



**UNION NEGOTIATED PLANS**  
**State Monthly Active Group**  
**Monthly Rates – Aetna Plans**  
 Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$959.58
Member & Spouse/Partner	\$1,919.16
Family	\$2,744.40
Parent & Child	\$1,784.82
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$954.53
Member & Spouse/Partner	\$1,909.06
Family	\$2,729.96
Parent & Child	\$1,775.43
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$204.98
Member & Spouse/Partner	\$409.96
Family	\$586.24
Parent & Child	\$381.26
Medical Plans Available with Prescription Drug Program #203	
<b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$940.13
Member & Spouse/Partner	\$1,880.26
Family	\$2,688.77
Parent & Child	\$1,748.64
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$217.16
Member & Spouse/Partner	\$434.32
Family	\$621.08
Parent & Child	\$403.92
Medical Plans Available with Prescription Drug Program #209	
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>	
Single	\$662.88
Member & Spouse/Partner	\$1,325.76
Family	\$1,895.84
Parent & Child	\$1,232.96
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$147.91
Member & Spouse/Partner	\$295.84
Family	\$423.02
Parent & Child	\$275.11

\* Members hired before July 1, 2019, will be enrolled in Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019.



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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built-In Prescription Drug	
<b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$632.06
Member & Spouse/Partner	\$1,264.12
Family	\$1,807.69
Parent & Child	\$1,175.63
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$937.39
Member & Spouse/Partner	\$1,874.78
Family	\$2,680.93
Parent & Child	\$1,743.54

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 PLANS**  
**State Monthly Active Group**  
**Monthly Rates – Horizon Plans**  
**Effective 1/1/2025 – 12/31/2025**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$959.58
Member & Spouse/Partner	\$1,919.16
Family	\$2,744.40
Parent & Child	\$1,784.82
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$954.53
Member & Spouse/Partner	\$1,909.06
Family	\$2,729.96
Parent & Child	\$1,775.43
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$204.98
Member & Spouse/Partner	\$409.96
Family	\$586.24
Parent & Child	\$381.26
Medical Plans Available with Prescription Drug Program #203	
<b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$940.13
Member & Spouse/Partner	\$1,880.26
Family	\$2,688.77
Parent & Child	\$1,748.64
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$217.16
Member & Spouse/Partner	\$434.32
Family	\$621.08
Parent & Child	\$403.92
Medical Plans Available with Prescription Drug Program #209	
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>	
Single	\$662.88
Member & Spouse/Partner	\$1,325.76
Family	\$1,895.84
Parent & Child	\$1,232.96
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$147.91
Member & Spouse/Partner	\$295.84
Family	\$423.02
Parent & Child	\$275.11

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**UNION NEGOTIATED PLANS**  
**State Monthly Active Group**  
**Monthly Rates – Horizon Plans**  
 Effective 1/1/2025 – 12/31/2025

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built-In Prescription Drug	
<b>NJ DIRECT HDHigh #090</b> — <i>High Deductible Health Plan with \$4,100 In-Network Deductible</i>	
Single	\$632.06
Member & Spouse/Partner	\$1,264.12
Family	\$1,807.69
Parent & Child	\$1,175.63
<b>NJ DIRECT HDLow #091</b> — <i>High Deductible Health Plan with \$1,600 In-Network Deductible</i>	
Single	\$937.39
Member & Spouse/Partner	\$1,874.78
Family	\$2,680.93
Parent & Child	\$1,743.54

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