



**Chapter 172 Part-Time State Monthly  
Active Group  
Monthly Rates – Aetna Plans  
Effective 7/1/2024 to 12/31/2024**

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	
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
<b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$190.99
Member & Spouse/Partner	\$381.98
Family	\$546.23
Parent & Child	\$355.24
Medical Plans Available with Prescription Drug Program #205	
<b>Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$933.94
Member & Spouse/Partner	\$1,867.88
Family	\$2,671.07
Parent & Child	\$1,737.13
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$173.22
Member & Spouse/Partner	\$346.45
Family	\$495.42
Parent & Child	\$322.20
Medical Plans Available with Prescription Drug Program #209	
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$722.07
Member & Spouse/Partner	\$1,444.14
Family	\$2,065.12
Parent & Child	\$1,343.05
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$138.50
Member & Spouse/Partner	\$277.02
Family	\$396.11
Parent & Child	\$257.60



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
<b>Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$878.19
Member & Spouse/Partner	\$1,756.39
Family	\$2,511.64
Parent & Child	\$1,633.44
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$176.30
Member & Spouse/Partner	\$352.61
Family	\$504.24
Parent & Child	\$327.93
Medical Plans Available with Prescription Drug Program #207	
<b>Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$755.26
Member & Spouse/Partner	\$1,510.52
Family	\$2,160.04
Parent & Child	\$1,404.78
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$158.68
Member & Spouse/Partner	\$317.37
Family	\$453.83
Parent & Child	\$295.15
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.60
Parent & Child	\$1,825.27
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
<b>CWA Unity Freedom* #026 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.61
Parent & Child	\$1,825.27

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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<b>CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$182.16
Member & Spouse/Partner	\$364.32
Family	\$520.98
Parent & Child	\$338.82
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	\$605.71
Member & Spouse/Partner	\$1,211.43
Family	\$1,732.34
Parent & Child	\$1,126.63

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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)



**Chapter 172 Part-Time State Monthly  
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Monthly Rates – Horizon Plans  
Effective 1/1/2024 – 12/31/2024**

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	
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
<b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$190.99
Member & Spouse/Partner	\$381.98
Family	\$546.23
Parent & Child	\$355.24
Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$933.94
Member & Spouse/Partner	\$1,867.88
Family	\$2,671.07
Parent & Child	\$1,737.13
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$173.22
Member & Spouse/Partner	\$346.45
Family	\$495.42
Parent & Child	\$322.20
Medical Plans Available with Prescription Drug Program #209	
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$722.07
Member & Spouse/Partner	\$1,444.14
Family	\$2,065.12
Parent & Child	\$1,343.05
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$138.50
Member & Spouse/Partner	\$277.02
Family	\$396.11
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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$878.19
Member & Spouse/Partner	\$1,756.39
Family	\$2,511.64
Parent & Child	\$1,633.44
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$176.30
Member & Spouse/Partner	\$352.61
Family	\$504.24
Parent & Child	\$327.93
Medical Plans Available with Prescription Drug Program #207	
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$755.26
Member & Spouse/Partner	\$1,510.52
Family	\$2,160.04
Parent & Child	\$1,404.78
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$158.68
Member & Spouse/Partner	\$317.37
Family	\$453.83
Parent & Child	\$295.15
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.60
Parent & Child	\$1,825.27
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
<b>CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.61
Parent & Child	\$1,825.27

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<b>CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$182.16
Member & Spouse/Partner	\$364.32
Family	\$520.98
Parent & Child	\$338.82
High Deductible Health Plans with Built In Prescription Drug	
<b>NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$605.71
Member & Spouse/Partner	\$1,211.43
Family	\$1,732.34
Parent & Child	\$1,126.63

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