Local Monthly Active Group — Education Employers

Monthly Rates – Aetna Plans

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

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Freedom10 #018 — *PPO Plan with $10 Primary Care Copayment*			
Single	$1,733.20		$1,733.20
Member & Spouse/Partner	$1,739.68	$1,726.73	$3,466.41
Family	$1,742.06	$3,214.91	$4,956.97
Parent & Child	$1,736.08	$1,487.68	$3,223.76
Freedom15 #180 — *PPO Plan with $15 Primary Care Copayment*			
Single	$1,649.96		$1,649.96
Member & Spouse/Partner	$1,656.44	$1,643.48	$3,299.92
Family	$1,658.82	$3,060.07	$4,718.89
Parent & Child	$1,652.84	$1,416.09	$3,068.93
PRESCRIPTION DRUG PROGRAM #201			
Single	$456.49		$456.49
Member & Spouse/Partner	$456.49	$456.49	$912.98
Family	$456.49	$849.07	$1,305.56
Parent & Child	$456.49	$392.58	$849.07
Medical Plan Available with Prescription Drug Program #298			
New Jersey Educators Health Plan #097 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*			
Single	$1,202.76		$1,202.76
Member & Spouse/Partner	$1,209.24	$1,196.28	$2,405.52
Family	$1,211.62	$2,228.27	$3,439.89
Parent & Child	$1,205.64	$1,031.49	$2,237.13
PRESCRIPTION DRUG PROGRAM #298			
Single	$295.06		$295.06
Member & Spouse/Partner	$295.06	$295.06	$590.12
Family	$295.06	$548.81	$843.87
Parent & Child	$295.06	$253.75	$548.81
Medical Plan Available with Prescription Drug Program #299			
Garden State Health Plan #099 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*			
Single	$1,038.22		$1,038.22
Member & Spouse/Partner	$1,044.70	$1,031.73	$2,076.43
Family	$1,047.08	$1,922.22	$2,969.30
Parent & Child	$1,041.10	$889.98	$1,931.08
PRESCRIPTION DRUG PROGRAM #299			
Single	$295.06		$295.06
Member & Spouse/Partner	$295.06	$295.06	$590.12
Family	$295.06	$548.81	$843.87
Parent & Child	$295.06	$253.75	$548.81

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

Local Monthly Active Group — Education Employers

Monthly Rates – Horizon Plans

Effective 1/1/2026 – 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — *PPO Plan with $10 Primary Care Copayment*			
Single	$1,733.20		$1,733.20
Member & Spouse/Partner	$1,739.68	$1,726.73	$3,466.41
Family	$1,742.06	$3,214.91	$4,956.97
Parent & Child	$1,736.08	$1,487.68	$3,223.76
NJ DIRECT15 #150 — *PPO Plan with $15 Primary Care Copayment*			
Single	$1,649.96		$1,649.96
Member & Spouse/Partner	$1,656.44	$1,643.48	$3,299.92
Family	$1,658.82	$3,060.07	$4,718.89
Parent & Child	$1,652.84	$1,416.09	$3,068.93
PRESCRIPTION DRUG PROGRAM #201			
Single	$456.49		$456.49
Member & Spouse/Partner	$456.49	$456.49	$912.98
Family	$456.49	$849.07	$1,305.56
Parent & Child	$456.49	$392.58	$849.07
Medical Plan Available with Prescription Drug Program #298			
New Jersey Educators Health Plan #098 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*			
Single	$1,202.76		$1,202.76
Member & Spouse/Partner	$1,209.24	$1,196.28	$2,405.52
Family	$1,211.62	$2,228.27	$3,439.89
Parent & Child	$1,205.64	$1,031.49	$2,237.13
PRESCRIPTION DRUG PROGRAM #298			
Single	$295.06		$295.06
Member & Spouse/Partner	$295.06	$295.06	$590.12
Family	$295.06	$548.81	$843.87
Parent & Child	$295.06	$253.75	$548.81

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