



**UNION NEGOTIATED PLANS**  
**State Biweekly Active Group**  
**Biweekly Rates – Aetna Plans**  
**Effective 6/29/2024 to 12/28/2024**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$410.64
Member & Spouse/Partner	\$821.28
Family	\$1,174.43
Parent & Child	\$763.79
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$408.47
Member & Spouse/Partner	\$816.95
Family	\$1,168.24
Parent & Child	\$759.76
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$76.22
Member & Spouse/Partner	\$152.45
Family	\$218.00
Parent & Child	\$141.78
Medical Plans Available with Prescription Drug Program #203	
<b>Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$385.22
Member & Spouse/Partner	\$770.44
Family	\$1,101.73
Parent & Child	\$716.51
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$79.92
Member & Spouse/Partner	\$159.84
Family	\$228.57
Parent & Child	\$148.65
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	\$302.15
Member & Spouse/Partner	\$604.30
Family	\$864.16
Parent & Child	\$562.00
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$57.95
Member & Spouse/Partner	\$115.92
Family	\$165.75
Parent & Child	\$107.79

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



**UNION NEGOTIATED PLANS**  
**State Biweekly Active Group**  
**Biweekly Rates – Aetna Plans**  
 Effective 6/29/2024 to 12/28/2024

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	\$253.46
Member & Spouse/Partner	\$506.92
Family	\$724.90
Parent & Child	\$471.44
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$375.90
Member & Spouse/Partner	\$751.80
Family	\$1,075.08
Parent & Child	\$699.18

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 Biweekly Active Group**  
**Biweekly Rates – Horizon Plans**  
**Effective 12/30/2023 – 12/28/2024**

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	\$410.64
Member & Spouse/Partner	\$821.28
Family	\$1,174.43
Parent & Child	\$763.79
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$408.47
Member & Spouse/Partner	\$816.95
Family	\$1,168.24
Parent & Child	\$759.76
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$76.22
Member & Spouse/Partner	\$152.45
Family	\$218.00
Parent & Child	\$141.78
Medical Plans Available with Prescription Drug Program #203	
<b>Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$385.22
Member & Spouse/Partner	\$770.44
Family	\$1,101.73
Parent & Child	\$716.51
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$79.92
Member & Spouse/Partner	\$159.84
Family	\$228.57
Parent & Child	\$148.65
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	\$302.15
Member & Spouse/Partner	\$604.30
Family	\$864.16
Parent & Child	\$562.00
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$57.95
Member & Spouse/Partner	\$115.92
Family	\$165.75
Parent & Child	\$107.79

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



**UNION NEGOTIATED PLANS**  
**State Biweekly Active Group**  
**Biweekly Rates – Horizon Plans**  
**Effective 12/30/2023 – 12/28/2024**

PLAN/COVERAGE DESCRIPTION	TOTAL
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	\$253.46
Member & Spouse/Partner	\$506.92
Family	\$724.90
Parent & Child	\$471.44
<b>NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$375.90
Member & Spouse/Partner	\$751.80
Family	\$1,075.08
Parent & Child	\$699.18

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)