



CWA Members
State Biweekly Active Group
Biweekly Rates – Aetna Plans
 Effective 06/27/2026 to 12/25/2026

| PLAN/COVERAGE DESCRIPTION | TOTAL |
|--|------------|
| Medical Plans Available with Prescription Drug Program #204 | |
| 26 CWA Unity Freedom #02C— PPO Plan with \$15 Primary Care Copayment | |
| Single | \$486.76 |
| Member & Spouse/Partner | \$973.51 |
| Family | \$1,392.13 |
| Parent & Child | \$905.37 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$121.55 |
| Member & Spouse/Partner | \$243.10 |
| Family | \$347.63 |
| Parent & Child | \$226.08 |
| Medical Plans Available with Prescription Drug Program #203 | |
| 26 Aetna HMO 011 — HMO Plan with \$15 Primary Care Copayment | |
| Single | \$519.42 |
| Member & Spouse/Partner | \$1,038.86 |
| Family | \$1,485.57 |
| Parent & Child | \$966.14 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$133.21 |
| Member & Spouse/Partner | \$266.43 |
| Family | \$381.00 |
| Parent & Child | \$247.78 |
| 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 | \$362.44 |
| Member & Spouse/Partner | \$724.89 |
| Family | \$1,036.60 |
| Parent & Child | \$674.15 |
| PRESCRIPTION DRUG PROGRAM #2A9 | |
| Single | \$90.32 |
| Member & Spouse/Partner | \$180.64 |
| Family | \$258.32 |
| Parent & Child | \$168.00 |
| High Deductible Health Plans with Built In Prescription Drug | |
| 26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$361.79 |
| Member & Spouse/Partner | \$723.59 |
| Family | \$1,034.73 |
| Parent & Child | \$672.94 |
| 26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible | |
| Single | \$536.22 |
| Member & Spouse/Partner | \$1,072.45 |
| Family | \$1,533.60 |
| Parent & Child | \$997.38 |

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



CWA Members
State Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 06/27/2026 to 12/25/2026

| PLAN/COVERAGE DESCRIPTION | TOTAL |
|--|------------|
| Medical Plans Available with Prescription Drug Program #204 | |
| 26 CWA Unity DIRECT #02A— PPO Plan with \$15 Primary Care Copayment | |
| Single | \$486.76 |
| Member & Spouse/Partner | \$973.51 |
| Family | \$1,392.13 |
| Parent & Child | \$905.37 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$121.55 |
| Member & Spouse/Partner | \$243.10 |
| Family | \$347.63 |
| Parent & Child | \$226.08 |
| Medical Plans Available with Prescription Drug Program #203 | |
| 26 Horizon HMO #01A — HMO Plan with \$15 Primary Care Copayment | |
| Single | \$519.42 |
| Member & Spouse/Partner | \$1,038.86 |
| Family | \$1,485.57 |
| Parent & Child | \$966.14 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$133.21 |
| Member & Spouse/Partner | \$266.43 |
| Family | \$381.00 |
| Parent & Child | \$247.78 |
| 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 | \$362.44 |
| Member & Spouse/Partner | \$724.89 |
| Family | \$1,036.60 |
| Parent & Child | \$674.15 |
| PRESCRIPTION DRUG PROGRAM #2A9 | |
| Single | \$90.32 |
| Member & Spouse/Partner | \$180.64 |
| Family | \$258.32 |
| Parent & Child | \$168.00 |
| High Deductible Health Plans with Built In Prescription Drug | |
| 26 NJ DIRECT HDHigh #09A— High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$361.79 |
| Member & Spouse/Partner | \$723.59 |
| Family | \$1,034.73 |
| Parent & Child | \$672.94 |
| 26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible | |
| Single | \$536.22 |
| Member & Spouse/Partner | \$1,072.45 |
| Family | \$1,533.60 |
| Parent & Child | \$997.38 |

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