



**Local Monthly Active Group —
Local Government Employers
Monthly Rates – Aetna Plans**
Effective 1/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Freedom 10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,666.44		\$1,666.44
Member & Spouse/Partner	\$1,672.92	\$1,659.96	\$3,332.88
Family	\$1,675.30	\$2,974.07	\$4,649.37
Parent & Child	\$1,669.32	\$1313.61	\$2,982.93
Freedom 15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,586.89		\$1,586.89
Member & Spouse/Partner	\$1,593.37	\$1,580.41	\$3,173.78
Family	\$1,595.75	\$2,831.67	\$4,427.42
Parent & Child	\$1,589.77	\$1250.76	\$2,840.53
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,541.26		\$1,541.26
Member & Spouse/Partner	\$1,547.74	\$1,534.78	\$3,082.52
Family	\$1,550.12	\$2,750.00	\$4,300.12
Parent & Child	\$1,544.14	\$1214.72	\$2,758.86
PRESCRIPTION DRUG PROGRAM #201			
Single	\$382.44		\$382.44
Member & Spouse/Partner	\$382.44	\$382.44	\$764.88
Family	\$382.44	\$684.57	\$1,067.01
Parent & Child	\$382.44	\$302.13	\$684.57
Medical Plans Available with Prescription Drug Program #205			
Freedom 1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,539.34		\$1,539.34
Member & Spouse/Partner	\$1,545.82	\$1,532.86	\$3,078.68
Family	\$1,548.20	\$2,746.56	\$4,294.76
Parent & Child	\$1,542.22	\$1213.20	\$2,755.42
PRESCRIPTION DRUG PROGRAM #205			
Single	\$346.85		\$346.85
Member & Spouse/Partner	\$346.85	\$346.85	\$693.70
Family	\$346.85	\$620.86	\$967.71
Parent & Child	\$346.85	\$274.01	\$620.86
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	\$1,105.64		\$1,105.64
Member & Spouse/Partner	\$1,112.12	\$1,099.16	\$2,211.28
Family	\$1,114.50	\$1,970.24	\$3,084.74
Parent & Child	\$1,108.52	\$870.58	\$1,979.10
PRESCRIPTION DRUG PROGRAM #209			
Single	\$301.85		\$301.85
Member & Spouse/Partner	\$301.85	\$301.85	\$603.70
Family	\$301.85	\$540.31	\$842.16
Parent & Child	\$301.85	\$238.46	\$540.31



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
Freedom 2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,527.46		\$1,527.46
Member & Spouse/Partner	\$1,533.94	\$1,520.98	\$3,054.92
Family	\$1,536.32	\$2,725.29	\$4,261.61
Parent & Child	\$1,530.34	\$1,203.81	\$2,734.15
PRESCRIPTION DRUG PROGRAM #206			
Single	\$349.04		\$349.04
Member & Spouse/Partner	\$349.04	\$349.04	\$698.08
Family	\$349.04	\$624.78	\$973.82
Parent & Child	\$349.04	\$275.74	\$624.78
Medical Plans Available with Prescription Drug Program #207			
Freedom 2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,435.81		\$1,435.81
Member & Spouse/Partner	\$1,442.29	\$1,429.33	\$2,871.62
Family	\$1,444.67	\$2,561.24	\$4,005.91
Parent & Child	\$1,438.69	\$1,131.41	\$2,570.10
PRESCRIPTION DRUG PROGRAM #207			
Single	\$345.17		\$345.17
Member & Spouse/Partner	\$345.17	\$345.17	\$690.34
Family	\$345.17	\$617.85	\$963.02
Parent & Child	\$345.17	\$272.68	\$617.85
Medical Plans Available with Prescription Drug Program #297			
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,483.75		\$1,483.75
Member & Spouse/Partner	\$1,490.23	\$1,477.27	\$2,967.50
Family	\$1,492.61	\$2,647.05	\$4,139.66
Parent & Child	\$1,486.63	\$1,169.28	\$2,655.91
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,475.93		\$1,475.93
Member & Spouse/Partner	\$1,482.41	\$1,469.46	\$2,951.87
Family	\$1,484.79	\$2,633.07	\$4,117.86
Parent & Child	\$1,478.81	\$1,163.11	\$2,641.92
PRESCRIPTION DRUG PROGRAM #297			
Single	\$347.14		\$347.14
Member & Spouse/Partner	\$347.14	\$347.14	\$694.28
Family	\$347.14	\$621.38	\$968.52
Parent & Child	\$347.14	\$274.24	\$621.38



