



UNION NEGOTIATED AND NON-ALIGNED PLANS
State Biweekly Active Group
Biweekly Rates – Aetna Plans
Effective 12/26/2026 to 12/25/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A— PPO Plan with \$15 Primary Care Copayment	
Single	\$546.14
Member & Spouse/Partner	\$1,092.28
Family	\$1,561.96
Parent & Child	\$1,015.82
PRESCRIPTION DRUG PROGRAM #204	
Single	\$153.77
Member & Spouse/Partner	\$307.54
Family	\$439.78
Parent & Child	\$286.01
Medical Plans Available with Prescription Drug Program #203	
26 Aetna HMO #011— HMO Plan with \$15 Primary Care Copayment	
Single	\$571.26
Member & Spouse/Partner	\$1,142.53
Family	\$1,633.82
Parent & Child	\$1,062.55
PRESCRIPTION DRUG PROGRAM #203	
Single	\$169.02
Member & Spouse/Partner	\$338.04
Family	\$483.40
Parent & Child	\$314.37
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	\$417.64
Member & Spouse/Partner	\$835.29
Family	\$1,194.47
Parent & Child	\$776.82
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$114.83
Member & Spouse/Partner	\$229.66
Family	\$328.41
Parent & Child	\$213.58
High Deductible Health Plans with Built In Prescription Drug	
26 Freedom HDHigh #09C— High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$412.43
Member & Spouse/Partner	\$824.86
Family	\$1,179.55
Parent & Child	\$767.12
26 Freedom HDLow #09D— High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$611.22
Member & Spouse/Partner	\$1,222.44
Family	\$1,748.09
Parent & Child	\$1,136.86

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 Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 12/26/2026– 12/25/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$546.14
Member & Spouse/Partner	\$1,092.28
Family	\$1,561.96
Parent & Child	\$1,015.82
PRESCRIPTION DRUG PROGRAM #204	
Single	\$153.77
Member & Spouse/Partner	\$307.54
Family	\$439.78
Parent & Child	\$286.01
Medical Plans Available with Prescription Drug Program #203	
26 Horizon HMO #01A— HMO Plan with \$15 Primary Care Copayment	
Single	\$571.26
Member & Spouse/Partner	\$1,142.53
Family	\$1,633.82
Parent & Child	\$1,062.55
PRESCRIPTION DRUG PROGRAM #203	
Single	\$169.02
Member & Spouse/Partner	\$338.04
Family	\$483.40
Parent & Child	\$314.37
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	\$417.64
Member & Spouse/Partner	\$835.29
Family	\$1,194.47
Parent & Child	\$776.82
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$114.83
Member & Spouse/Partner	\$229.66
Family	\$328.41
Parent & Child	\$213.58
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	\$412.43
Member & Spouse/Partner	\$824.86
Family	\$1,179.55
Parent & Child	\$767.12
26 NJ DIRECT HDLow #09B— High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$611.22
Member & Spouse/Partner	\$1,222.44
Family	\$1,748.09
Parent & Child	\$1,136.86

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