



STATE HEALTH BENEFITS PROGRAM STATE EMPLOYER RETIRED GROUP RATES Effective 1/1/2025 – 12/31/2025

MEMBER'S SHARE WHEN STATE PAYS FOR COVERAGE

The charts below show the monthly cost of Aetna Freedom 10 or Horizon NJ DIRECT 10 for State enrollees who attained 25 years of service credit in the retirement system after July 1, 1997 (or retired under an approved Disability Retirement on or after August 1, 1997), but prior to July 1, 2007. There is no cost to you for coverage under the other Aetna Freedom, Horizon NJ DIRECT, or Aetna/Horizon HMO plans. See the chart that corresponds to the date you reached 25 years of service in the retirement system or the date of your Disability Retirement.

- If you attained 25 years of service credit before July 1, 1997, or retired under an approved Disability Retirement before August 1, 1997, there is no cost to you for any plan.
- If you attained 25 years of service credit on or after July 1, 2007, or retired under an approved Disability Retirement on or after August 1, 2007, the cost for any plan may be subject to Retiree Wellness Program participation. Contact your medical plan for details.

25 YEARS OF PENSION SERVICE ATTAINED FROM JULY 1, 1997, THROUGH JUNE 30, 2000 OR RETIRED ON A DISABILITY RETIREMENT FROM AUGUST 1, 1997, THROUGH JULY 31, 2000

HEALTH PLAN	SINGLE		MEMBER & SPOUSE/PARTNER*			FAMILY			PARENT & CHILD	
	NO MEDICARE	WITH MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	WITH MEDICARE
Aetna Freedom 10/ Horizon NJ DIRECT 10 Non-Medicare Retiree Subscriber**	\$139.02		\$278.31			\$343.87			\$204.35	
Aetna Freedom 10/ Horizon NJ DIRECT 10 Aetna Medicare Advantage Subscriber		\$0		\$0	\$0		\$0	\$0		\$0

This is the monthly rate if your annual salary in the year you retired was \$40,000 or more — rates are based on the difference between combining the total average cost for the plans. If your annual salary in the year you retired was between \$24,000 and \$40,000, you pay a monthly amount based on an annual cost of one percent of that salary. If your annual salary in the year you retired was less than \$24,000 you pay a monthly cost of \$20.

25 YEARS OF PENSION SERVICE ATTAINED FROM JULY 1, 2000 THROUGH JUNE 30, 2007 OR RETIRED ON A DISABILITY RETIREMENT FROM AUGUST 1, 2000 THROUGH JULY 31, 2007

HEALTH PLAN	SINGLE		MEMBER & SPOUSE/PARTNER*			FAMILY			PARENT & CHILD	
	NO MEDICARE	WITH MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	WITH MEDICARE
Aetna Freedom 10/ Horizon NJ DIRECT10 Non-Medicare Retiree Subscriber**	\$406.27		\$885.68			\$1,007.57			\$568.78	
Aetna Freedom 10/ Horizon NJ DIRECT10 Aetna Medicare Advantage Subscriber		\$100.23		\$579.64	\$200.47		\$701.53	\$395.49		\$262.74

Rates are based on 25 percent of the total premium for each contract level.

Note: State employees who are prohibited from participation in Aetna Freedom 10/Horizon NJ DIRECT 10 as an active employee cannot select Aetna Freedom 10/Horizon NJ DIRECT 10 upon retirement.

* Partner means a Civil Union Partner or same-sex Domestic Partner as recognized under New Jersey State Law.

** Aetna Freedom 10/Horizon NJ DIRECT 10 is not available to retirees and/or spouses who are eligible for Medicare. Medicare-eligible retirees and/or spouses previously enrolled in this plan will automatically be transferred to a corresponding plan.