

# **Chapter 172 Part-Time Local Education Monthly Active Group**

### 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	MONTHLY RATES	
Medical Plans Available with Prescription Drug Program #201		
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment		
Single	\$1,906.52	
Member & Spouse/Partner	\$3,813.05	
Family	\$5,452.66	
Parent & Child	\$3,546.13	
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment		
Single	\$1,814.95	
Member & Spouse/Partner	\$3,629.91	
Family	\$5,190.77	
Parent & Child	\$3,375.82	
PRESCRIPTION DRUG PROGRAM #201		
Single	\$502.13	
Member & Spouse/Partner	\$1,004.27	
Family	\$1,436.11	
Parent & Child	\$933.97	
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	1,323.03	
Member & Spouse/Partner	\$2,646.07	
Family	\$3,783.87	
Parent & Child	\$2,460.84	
PRESCRIPTION DRUG PROGRAM #298		
Single	\$324.56	
Member & Spouse/Partner	\$649.13	
Family	\$928.25	
Parent & Child	\$603.69	
Medical Plan Available with Prescription Drug Program #299		
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	nt	
Single	\$1,142.04	
Member & Spouse/Partner	\$2,284.07	
Family	\$3,266.23	
Parent & Child	\$2,124.18	
PRESCRIPTION DRUG PROGRAM #299		
Single	\$324.56	
Member & Spouse/Partner	\$649.13	
Family	\$928.25	
Parent & Child	\$603.69	



## Chapter 172 P Active Group Monthly Rates – **Chapter 172 Part-Time Local Education Monthly**

### **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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	•
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,906.52
Member & Spouse/Partner	\$3 813.05
Family	\$5,452.66
Parent & Child	\$3,546.13
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,814.95
Member & Spouse/Partner	\$3,629.91
Family	\$5,190.77
Parent & Child	\$3,375.82
PRESCRIPTION DRUG PROGRAM #201	
Single	\$502.13
Member & Spouse/Partner	\$1,004.27
Family	\$1,436.11
Parent & Child	\$933.97
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	\$1,323.03
Member & Spouse/Partner	\$2,646.07
Family	\$3,783.87
Parent & Child	\$2,460.84
PRESCRIPTION DRUG PROGRAM #298	
Single	\$324.56
Member & Spouse/Partner	\$649.13
Family	\$928.25
Parent & Child	\$603.69

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