

## Monthly Rates – Aetna Plans Effective 1/1/2025 to 12/31/2025

Medical Plans Available with Prescription Drug Program #203   \$1,079.36   \$1,079.36   \$1,079.36   \$2,158.72   \$2,158.72   \$2,158.72   \$3,088.98   \$2,058.72   \$3,088.98   \$2,076.22   \$3,088.98   \$2,076.22   \$3,088.98   \$2,076.22   \$3,088.98   \$3,088.28   \$3	PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Single         \$1,079.36           Member & Spouse/Partner         \$2,158.72           Family         \$3,086.98           Parent & Child         \$2,007.62           Actra HMO #019 — HMO Plan with \$15 Primary Care Copayment         \$1,034.14           Member & Spouse/Partner         \$2,068.28           Family         \$2,257.64           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         \$1,959.41           Member & Spouse/Partner         \$2,098.29           Family         \$3,000.55           Parent & Child         \$1,959.41           Member & Spouse/Partner         \$433.31           Family         \$402.98           Medical Plans Available with Prescription D	Medical Plans Available with Prescription Drug Program	#203
Member & Spouse/Partner         \$2,158.72           Family         \$3,066.98           Parent & Child         \$2,007.62           Astna HMO #019 — HMO Plan with \$15 Primary Care Copayment         \$1,034.14           Member & Spouse/Partner         \$2,068.28           Family         \$2,058.28           Family         \$2,976.44           Parent & Child         \$1,923.50           PRESCRIPTION DRUG PROGRAM #203           Single         \$338.87           Member & Spouse/Partner         \$447.75           Family         \$683.18           Parent & Child         \$444.31           Medical Plans Available with Prescription Drug Program #205           Freedom 1525 #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         \$1,991.41           Member & Spouse/Partner         \$216.65           Member & Spouse/Partner         \$433.31           Family         \$61.65           Member & Spouse/Partner         \$433.31           Family         \$61.65           Member & Spouse/Partner         \$1,458.33 <td>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</td> <td></td>	Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Family         \$3,066.98           Parent & Child         \$2,007.62           Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment         \$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           Freedom1625 #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         \$1,951.41           Single         \$402.98           Member & Spouse/Partner         \$433.31           Family         \$616.65           Member & Spouse/Partner         \$402.98           Mercical Plans Available with Prescription Drug Program #209           Actra Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1 </td <td>Single</td> <td>\$1,079.36</td>	Single	\$1,079.36
Parent & Child         \$2,007.62           Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment         \$1,034.14           Single         \$1,034.14           Member & Spouse/Partner         \$2,068.28           Family         \$2,967.64           Parent & Child         \$1,923.50           PRESCRIPTION DRUG PROGRAM #203           Single         \$238.87           Member & Spouse/Partner         \$4477.75           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 </td <td>Member &amp; Spouse/Partner</td> <td>\$2,158.72</td>	Member & Spouse/Partner	\$2,158.72
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment         \$1,034.14           Single         \$1,034.14           Member & Spouse/Partner         \$2,068.28           Family         \$2,957.64           Parent & Child         \$1923.50           PRESCRIPTION DRUG PROGRAM #203           Single         \$238.87           Member & Spouse/Partner         \$683.18           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           <	Family	\$3,086.98
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           Parent & Child         \$1,951.41           PRESCRIPTION DRUG PROGRAM #205           Single         \$216.65           Member & Spouse/Partner         \$433.31           Family         \$619.64           Parent & Child         \$619.64           Parent & Child         \$729.16           Medical Plans Available with Prescription Drug Program #209           Actra Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1           Single <td< td=""><td>Parent &amp; Child</td><td>\$2,007.62</td></td<>	Parent & Child	\$2,007.62
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           Acta 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 <td< td=""><td>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</td><td>·</td></td<>	Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	·
Family	Single	\$1,034.14
Parent & Child         \$1,923.50           PRESCRIPTION DRUG PROGRAM #203         \$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         \$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         \$2,085.42           Parent & Child         \$2,085.42           Parent & Child         \$3,256.25           PRESCRIPTION DRUG PROGRAM #209 <td>Member &amp; Spouse/Partner</td> <td>\$2,068.28</td>	Member & Spouse/Partner	\$2,068.28
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         \$7.29.16           Member & Spouse/Partner         \$1,458.33           Family         \$2,085.42           Parent & Child         \$1,356.25           PRESCRIPTION DRUG PROGRAM #209           Single         \$162.70	Family	\$2,957.64
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           Actra Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1           Single         \$729.16           Member & Spouse/Partner         \$1,456.33           Family         \$2,085.42           Parent & Child         \$1,356.25           PRESCRIPTION DRUG PROGRAM #209           Single         \$1,62.70           Member & Spouse/Partner         \$325.42           Family	Parent & Child	\$1,923.50
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           Actna 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         \$1,62.70           Member & Spouse/Partner         \$325.42           Family         \$465.32	PRESCRIPTION DRUG PROGRAM #203	
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	\$238.87
Parent & Child   S444.31     Medical Plans Available with Prescription Drug Program #205	Member & Spouse/Partner	\$477.75
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	Family	\$683.18
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	\$444.31
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	Medical Plans Available with Prescription Drug Program	#205
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	Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
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	Single	\$1,049.14
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	Member & Spouse/Partner	\$2,098.29
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	Family	\$3,000.55
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	\$1,951.41
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	PRESCRIPTION DRUG PROGRAM #205	
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	Single	\$216.65
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	Member & Spouse/Partner	\$433.31
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	Family	\$619.64
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	\$402.98
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	Medical Plans Available with Prescription Drug Program	#209
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	Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copaym	nent for Tier 1
Family         \$2,085.42           Parent & Child         \$1,356.25           PRESCRIPTION DRUG PROGRAM #209           Single         \$162.70           Member & Spouse/Partner         \$325.42           Family         \$465.32	Single	\$729.16
Parent & Child         \$1,356.25           PRESCRIPTION DRUG PROGRAM #209         \$162.70           Single         \$162.70           Member & Spouse/Partner         \$325.42           Family         \$465.32	Member & Spouse/Partner	\$1,458.33
Parent & Child         \$1,356.25           PRESCRIPTION DRUG PROGRAM #209         \$162.70           Single         \$162.70           Member & Spouse/Partner         \$325.42           Family         \$465.32	Family	\$2,085.42
Single         \$162.70           Member & Spouse/Partner         \$325.42           Family         \$465.32	Parent & Child	
Member & Spouse/Partner         \$325.42           Family         \$465.32	PRESCRIPTION DRUG PROGRAM #209	
Member & Spouse/Partner         \$325.42           Family         \$465.32	Single	\$162.70
Family \$465.32		\$325.42
·		\$465.32
	Parent & Child	



