



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Freedom 10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$2,256.97		\$2,256.97
Member & Spouse/Partner	\$2,263.62	\$2,250.31	\$4,513.93
Family	\$2,266.06	\$4,030.87	\$6,296.93
Parent & Child	\$2,259.92	\$1,780.05	\$4,039.97
Freedom 15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,165.01		\$2,165.01
Member & Spouse/Partner	\$2,171.66	\$2,158.36	\$4,330.02
Family	\$2,174.10	\$3,866.27	\$6,040.37
Parent & Child	\$2,167.96	\$1,707.40	\$3,875.36
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$2,125.75		\$2,125.75
Member & Spouse/Partner	\$2,132.40	\$2,119.10	\$4,251.50
Family	\$2,134.84	\$3,796.01	\$5,930.85
Parent & Child	\$2,128.70	\$1,676.40	\$3,805.10
Freedom 1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$2,076.73		\$2,076.73
Member & Spouse/Partner	\$2,083.38	\$2,070.08	\$4,153.46
Family	\$2,085.82	\$3,708.25	\$5,794.07
Parent & Child	\$2,079.68	\$1,637.66	\$3,717.34
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1			
Single	\$1,815.69		\$1,815.69
Member & Spouse/Partner	\$1,822.34	\$1,809.04	\$3,631.38
Family	\$1,824.78	\$3,240.99	\$5,065.77
Parent & Child	\$1,818.64	\$1,431.44	\$3,250.08
Freedom 2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$2,057.33		\$2,057.33
Member & Spouse/Partner	\$2,063.98	\$2,050.67	\$4,114.65
Family	\$2,066.42	\$3,673.52	\$5,739.94
Parent & Child	\$2,060.28	\$1,622.34	\$3,682.62
Freedom 2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,947.33		\$1,947.33
Member & Spouse/Partner	\$1,953.98	\$1,940.67	\$3,894.65
Family	\$1,956.42	\$3,476.62	\$5,433.04
Parent & Child	\$1,950.28	\$1,535.44	\$3,485.72



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Monthly Rates – Aetna Plans**
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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,015.48		\$2,015.48
Member & Spouse/Partner	\$2,022.13	\$2,008.82	\$4,030.95
Family	\$2,024.57	\$3,598.61	\$5,623.18
Parent & Child	\$2,018.43	\$1,589.27	\$3,607.70
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,006.82		\$2,006.82
Member & Spouse/Partner	\$2,013.47	\$2,000.16	\$4,013.63
Family	\$2,015.91	\$3,583.11	\$5,599.02
Parent & Child	\$2,009.77	\$1,582.43	\$3,592.20
Freedom HDHigh #092 — High Deductible Health Plan with \$4,000 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 \$1,500 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 prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$2,256.97		\$2,256.97
Member & Spouse/Partner	\$2,263.62	\$2,250.31	\$4,513.93
Family	\$2,266.06	\$4,030.87	\$6,296.93
Parent & Child	\$2,259.92	\$1,780.05	\$4,039.97
NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,165.01		\$2,165.01
Member & Spouse/Partner	\$2,171.66	\$2,158.36	\$4,330.02
Family	\$2,174.10	\$3,866.27	\$6,040.37
Parent & Child	\$2,167.96	\$1,707.40	\$3,875.36
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$2,125.75		\$2,125.75
Member & Spouse/Partner	\$2,132.40	\$2,119.10	\$4,251.50
Family	\$2,134.84	\$3,796.01	\$5,930.85
Parent & Child	\$2,128.70	\$1,676.40	\$3,805.10
NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$2,076.73		\$2,076.73
Member & Spouse/Partner	\$2,083.38	\$2,070.08	\$4,153.46
Family	\$2,085.82	\$3,708.25	\$5,794.07
Parent & Child	\$2,079.68	\$1,637.66	\$3,717.34
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1			
Single	\$1,815.69		\$1,815.69
Member & Spouse/Partner	\$1,822.34	\$1,809.04	\$3,631.38
Family	\$1,824.78	\$3,240.99	\$5,065.77
Parent & Child	\$1,818.64	\$1,431.44	\$3,250.08
NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$2,057.33		\$2,057.33
Member & Spouse/Partner	\$2,063.98	\$2,050.67	\$4,114.65
Family	\$2,066.42	\$3,673.52	\$5,739.94
Parent & Child	\$2,060.28	\$1,622.34	\$3,682.62
NJ DIRECT 2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,947.33		\$1,947.33
Member & Spouse/Partner	\$1,953.98	\$1,940.67	\$3,894.65
Family	\$1,956.42	\$3,476.62	\$5,433.04
Parent & Child	\$1,950.28	\$1,535.44	\$3,485.72



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,015.48		\$2,015.48
Member & Spouse/Partner	\$2,022.13	\$2,008.82	\$4,030.95
Family	\$2,024.57	\$3,598.61	\$5,623.18
Parent & Child	\$2,018.43	\$1,589.27	\$3,607.70
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,006.82		\$2,006.82
Member & Spouse/Partner	\$2,013.47	\$2,000.16	\$4,013.63
Family	\$2,015.91	\$3,583.11	\$5,599.02
Parent & Child	\$2,009.77	\$1,582.43	\$3,592.20
NJ DIRECT HDHigh #090 — 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
NJ DIRECT HDLow #091 — 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 NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 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 – 26 Aetna Plans Effective 1/1/2027 to 12/31/2027

