Local Monthly Active Group — Education Employers

Monthly Rates – Aetna Plans

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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Freedom10 #018 — *PPO Plan with $10 Primary Care Copayment*			
Single	$2,174.28		$2,174.28
Member & Spouse/Partner	$2,180.76	$2,167.81	$4,348.57
Family	$2,183.14	$4,035.31	$6,218.45
Parent & Child	$2,177.16	$1,867.01	$4,044.17
Freedom15 #180 — *PPO Plan with $15 Primary Care Copayment*			
Single	$2,089.04		$2,089.04
Member & Spouse/Partner	$2,095.52	$2,082.55	$4,178.07
Family	$2,097.90	$3,876.75	$5,974.65
Parent & Child	$2,091.92	$1,793.69	$3,885.61
New Jersey Educators Health Plan #097 — *PPO Plan with $10 Primary Care Copayment /$15 Specialist Care Copayment*			
Single	$1,497.82		$1,497.82
Member & Spouse/Partner	$1,504.30	$1,491.34	$2,995.64
Family	$1,506.68	$2,777.08	$4,283.76
Parent & Child	$1,500.70	$1,285.24	$2,785.94
Garden State Health Plan #099 — *PPO plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*			
Single	$1,333.28		$1,333.28
Member & Spouse/Partner	$1,339.76	$1,326.79	$2,666.55
Family	$1,342.14	$2,471.03	$3,813.17
Parent & Child	$1,336.16	$1,143.73	$2,479.89

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 prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT10 #050 — *PPO Plan with $10 Primary Care Copayment*			
Single	$2,174.28		$2,174.28
Member & Spouse/Partner	$2,180.76	$2,167.81	$4,348.57
Family	$2,183.14	$4,035.31	$6,218.45
Parent & Child	$2,177.16	$1,867.01	$4,044.17
NJ DIRECT15 #150 — *PPO Plan with $15 Primary Care Copayment*			
Single	$2,089.04		$2,089.04
Member & Spouse/Partner	$2,095.52	$2,082.55	$4,178.07
Family	$2,097.90	$3,876.75	$5,974.65
Parent & Child	$2,091.92	$1,793.69	$3,885.61
New Jersey Educators Health Plan #098 — *PPO Plan with $10 Primary Care Copayment /$15 Specialist Care Copayment*			
Single	$1,497.82		$1,497.82
Member & Spouse/Partner	$1,504.30	$1,491.34	$2,995.64
Family	$1,506.68	$2,777.08	$4,283.76
Parent & Child	$1,500.70	$1,285.24	$2,785.94

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