



UNION NEGOTIATED AND NON-ALIGNED PLANS

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 #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 #203	
26 Aetna HMO #01I — 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 #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



UNION NEGOTIATED AND NON-ALIGNED PLANS

State Monthly Active Group

Monthly Rates – Horizon Plans

Effective 1/1/2027 – 12/31/2027

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$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 #203	
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 #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

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