



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



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PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$253.46
Member & Spouse/Partner	\$506.92
Family	\$724.90
Parent & Child	\$471.44
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
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



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	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$410.64
Member & Spouse/Partner	\$821.28
Family	\$1,174.43
Parent & Child	\$763.79
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$408.47
Member & Spouse/Partner	\$816.95
Family	\$1,168.24
Parent & Child	\$759.76
PRESCRIPTION DRUG PROGRAM #204	
Single	\$76.22
Member & Spouse/Partner	\$152.45
Family	\$218.00
Parent & Child	\$141.78
Medical Plans Available with Prescription Drug Program #203	
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$385.22
Member & Spouse/Partner	\$770.44
Family	\$1,101.73
Parent & Child	\$716.51
PRESCRIPTION DRUG PROGRAM #203	
Single	\$79.92
Member & Spouse/Partner	\$159.84
Family	\$228.57
Parent & Child	\$148.65
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	\$302.15
Member & Spouse/Partner	\$604.30
Family	\$864.16
Parent & Child	\$562.00
PRESCRIPTION DRUG PROGRAM #209	
Single	\$57.95
Member & Spouse/Partner	\$115.92
Family	\$165.75
Parent & Child	\$107.79

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