



**Chapter 172 Part-Time State Monthly
Active Group**
Monthly Rates – Aetna Plans
Effective 1/1/2025 to 12/31/2025

For employers who offer the Employees' Prescription Drug Plan

| PLAN/COVERAGE DESCRIPTION | MONTHLY RATES |
|--|---------------|
| Medical Plans Available with Prescription Drug Program #203 | |
| Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,079.36 |
| Member & Spouse/Partner | \$2,158.72 |
| Family | \$3,086.98 |
| Parent & Child | \$2,007.62 |
| Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment | |
| Single | \$1,034.14 |
| Member & Spouse/Partner | \$2,068.28 |
| Family | \$2,957.64 |
| Parent & Child | \$1,923.50 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$238.87 |
| Member & Spouse/Partner | \$477.75 |
| Family | \$683.18 |
| Parent & Child | \$444.31 |
| Medical Plans Available with Prescription Drug Program #205 | |
| Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,049.14 |
| Member & Spouse/Partner | \$2,098.29 |
| Family | \$3,000.55 |
| Parent & Child | \$1,951.41 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$216.65 |
| Member & Spouse/Partner | \$433.31 |
| Family | \$619.64 |
| Parent & Child | \$402.98 |
| 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 | \$729.16 |
| Member & Spouse/Partner | \$1,458.33 |
| Family | \$2,085.42 |
| Parent & Child | \$1,356.25 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$162.70 |
| Member & Spouse/Partner | \$325.42 |
| Family | \$465.32 |
| Parent & Child | \$302.62 |



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| PLAN/COVERAGE DESCRIPTION | MONTHLY RATES |
|--|---------------|
| Medical Plans Available with Prescription Drug Program #206 | |
| Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$986.52 |
| Member & Spouse/Partner | \$1,973.04 |
| Family | \$2,821.45 |
| Parent & Child | \$1,834.93 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$220.50 |
| Member & Spouse/Partner | \$441.01 |
| Family | \$630.65 |
| Parent & Child | \$410.14 |
| Medical Plans Available with Prescription Drug Program #207 | |
| Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$848.41 |
| Member & Spouse/Partner | \$1,696.83 |
| Family | \$2,426.47 |
| Parent & Child | \$1,578.06 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$198.47 |
| Member & Spouse/Partner | \$396.94 |
| Family | \$567.63 |
| Parent & Child | \$369.16 |
| Medical Plans Available with Prescription Drug Program #204 | |
| Freedom* #031 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,055.53 |
| Member & Spouse/Partner | \$2,111.07 |
| Family | \$3,018.84 |
| Parent & Child | \$1,963.30 |
| Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,049.98 |
| Member & Spouse/Partner | \$2,099.96 |
| Family | \$3,002.95 |
| Parent & Child | \$1,952.97 |
| CWA Unity Freedom* #025 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,055.53 |
| Member & Spouse/Partner | \$2,111.07 |
| Family | \$3,018.84 |
| Parent & Child | \$1,963.30 |

* Members hired before July 1, 2019, will be enrolled in Freedom or CWA Unity Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019 or CWA Unity Freedom 2019.



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| CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,049.98 |
| Member & Spouse/Partner | \$2,099.96 |
| Family | \$3,002.95 |
| Parent & Child | \$1,952.97 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$225.47 |
| Member & Spouse/Partner | \$450.95 |
| Family | \$644.86 |
| Parent & Child | \$419.38 |
| High Deductible Health Plans with Built In Prescription Drug | |
| Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$695.26 |
| Member & Spouse/Partner | \$1,390.53 |
| Family | \$1,988.45 |
| Parent & Child | \$1,293.19 |

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



Chapter 172 Part-Time State Monthly Active Group Monthly Rates – Horizon Plans Effective 1/1/2025 – 12/31/2025

For employers who offer the Employees' Prescription Drug Plan

| PLAN/COVERAGE DESCRIPTION | MONTHLY RATES |
|---|---------------|
| Medical Plans Available with Prescription Drug Program #203 | |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,079.36 |
| Member & Spouse/Partner | \$2,158.72 |
| Family | \$3,086.98 |
| Parent & Child | \$2,007.62 |
| Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment | |
| Single | \$1,034.14 |
| Member & Spouse/Partner | \$2,068.28 |
| Family | \$2,957.64 |
| Parent & Child | \$1,923.50 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$238.87 |
| Member & Spouse/Partner | \$477.75 |
| Family | \$683.18 |
| Parent & Child | \$444.31 |
| Medical Plans Available with Prescription Drug Program #205 | |
| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,049.14 |
| Member & Spouse/Partner | \$2,098.29 |
| Family | \$3,000.55 |
| Parent & Child | \$1,951.41 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$216.65 |
| Member & Spouse/Partner | \$433.31 |
| Family | \$619.64 |
| Parent & Child | \$402.98 |
| 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 | \$729.16 |
| Member & Spouse/Partner | \$1,458.33 |
| Family | \$2,085.42 |
| Parent & Child | \$1,356.25 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$162.70 |
| Member & Spouse/Partner | \$325.42 |
| Family | \$465.32 |
| Parent & Child | \$302.62 |



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| PLAN/COVERAGE DESCRIPTION | MONTHLY RATES |
|--|---------------|
| Medical Plans Available with Prescription Drug Program #206 | |
| NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$986.52 |
| Member & Spouse/Partner | \$1,973.04 |
| Family | \$2,821.45 |
| Parent & Child | \$1,834.93 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$220.50 |
| Member & Spouse/Partner | \$441.01 |
| Family | \$630.65 |
| Parent & Child | \$410.14 |
| Medical Plans Available with Prescription Drug Program #207 | |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$848.41 |
| Member & Spouse/Partner | \$1,696.83 |
| Family | \$2,426.47 |
| Parent & Child | \$1,578.06 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$198.47 |
| Member & Spouse/Partner | \$396.94 |
| Family | \$567.63 |
| Parent & Child | \$369.16 |
| Medical Plans Available with Prescription Drug Program #204 | |
| NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,055.53 |
| Member & Spouse/Partner | \$2,111.07 |
| Family | \$3,018.84 |
| Parent & Child | \$1,963.30 |
| NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,049.98 |
| Member & Spouse/Partner | \$2,099.96 |
| Family | \$3,002.95 |
| Parent & Child | \$1,952.97 |
| CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,055.53 |
| Member & Spouse/Partner | \$2,111.07 |
| Family | \$3,018.84 |
| Parent & Child | \$1,963.30 |

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Active Group
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| PLAN/COVERAGE DESCRIPTION | MONTHLY RATES |
|---|---------------|
| CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,049.98 |
| Member & Spouse/Partner | \$2,099.96 |
| Family | \$3,002.95 |
| Parent & Child | \$1,952.97 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$225.47 |
| Member & Spouse/Partner | \$450.95 |
| Family | \$644.86 |
| Parent & Child | \$419.38 |
| High Deductible Health Plans with Built In Prescription Drug | |
| NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$695.26 |
| Member & Spouse/Partner | \$1,390.53 |
| Family | \$1,988.45 |
| Parent & Child | \$1,293.19 |

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