



**Chapter 172 Part-Time Local Education Monthly
Monthly Active Group
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	MONTHLY RATES
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,391.70
Member & Spouse/Partner	\$4,783.42
Family	\$6,840.29
Parent & Child	\$4,448.58
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,297.94
Member & Spouse/Partner	\$4,595.87
Family	\$6,572.11
Parent & Child	\$4,274.17
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,647.60
Member & Spouse/Partner	\$3,295.20
Family	\$4,712.13
Parent & Child	\$3,064.53
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,466.60
Member & Spouse/Partner	\$2,933.20
Family	\$4,194.48
Parent & Child	\$2,727.87

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



Chapter 172 Part-Time Local Education Monthly Monthly Active Group 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	MONTHLY RATES
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,391.70
Member & Spouse/Partner	\$4,783.42
Family	\$6,840.29
Parent & Child	\$4,448.58
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,297.94
Member & Spouse/Partner	\$4,595.87
Family	\$6,572.11
Parent & Child	\$4,274.17
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,647.60
Member & Spouse/Partner	\$3,295.20
Family	\$4,712.13
Parent & Child	\$3,064.53

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