**Local Monthly Active Group —
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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
High Deductible Health Plans with Built-In Prescription Drug			
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$1,034.68		\$1034.68
Member & Spouse/Partner	\$1,041.16	\$1028.20	\$2,069.36
Family	\$1,043.54	\$1,843.22	\$2,886.76
Parent & Child	\$1,037.56	\$814.52	\$1,852.08
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,534.55		\$1,534.55
Member & Spouse/Partner	\$1,541.03	\$1,528.07	\$3,069.10
Family	\$1,543.41	\$2,737.99	\$4,281.40
Parent & Child	\$1,537.43	\$1,209.42	\$2,746.85

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

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions



**Local Monthly Active Group —
Local Government Employers
Monthly Rates – Horizon Plans
Effective 1/1/2026 – 12/31/2026**

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,666.44		\$1,666.44
Member & Spouse/Partner	\$1,672.92	\$1,659.96	\$3,332.88
Family	\$1,675.30	\$2,974.07	\$4,649.37
Parent & Child	\$1,669.32	\$1,313.61	\$2,982.93
NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,586.89		\$1,586.89
Member & Spouse/Partner	\$1,593.37	\$1,580.41	\$3,173.78
Family	\$1,595.75	\$2,831.67	\$4,427.42
Parent & Child	\$1,589.77	\$1,250.76	\$2,840.53
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,541.26		\$1,541.26
Member & Spouse/Partner	\$1,547.74	\$1,534.78	\$3,082.52
Family	\$1,550.12	\$2,750.00	\$4,300.12
Parent & Child	\$1,544.14	\$1,214.72	\$2,758.86
PRESCRIPTION DRUG PROGRAM #201			
Single	\$382.44		\$382.44
Member & Spouse/Partner	\$382.44	\$382.44	\$764.88
Family	\$382.44	\$684.57	\$1,067.01
Parent & Child	\$382.44	\$302.13	\$684.57
Medical Plans Available with Prescription Drug Program #205			
NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,539.34		\$1,539.34
Member & Spouse/Partner	\$1,545.82	\$1,532.86	\$3,078.68
Family	\$1,548.20	\$2,746.56	\$4,294.76
Parent & Child	\$1,542.22	\$1,213.20	\$2,755.42
PRESCRIPTION DRUG PROGRAM #205			
Single	\$346.85		\$346.85
Member & Spouse/Partner	\$346.85	\$346.85	\$693.70
Family	\$346.85	\$620.86	\$967.71
Parent & Child	\$346.85	\$274.01	\$620.86
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	\$1,105.64		\$1,105.64
Member & Spouse/Partner	\$1,112.12	\$1,099.16	\$2,211.28
Family	\$1,114.50	\$1,970.24	\$3,084.74
Parent & Child	\$1,108.52	\$870.58	\$1,979.10
PRESCRIPTION DRUG PROGRAM #209			
Single	\$301.85		\$301.85
Member & Spouse/Partner	\$301.85	\$301.85	\$603.70
Family	\$301.85	\$540.31	\$842.16
Parent & Child	\$301.85	\$238.46	\$540.31