## Monthly Rates – Aetna Plans

Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #20	6
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 #20	7
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 #20-	4
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

<sup>\*</sup> 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.



#### 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	
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	

<sup>\*</sup> 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.

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



# Monthly Rates – Horizon Plans Effective 1/1/2025 – 12/31/2025

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program	n #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	<u> </u>
Single	\$238.87
Member & Spouse/Partner	\$477.75
Family	\$683.18
Parent & Child	\$444.31
Medical Plans Available with Prescription Drug Program	n #205
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	nt
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	n #209
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copaymen	nt 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



### **Monthly Rates – Horizon Plans**

Effective 1/1/2025 – 12/31/2025

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #2	06
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 #2	07
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	<u> </u>
Single	\$198.47
Member & Spouse/Partner	\$396.94
Family	\$567.63
Parent & Child	\$369.16
Medical Plans Available with Prescription Drug Program #2	04
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	<u> </u>
Single	\$1,055.53
Member & Spouse/Partner	\$2,111.07
Family	\$3,018.84
Parent & Child	\$1,963.30

<sup>\*</sup> Members hired before July 1, 2019, will be enrolled in NJ DIRECT or CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or CWA Unity DIRECT 2019.



#### **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
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

<sup>\*</sup> Members hired before July 1, 2019, will be enrolled in NJ DIRECT or CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or CWA Unity DIRECT 2019.

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