\$1,614.71	\$1,270.34	\$2,885.05
PRESCRIPTION DRUG PROGRAM #29G			
Single	\$380.31		\$380.31
Member & Spouse/Partner	\$380.31	\$380.30	\$760.61
Family	\$380.31	\$680.75	\$1,061.06
Parent & Child	\$380.31	\$300.44	\$680.75
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	\$1,757.55		\$1,757.55
Member & Spouse/Partner	\$1,764.20	\$1,750.89	\$3,515.09
Family	\$1,766.64	\$3,136.92	\$4,903.56
Parent & Child	\$1,760.50	\$1,385.50	\$3,146.00
26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,912.91		\$1,912.91
Member & Spouse/Partner	\$1,919.56	\$1,906.27	\$3,825.83
Family	\$1,922.00	\$3,415.05	\$5,337.05
Parent & Child	\$1,915.86	\$1,508.26	\$3,424.12

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