



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Aetna Plans
Effective 1/1/2025 to 12/31/2025**

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 #203	
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,079.36
Member & Spouse/Partner	\$2,158.72
Family	\$3,086.98
Parent & Child	\$2,007.62
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,034.14
Member & Spouse/Partner	\$2,068.28
Family	\$2,957.64
Parent & Child	\$1,923.50
PRESCRIPTION DRUG PROGRAM #203	
Single	\$238.87
Member & Spouse/Partner	\$477.75
Family	\$683.18
Parent & Child	\$444.31
Medical Plans Available with Prescription Drug Program #205	
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,049.14
Member & Spouse/Partner	\$2,098.29
Family	\$3,000.55
Parent & Child	\$1,951.41
PRESCRIPTION DRUG PROGRAM #205	
Single	\$216.65
Member & Spouse/Partner	\$433.31
Family	\$619.64
Parent & Child	\$402.98
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$729.16
Member & Spouse/Partner	\$1,458.33
Family	\$2,085.42
Parent & Child	\$1,356.25
PRESCRIPTION DRUG PROGRAM #209	
Single	\$162.70
Member & Spouse/Partner	\$325.42
Family	\$465.32
Parent & Child	\$302.62



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$986.52
Member & Spouse/Partner	\$1,973.04
Family	\$2,821.45
Parent & Child	\$1,834.93
PRESCRIPTION DRUG PROGRAM #206	
Single	\$220.50
Member & Spouse/Partner	\$441.01
Family	\$630.65
Parent & Child	\$410.14
Medical Plans Available with Prescription Drug Program #207	
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$848.41
Member & Spouse/Partner	\$1,696.83
Family	\$2,426.47
Parent & Child	\$1,578.06
PRESCRIPTION DRUG PROGRAM #207	
Single	\$198.47
Member & Spouse/Partner	\$396.94
Family	\$567.63
Parent & Child	\$369.16
Medical Plans Available with Prescription Drug Program #204	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,055.53
Member & Spouse/Partner	\$2,111.07
Family	\$3,018.84
Parent & Child	\$1,963.30
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,049.98
Member & Spouse/Partner	\$2,099.96
Family	\$3,002.95
Parent & Child	\$1,952.97
CWA Unity Freedom* #025 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,055.53
Member & Spouse/Partner	\$2,111.07
Family	\$3,018.84
Parent & Child	\$1,963.30

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CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,049.98
Member & Spouse/Partner	\$2,099.96
Family	\$3,002.95
Parent & Child	\$1,952.97
PRESCRIPTION DRUG PROGRAM #204	
Single	\$225.47
Member & Spouse/Partner	\$450.95
Family	\$644.86
Parent & Child	\$419.38
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$695.26
Member & Spouse/Partner	\$1,390.53
Family	\$1,988.45
Parent & Child	\$1,293.19

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



**Chapter 172 Part-Time State Monthly
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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,079.36
Member & Spouse/Partner	\$2,158.72
Family	\$3,086.98
Parent & Child	\$2,007.62
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,034.14
Member & Spouse/Partner	\$2,068.28
Family	\$2,957.64
Parent & Child	\$1,923.50
PRESCRIPTION DRUG PROGRAM #203	
Single	\$238.87
Member & Spouse/Partner	\$477.75
Family	\$683.18
Parent & Child	\$444.31
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,049.14
Member & Spouse/Partner	\$2,098.29
Family	\$3,000.55
Parent & Child	\$1,951.41
PRESCRIPTION DRUG PROGRAM #205	
Single	\$216.65
Member & Spouse/Partner	\$433.31
Family	\$619.64
Parent & Child	\$402.98
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$729.16
Member & Spouse/Partner	\$1,458.33
Family	\$2,085.42
Parent & Child	\$1,356.25
PRESCRIPTION DRUG PROGRAM #209	
Single	\$162.70
Member & Spouse/Partner	\$325.42
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Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$986.52
Member & Spouse/Partner	\$1,973.04
Family	\$2,821.45
Parent & Child	\$1,834.93
PRESCRIPTION DRUG PROGRAM #206	
Single	\$220.50
Member & Spouse/Partner	\$441.01
Family	\$630.65
Parent & Child	\$410.14
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$848.41
Member & Spouse/Partner	\$1,696.83
Family	\$2,426.47
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PRESCRIPTION DRUG PROGRAM #207	
Single	\$198.47
Member & Spouse/Partner	\$396.94
Family	\$567.63
Parent & Child	\$369.16
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,055.53
Member & Spouse/Partner	\$2,111.07
Family	\$3,018.84
Parent & Child	\$1,963.30
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,049.98
Member & Spouse/Partner	\$2,099.96
Family	\$3,002.95
Parent & Child	\$1,952.97
CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,055.53
Member & Spouse/Partner	\$2,111.07
Family	\$3,018.84
Parent & Child	\$1,963.30

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CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,049.98
Member & Spouse/Partner	\$2,099.96
Family	\$3,002.95
Parent & Child	\$1,952.97
PRESCRIPTION DRUG PROGRAM #204	
Single	\$225.47
Member & Spouse/Partner	\$450.95
Family	\$644.86
Parent & Child	\$419.38
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$695.26
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