



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

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	\$1,424.65
Member & Spouse/Partner	\$2,849.31
Family	\$4,074.51
Parent & Child	\$2,649.85
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,366.48
Member & Spouse/Partner	\$2,732.98
Family	\$3,908.16
Parent & Child	\$2,541.67
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,158.94
Member & Spouse/Partner	\$2,317.89
Family	\$3,314.58
Parent & Child	\$2,155.63
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,022.27
Member & Spouse/Partner	\$2,044.53
Family	\$2,923.69
Parent & Child	\$1,901.41

*The Garden State Health Plan is available 1/1/2024 - 12/31/2024

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 1/1/2024 – 12/31/2024**

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	\$1,424.65
Member & Spouse/Partner	\$2,849.31
Family	\$4,074.51
Parent & Child	\$2,649.85
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,366.48
Member & Spouse/Partner	\$2,732.98
Family	\$3,908.16
Parent & Child	\$2,541.67
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,158.94
Member & Spouse/Partner	\$2,317.89
Family	\$3,314.58
Parent & Child	\$2,155.63

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