



CWA Members
State Monthly Active Group
Monthly Rates - Aetna Plans
Effective 7/1/2026 to 12/31/2026

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	\$1,057.49
Member & Spouse/Partner	\$2,114.97
Family	\$3,024.41
Parent & Child	\$1,966.92
PRESCRIPTION DRUG PROGRAM #204	
Single	\$264.07
Member & Spouse/Partner	\$528.14
Family	\$755.24
Parent & Child	\$491.17
Medical Plans Available with Prescription Drug Program #203	
26 Aetna HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,128.46
Member & Spouse/Partner	\$2,256.93
Family	\$3,227.41
Parent & Child	\$2,098.94
PRESCRIPTION DRUG PROGRAM #203	
Single	\$289.42
Member & Spouse/Partner	\$578.84
Family	\$827.74
Parent & Child	\$538.32
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	\$787.42
Member & Spouse/Partner	\$1,574.84
Family	\$2,252.03
Parent & Child	\$1,464.61
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$196.23
Member & Spouse/Partner	\$392.46
Family	\$561.22
Parent & Child	\$364.99
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C— High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$786.01
Member & Spouse/Partner	\$1,572.00
Family	\$2,247.97
Parent & Child	\$1,461.97
26 Freedom HDLow #09D— High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,164.95
Member & Spouse/Partner	\$2,329.91
Family	\$3,331.76
Parent & Child	\$2,166.82

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



CWA Members
State Monthly Active Group
Monthly Rates - Horizon Plans
Effective 7/1/2026 – 12/31/2026

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	\$1,057.49
Member & Spouse/Partner	\$2,114.97
Family	\$3,024.41
Parent & Child	\$1,966.92
PRESCRIPTION DRUG PROGRAM #204	
Single	\$264.07
Member & Spouse/Partner	\$528.14
Family	\$755.24
Parent & Child	\$491.17
Medical Plans Available with Prescription Drug Program #203	
26 Horizon HMO #01A— HMO Plan with \$15 Primary Care Copayment	
Single	\$1,128.46
Member & Spouse/Partner	\$2,256.93
Family	\$3,227.41
Parent & Child	\$2,098.94
PRESCRIPTION DRUG PROGRAM #203	
Single	\$289.42
Member & Spouse/Partner	\$578.84
Family	\$827.74
Parent & Child	\$538.32
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	\$787.42
Member & Spouse/Partner	\$1,574.84
Family	\$2,252.03
Parent & Child	\$1,464.61
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$196.23
Member & Spouse/Partner	\$392.46
Family	\$561.22
Parent & Child	\$364.99
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	\$786.01
Member & Spouse/Partner	\$1,572.00
Family	\$2,247.97
Parent & Child	\$1,461.97
26 NJ DIRECT HDLow #09B— High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,164.95
Member & Spouse/Partner	\$2,329.91
Family	\$3,331.76
Parent & Child	\$2,166.82

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