



Chapter 375 Rates for Local Government Active and Retired Groups Monthly Rates – Aetna and Horizon Plans Effective 1/1/2027 – 12/31/2027

PLAN AND COVERAGE LEVEL	MONTHLY RATE		
	EMPLOYERS WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES
Aetna Freedom10 #018 and Horizon NJ DIRECT10 #050 Single	\$1,842.74	\$1,487.03	\$1,818.66
Aetna Freedom15 #180 and Horizon NJ DIRECT15 #150 Single	\$1,771.75	\$1,416.04	\$1,744.56
Aetna Freedom* #031 and Horizon NJ DIRECT* #027 Single	\$1,646.89	\$1,324.01	\$1,624.06
Aetna Freedom 2019* #032 and Horizon NJ DIRECT 2019* #030 Single	\$1,639.91	\$1,317.03	\$1,617.09
Aetna HMO #019 and Horizon HMO #011 Single	\$1,731.04	\$1,375.33	\$1,712.94
Aetna Freedom1525 #063 and Horizon NJ DIRECT1525 #051 Single	\$1,696.22	\$1,373.61	\$1,673.42
Aetna Liberty Plus #067 and Horizon OMNIA #057 Single	\$1,483.48	\$1,160.87	\$1,463.08
Aetna Freedom2030 #064 and Horizon NJ DIRECT2030 #052 Single	\$1,687.67	\$1,363.02	\$1,657.80
Aetna Freedom2035 #066 and Horizon NJ DIRECT2035 #056 Single	\$1,602.28	\$1,281.23	\$1,569.16
Aetna Freedom HDHigh #092 and Horizon NJ DIRECT HDHigh #090 Single	\$1,432.59	\$1,432.59	\$1,432.59
Aetna Freedom HDLow #093 and Horizon NJ DIRECT HDLow #091 Single	\$1,560.03	\$1,560.03	\$1,560.03

Note: Retirees who attained 25 years of service on or after July 1, 2026 may only select the 26 plans.

* Members hired before July 1, 2019, will be enrolled in Aetna Freedom or Horizon NJ DIRECT. Members hired after July 1, 2019, will be enrolled in Aetna Freedom 2019 or Horizon NJ DIRECT 2019.

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



Chapter 375 Rates for Local Government Active and Retired Groups Monthly Rates – 26 Aetna and 26 Horizon Plans Effective 1/1/2027 - 12/31/2027

PLAN AND COVERAGE LEVEL	MONTHLY RATE		
	EMPLOYERS WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES
26 Aetna Freedom10 #01H and 26 Horizon NJ DIRECT10 #05A Single	\$1,794.24	\$1,460.39	\$1,790.36
26 Aetna Freedom15 #18A and 26 Horizon NJ DIRECT15 #15A Single	\$1,722.36	\$1,388.51	\$1,714.68
26 Aetna Freedom* #03A and 26 Horizon NJ DIRECT* #02E Single	\$1,605.21	\$1,298.76	\$1,596.35
26 Aetna HMO #01I and 26 Horizon HMO #01A Single	\$1,692.28	\$1,358.43	\$1,676.24
26 Aetna Freedom1525 #06D and 26 Horizon NJ DIRECT1525 #05B Single	\$1,654.92	\$1,346.87	\$1,644.99
26 Aetna Liberty Plus #06H and 26 Horizon OMNIA #05E Single	\$1,454.64	\$1,146.60	\$1,435.81
26 Aetna Freedom2030 #06E and 26 Horizon NJ DIRECT2030 #05C Single	\$1,645.33	\$1,336.91	\$1,629.79
26 Aetna Freedom2035 #06G and 26 Horizon NJ DIRECT2035 #05D Single	\$1,572.00	\$1,264.28	\$1,551.32
26 Aetna Freedom HDHigh #09C and 26 Horizon NJ DIRECT HDHigh #09A Single	\$1,416.22	\$1,416.22	\$1,416.22
26 Aetna Freedom HDLow #09D and 26 Horizon NJ DIRECT HDLow #09B Single	\$1,541.43	\$1,541.43	\$1,541.43

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