



**UNION NEGOTIATED AND NON-ALIGNED PLANS**  
**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	
<b>26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,057.49
Member & Spouse/Partner	\$2,114.97
Family	\$3,024.41
Parent & Child	\$1,966.92
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$264.07
Member & Spouse/Partner	\$528.14
Family	\$755.24
Parent & Child	\$491.17
Medical Plans Available with Prescription Drug Program #203	
<b>26 Aetna HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,128.46
Member & Spouse/Partner	\$2,256.93
Family	\$3,227.41
Parent & Child	\$2,098.94
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$289.42
Member & Spouse/Partner	\$578.84
Family	\$827.74
Parent & Child	\$538.32
Medical Plans Available with Prescription Drug Program #2A9	
<b>26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>	
Single	\$787.42
Member & Spouse/Partner	\$1,574.84
Family	\$2,252.03
Parent & Child	\$1,464.61
<b>PRESCRIPTION DRUG PROGRAM #2A9</b>	
Single	\$196.23
Member & Spouse/Partner	\$392.46
Family	\$561.22
Parent & Child	\$364.99
High Deductible Health Plans with Built-In Prescription Drug	
<b>26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$786.01
Member & Spouse/Partner	\$1,572.00
Family	\$2,247.97
Parent & Child	\$1,461.97
<b>26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
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](http://www.nj.gov/treasury/pensions)



**UNION NEGOTIATED AND NON-ALIGNED PLANS**  
**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	
<b>26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,057.49
Member & Spouse/Partner	\$2,114.97
Family	\$3,024.41
Parent & Child	\$1,966.92
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$264.07
Member & Spouse/Partner	\$528.14
Family	\$755.24
Parent & Child	\$491.17
Medical Plans Available with Prescription Drug Program #203	
<b>26 Horizon HMO #01A — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,128.46
Member & Spouse/Partner	\$2,256.93
Family	\$3,227.41
Parent & Child	\$2,098.94
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$289.42
Member & Spouse/Partner	\$578.84
Family	\$827.74
Parent & Child	\$538.32
Medical Plans Available with Prescription Drug Program #2A9	
<b>26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>	
Single	\$787.42
Member & Spouse/Partner	\$1,574.84
Family	\$2,252.03
Parent & Child	\$1,464.61
<b>PRESCRIPTION DRUG PROGRAM #2A9</b>	
Single	\$196.23
Member & Spouse/Partner	\$392.46
Family	\$561.22
Parent & Child	\$364.99
High Deductible Health Plans with Built-In Prescription Drug	
<b>26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$786.01
Member & Spouse/Partner	\$1,572.00
Family	\$2,247.97
Parent & Child	\$1,461.97
<b>26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
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](http://www.nj.gov/treasury/pensions)