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
26 Freedom 10 #01H — PPO Plan with \$10 Primary Care Copayment			
Single	\$2,221.86		\$2,221.86
Member & Spouse/Partner	\$2,228.51	\$2,215.19	\$4,443.70
Family	\$2,230.95	\$3,968.01	\$6,198.96
Parent & Child	\$2,224.81	\$1,752.30	\$3,977.11
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,127.92		\$2,127.92
Member & Spouse/Partner	\$2,134.57	\$2,121.28	\$4,255.85
Family	\$2,137.01	\$3,799.89	\$5,936.90
Parent & Child	\$2,130.87	\$1,678.11	\$3,808.98
26 Aetna HMO #01I — HMO Plan with \$10 Primary Care Copayment			
Single	\$2,080.23		\$2,080.23
Member & Spouse/Partner	\$2,086.88	\$2,073.58	\$4,160.46
Family	\$2,089.32	\$3,714.52	\$5,803.84
Parent & Child	\$2,083.18	\$1,640.42	\$3,723.60
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$2,041.43		\$2,041.43
Member & Spouse/Partner	\$2,048.08	\$2,034.78	\$4,082.86
Family	\$2,050.52	\$3,645.08	\$5,695.60
Parent & Child	\$2,044.38	\$1,609.79	\$3,654.17
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1			
Single	\$1,781.89		\$1,781.89
Member & Spouse/Partner	\$1,788.54	\$1,775.22	\$3,563.76
Family	\$1,790.98	\$3,180.46	\$4,971.44
Parent & Child	\$1,784.84	\$1,404.71	\$3,189.55
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$2,022.59		\$2,022.59
Member & Spouse/Partner	\$2,029.24	\$2,015.91	\$4,045.15
Family	\$2,031.68	\$3,611.31	\$5,642.99
Parent & Child	\$2,025.54	\$1,594.88	\$3,620.42
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,925.19		\$1,925.19
Member & Spouse/Partner	\$1,931.84	\$1,918.53	\$3,850.37
Family	\$1,934.28	\$3,436.99	\$5,371.27
Parent & Child	\$1,928.14	\$1,517.95	\$3,446.09



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,981.12		\$1,981.12
Member & Spouse/Partner	\$1,987.77	\$1,974.44	\$3,962.21
Family	\$1,990.21	\$3,537.08	\$5,527.29
Parent & Child	\$1,984.07	\$1,562.10	\$3,546.17
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,000 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 \$1,500 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

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
26 NJ DIRECT10 #05A — PPO Plan with \$10 Primary Care Copayment			
Single	\$2,221.86		\$2,221.86
Member & Spouse/Partner	\$2,228.51	\$2,215.19	\$4,443.70
Family	\$2,230.95	\$3,968.01	\$6,198.96
Parent & Child	\$2,224.81	\$1,752.30	\$3,977.11
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,127.92		\$2,127.92
Member & Spouse/Partner	\$2,134.57	\$2,121.28	\$4,255.85
Family	\$2,137.01	\$3,799.89	\$5,936.90
Parent & Child	\$2,130.87	\$1,678.11	\$3,808.98
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment			
Single	\$2,080.23		\$2,080.23
Member & Spouse/Partner	\$2,086.88	\$2,073.58	\$4,160.46
Family	\$2,089.32	\$3,714.52	\$5,803.84
Parent & Child	\$2,083.18	\$1,640.42	\$3,723.60
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$2,041.43		\$2,041.43
Member & Spouse/Partner	\$2,048.08	\$2,034.78	\$4,082.86
Family	\$2,050.52	\$3,645.08	\$5,695.60
Parent & Child	\$2,044.38	\$1,609.79	\$3,654.17
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1			
Single	\$1,781.89		\$1,781.89
Member & Spouse/Partner	\$1,788.54	\$1,775.22	\$3,563.76
Family	\$1,790.98	\$3,180.46	\$4,971.44
Parent & Child	\$1,784.84	\$1,404.71	\$3,189.55
26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$2,022.59		\$2,022.59
Member & Spouse/Partner	\$2,029.24	\$2,015.91	\$4,045.15
Family	\$2,031.68	\$3,611.31	\$5,642.99
Parent & Child	\$2,025.54	\$1,594.88	\$3,620.42
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,925.19		\$1,925.19
Member & Spouse/Partner	\$1,931.84	\$1,918.53	\$3,850.37
Family	\$1,934.28	\$3,436.99	\$5,371.27
Parent & Child	\$1,928.14	\$1,517.95	\$3,446.09



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

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,981.12		\$1,981.12
Member & Spouse/Partner	\$1,987.77	\$1,974.44	\$3,962.21
Family	\$1,990.21	\$3,537.08	\$5,527.29
Parent & Child	\$1,984.07	\$1,562.10	\$3,546.17
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

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