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #206			
NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,527.46		\$1,527.46
Member & Spouse/Partner	\$1,533.94	\$1,520.98	\$3,054.92
Family	\$1,536.32	\$2,725.29	\$4,261.61
Parent & Child	\$1,530.34	\$1,203.81	\$2,734.15
PRESCRIPTION DRUG PROGRAM #206			
Single	\$349.04		\$349.04
Member & Spouse/Partner	\$349.04	\$349.04	\$698.08
Family	\$349.04	\$624.78	\$973.82
Parent & Child	\$349.04	\$275.74	\$624.78
Medical Plans Available with Prescription Drug Program #207			
NJ DIRECT 2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,435.81		\$1,435.81
Member & Spouse/Partner	\$1,442.29	\$1,429.33	\$2,871.62
Family	\$1,444.67	\$2,561.24	\$4,005.91
Parent & Child	\$1,438.69	\$1,131.41	\$2,570.10
PRESCRIPTION DRUG PROGRAM #207			
Single	\$345.17		\$345.17
Member & Spouse/Partner	\$345.17	\$345.17	\$690.34
Family	\$345.17	\$617.85	\$963.02
Parent & Child	\$345.17	\$272.68	\$617.85
Medical Plans Available with Prescription Drug Program #297			
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,483.75		\$1,483.75
Member & Spouse/Partner	\$1,490.23	\$1,477.27	\$2,967.50
Family	\$1,492.61	\$2,647.05	\$4,139.66
Parent & Child	\$1,486.63	\$1,169.28	\$2,655.91
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,475.93		\$1,475.93
Member & Spouse/Partner	\$1,482.41	\$1,469.46	\$2,951.87
Family	\$1,484.79	\$2,633.07	\$4,117.86
Parent & Child	\$1,478.81	\$1,163.11	\$2,641.92
PRESCRIPTION DRUG PROGRAM #297			
Single	\$347.14		\$347.14
Member & Spouse/Partner	\$347.14	\$347.14	\$694.28
Family	\$347.14	\$621.38	\$968.52
Parent & Child	\$347.14	\$274.24	\$621.38



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
High Deductible Health Plans with Built-In Prescription Drug			
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$1,034.68		\$1,034.68
Member & Spouse/Partner	\$1,041.16	\$1,028.20	\$2,069.36
Family	\$1,043.54	\$1,843.22	\$2,886.76
Parent & Child	\$1,037.56	\$814.52	\$1,852.08
NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,534.55		\$1,534.55
Member & Spouse/Partner	\$1,541.03	\$1,528.07	\$3,069.10
Family	\$1,543.41	\$2,737.99	\$4,281.40
Parent & Child	\$1,537.43	\$1,209.42	\$2,746.85

* 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.

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Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Aetna Plans Effective 7/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A1			
26 Freedom 10 #01H— PPO Plan with \$10 Primary Care Copayment			
Single	\$1,636.59		\$1,636.59
Member & Spouse/Partner	\$1,643.07	\$1,630.10	\$3,273.17
Family	\$1,645.45	\$2,920.63	\$4,566.08
Parent & Child	\$1,639.47	\$1,290.02	\$2,929.49
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,556.04		\$1,556.04
Member & Spouse/Partner	\$1,562.52	\$1,549.56	\$3,112.08
Family	\$1,564.90	\$2,776.45	\$4,341.35
Parent & Child	\$1,558.92	\$1,226.39	\$2,785.31
26 Aetna HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,522.33		\$1,522.33
Member & Spouse/Partner	\$1,528.81	\$1,515.85	\$3,044.66
Family	\$1,531.19	\$2,716.11	\$4,247.30
Parent & Child	\$1,525.21	\$1,199.76	\$2,724.97
PRESCRIPTION DRUG PROGRAM #2A1			
Single	\$358.92		\$358.92
Member & Spouse/Partner	\$358.92	\$358.92	\$717.84
Family	\$358.92	\$642.47	\$1,001.39
Parent & Child	\$358.92	\$283.55	\$642.47
Medical Plans Available with Prescription Drug Program #2A5			
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,509.36		\$1,509.36
Member & Spouse/Partner	\$1,515.84	\$1,502.88	\$3,018.72
Family	\$1,518.22	\$2,692.90	\$4,211.12
Parent & Child	\$1,512.24	\$1,189.52	\$2,701.76
PRESCRIPTION DRUG PROGRAM #2A5			
Single	\$331.19		\$331.19
Member & Spouse/Partner	\$331.19	\$331.19	\$662.38
Family	\$331.19	\$592.83	\$924.02
Parent & Child	\$331.19	\$261.64	\$592.83
Medical Plans Available with Prescription Drug Program #2A9			
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1			
Single	\$1,092.06		\$1,092.06
Member & Spouse/Partner	\$1,098.54	\$1,085.58	\$2,184.12
Family	\$1,100.92	\$1,945.93	\$3,046.85
Parent & Child	\$1,094.94	\$859.85	\$1,954.79
PRESCRIPTION DRUG PROGRAM #2A9			
Single	\$288.22		\$288.22
Member & Spouse/Partner	\$288.22	\$288.22	\$576.44
Family	\$288.22	\$515.91	\$804.13
Parent & Child	\$288.22	\$227.69	\$515.91



Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Aetna Plans Effective 7/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A6			
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,498.21		\$1,498.21
Member & Spouse/Partner	\$1,504.69	\$1,491.73	\$2,996.42
Family	\$1,507.07	\$2,672.93	\$4,180.00
Parent & Child	\$1,501.09	\$1,180.70	\$2,681.79
PRESCRIPTION DRUG PROGRAM #2A6			
Single	\$331.61		\$331.61
Member & Spouse/Partner	\$331.61	\$331.60	\$663.21
Family	\$331.61	\$593.57	\$925.18
Parent & Child	\$331.61	\$261.96	\$593.57
Medical Plans Available with Prescription Drug Program #2A7			
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,416.81		\$1,416.81
Member & Spouse/Partner	\$1,423.29	\$1,410.33	\$2,833.62
Family	\$1,425.67	\$2,527.23	\$3,952.90
Parent & Child	\$1,419.69	\$1,116.40	\$2,536.09
PRESCRIPTION DRUG PROGRAM #2A7			
Single	\$330.84		\$330.84
Member & Spouse/Partner	\$330.84	\$330.85	\$661.69
Family	\$330.84	\$592.21	\$923.05
Parent & Child	\$330.84	\$261.37	\$592.21
Medical Plans Available with Prescription Drug Program #29G			
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,455.45		\$1,455.45
Member & Spouse/Partner	\$1,461.93	\$1,448.97	\$2,910.90
Family	\$1,464.31	\$2,596.39	\$4,060.70
Parent & Child	\$1,458.33	\$1,146.92	\$2,605.25
PRESCRIPTION DRUG PROGRAM #29G			
Single	\$329.48		\$329.48
Member & Spouse/Partner	\$329.48	\$329.48	\$658.96
Family	\$329.48	\$589.77	\$919.25
Parent & Child	\$329.48	\$260.29	\$589.77
High Deductible Health Plans with Built-In Prescription Drug			
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$1,023.10		\$1,023.10
Member & Spouse/Partner	\$1,029.58	\$1,016.62	\$2,046.20
Family	\$1,031.96	\$1,822.50	\$2,854.46
Parent & Child	\$1,025.98	\$805.37	\$1,831.35
26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,516.49		\$1,516.49
Member & Spouse/Partner	\$1,522.97	\$1,510.01	\$3,032.98
Family	\$1,525.35	\$2,705.67	\$4,231.02
Parent & Child	\$1,519.37	\$1,195.15	\$2,714.52

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions



**Local Monthly Active Group —
Local Government Employers
Monthly Rates – 26 Horizon Plans
Effective 7/1/2026 – 12/31/2026**

