



Chapter 172 Part-Time State Monthly Active Group

Monthly Rates – Aetna Plans

Effective 7/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #203	
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,286.17
Member & Spouse/Partner	\$2,572.35
Family	\$3,678.46
Parent & Child	\$2,392.29
26 Aetna HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,241.30
Member & Spouse/Partner	\$2,482.62
Family	\$3,550.15
Parent & Child	\$2,308.83
PRESCRIPTION DRUG PROGRAM #203	
Single	\$318.36
Member & Spouse/Partner	\$636.72
Family	\$910.51
Parent & Child	\$592.15
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,249.98
Member & Spouse/Partner	\$2,499.98
Family	\$3,574.96
Parent & Child	\$2,324.97
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$292.00
Member & Spouse/Partner	\$584.02
Family	\$835.14
Parent & Child	\$543.13
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	\$866.16
Member & Spouse/Partner	\$1,732.32
Family	\$2,477.23
Parent & Child	\$1,611.07
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$215.85
Member & Spouse/Partner	\$431.70
Family	\$617.34
Parent & Child	\$401.48



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #2A6	
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,175.62
Member & Spouse/Partner	\$2,351.25
Family	\$3,362.29
Parent & Child	\$2,186.66
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$294.94
Member & Spouse/Partner	\$589.87
Family	\$843.52
Parent & Child	\$548.58
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,017.41
Member & Spouse/Partner	\$2,034.82
Family	\$2,909.78
Parent & Child	\$1,892.38
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$270.14
Member & Spouse/Partner	\$540.28
Family	\$772.61
Parent & Child	\$502.46
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,163.23
Member & Spouse/Partner	\$2,326.46
Family	\$3,326.85
Parent & Child	\$2,163.61
26 CWA Unity Freedom #02C — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,163.24
Member & Spouse/Partner	\$2,326.47
Family	\$3,326.85
Parent & Child	\$2,163.61
PRESCRIPTION DRUG PROGRAM #204	
Single	\$290.47
Member & Spouse/Partner	\$580.95
Family	\$830.76
Parent & Child	\$540.28
High Deductible Health Plans with Built In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$864.61
Member & Spouse/Partner	\$1,729.20
Family	\$2,472.76
Parent & Child	\$1,608.16

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 7/1/2026 – 12/31/2026

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Single	\$1,286.17
Member & Spouse/Partner	\$2,572.35
Family	\$3,678.46
Parent & Child	\$2,392.29
26 Horizon HMO #01A — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,241.30
Member & Spouse/Partner	\$2,482.62
Family	\$3,550.15
Parent & Child	\$2,308.83
PRESCRIPTION DRUG PROGRAM #203	
Single	\$318.36
Member & Spouse/Partner	\$636.72
Family	\$910.51
Parent & Child	\$592.15
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,249.98
Member & Spouse/Partner	\$2,499.98
Family	\$3,574.96
Parent & Child	\$2,324.97
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$292.00
Member & Spouse/Partner	\$584.02
Family	\$835.14
Parent & Child	\$543.13
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	\$866.16
Member & Spouse/Partner	\$1,732.32
Family	\$2,477.23
Parent & Child	\$1,611.07
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$215.85
Member & Spouse/Partner	\$431.70
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26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$864.61
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