



**UNION NEGOTIATED PLANS**  
**State Monthly Active Group**  
**Monthly Rates – Aetna Plans**  
**Effective 7/1/2024 to 12/31/2024**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$892.12
Member & Spouse/Partner	\$1,784.24
Family	\$2,551.46
Parent & Child	\$1,659.34
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$887.42
Member & Spouse/Partner	\$1,774.84
Family	\$2,538.02
Parent & Child	\$1,650.60
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$165.60
Member & Spouse/Partner	\$331.20
Family	\$473.62
Parent & Child	\$308.02
Medical Plans Available with Prescription Drug Program #203	
<b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$836.90
Member & Spouse/Partner	\$1,673.80
Family	\$2,393.53
Parent & Child	\$1,556.63
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$173.63
Member & Spouse/Partner	\$347.26
Family	\$496.58
Parent & Child	\$322.95
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	\$656.43
Member & Spouse/Partner	\$1,312.86
Family	\$1,877.39
Parent & Child	\$1,220.96
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$125.91
Member & Spouse/Partner	\$251.84
Family	\$360.10
Parent & Child	\$234.19

\* 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	\$550.65
Member & Spouse/Partner	\$1,101.30
Family	\$1,574.86
Parent & Child	\$1,024.21
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$816.65
Member & Spouse/Partner	\$1,633.30
Family	\$2,335.62
Parent & Child	\$1,518.97

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 1/1/2024 – 12/31/2024**

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	\$892.12
Member & Spouse/Partner	\$1,784.24
Family	\$2,551.46
Parent & Child	\$1,659.34
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$887.42
Member & Spouse/Partner	\$1,774.84
Family	\$2,538.02
Parent & Child	\$1,650.60
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$165.60
Member & Spouse/Partner	\$331.20
Family	\$473.62
Parent & Child	\$308.02
Medical Plans Available with Prescription Drug Program #203	
<b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$836.90
Member & Spouse/Partner	\$1,673.80
Family	\$2,393.53
Parent & Child	\$1,556.63
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$173.63
Member & Spouse/Partner	\$347.26
Family	\$496.58
Parent & Child	\$322.95
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	\$656.43
Member & Spouse/Partner	\$1,312.86
Family	\$1,877.39
Parent & Child	\$1,220.96
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$125.91
Member & Spouse/Partner	\$251.84
Family	\$360.10
Parent & Child	\$234.19

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**State Monthly Active Group**  
**Monthly Rates – Horizon Plans**  
 Effective 1/1/2024 – 12/31/2024

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	\$550.65
Member & Spouse/Partner	\$1,101.30
Family	\$1,574.86
Parent & Child	\$1,024.21
<b>NJ DIRECT HDLow #091</b> — <i>High Deductible Health Plan with \$1,600 In-Network Deductible</i>	
Single	\$816.65
Member & Spouse/Partner	\$1,633.30
Family	\$2,335.62
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