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A1			
26 NJ DIRECT 10 #05A — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,636.59		\$1,636.59
Member & Spouse/Partner	\$1,643.07	\$1,630.10	\$3,273.17
Family	\$1,645.45	\$2,920.63	\$4,566.08
Parent & Child	\$1,639.47	\$1,290.02	\$2,929.49
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,556.04		\$1,556.04
Member & Spouse/Partner	\$1,562.52	\$1,549.56	\$3,112.08
Family	\$1,564.90	\$2,776.45	\$4,341.35
Parent & Child	\$1,558.92	\$1,226.39	\$2,785.31
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,522.33		\$1,522.33
Member & Spouse/Partner	\$1,528.81	\$1,515.85	\$3,044.66
Family	\$1,531.19	\$2,716.11	\$4,247.30
Parent & Child	\$1,525.21	\$1,199.76	\$2,724.97
PRESCRIPTION DRUG PROGRAM #2A1			
Single	\$358.92		\$358.92
Member & Spouse/Partner	\$358.92	\$358.92	\$717.84
Family	\$358.92	\$642.47	\$1,001.39
Parent & Child	\$358.92	\$283.55	\$642.47
Medical Plans Available with Prescription Drug Program #2A5			
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,509.36		\$1,509.36
Member & Spouse/Partner	\$1,515.84	\$1,502.88	\$3,018.72
Family	\$1,518.22	\$2,692.90	\$4,211.12
Parent & Child	\$1,512.24	\$1,189.52	\$2,701.76
PRESCRIPTION DRUG PROGRAM #2A5			
Single	\$331.19		\$331.19
Member & Spouse/Partner	\$331.19	\$331.19	\$662.38
Family	\$331.19	\$592.83	\$924.02
Parent & Child	\$331.19	\$261.64	\$592.83
Medical Plans Available with Prescription Drug Program #2A9			
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1			
Single	\$1,092.06		\$1,092.06
Member & Spouse/Partner	\$1,098.54	\$1,085.58	\$2,184.12
Family	\$1,100.92	\$1,945.93	\$3,046.85
Parent & Child	\$1,094.94	\$859.85	\$1,954.79
PRESCRIPTION DRUG PROGRAM #2A9			
Single	\$288.22		\$288.22
Member & Spouse/Partner	\$288.22	\$288.22	\$576.44
Family	\$288.22	\$515.91	\$804.13
Parent & Child	\$288.22	\$227.69	\$515.91



Local Monthly Active Group — Local Government Employers Monthly Rates – 26 Horizon Plans Effective 7/1/2026 – 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #2A6			
26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$1,498.21		\$1,498.21
Member & Spouse/Partner	\$1,504.69	\$1,491.73	\$2,996.42
Family	\$1,507.07	\$2,672.93	\$4,180.00
Parent & Child	\$1,501.09	\$1,180.70	\$2,681.79
PRESCRIPTION DRUG PROGRAM #2A6			
Single	\$331.61		\$331.61
Member & Spouse/Partner	\$331.61	\$331.60	\$663.21
Family	\$331.61	\$593.57	\$925.18
Parent & Child	\$331.61	\$261.96	\$593.57
Medical Plans Available with Prescription Drug Program #2A7			
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$1,416.81		\$1,416.81
Member & Spouse/Partner	\$1,423.29	\$1,410.33	\$2,833.62
Family	\$1,425.67	\$2,527.23	\$3,952.90
Parent & Child	\$1,419.69	\$1,116.40	\$2,536.09
PRESCRIPTION DRUG PROGRAM #2A7			
Single	\$330.84	-----	\$330.84
Member & Spouse/Partner	\$330.84	\$330.85	\$661.69
Family	\$330.84	\$592.21	\$923.05
Parent & Child	\$330.84	\$261.37	\$592.21
Medical Plans Available with Prescription Drug Program #29G			
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,455.45		\$1,455.45
Member & Spouse/Partner	\$1,461.93	\$1,448.97	\$2,910.90
Family	\$1,464.31	\$2,596.39	\$4,060.70
Parent & Child	\$1,458.33	\$1,146.92	\$2,605.25
PRESCRIPTION DRUG PROGRAM #29G			
Single	\$329.48		\$329.48
Member & Spouse/Partner	\$329.48	\$329.48	\$658.96
Family	\$329.48	\$589.77	\$919.25
Parent & Child	\$329.48	\$260.29	\$589.77
High Deductible Health Plans with Built-In Prescription Drug			
26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$1,023.10		\$1,023.10
Member & Spouse/Partner	\$1,029.58	\$1,016.62	\$2,046.20
Family	\$1,031.96	\$1,822.50	\$2,854.46
Parent & Child	\$1,025.98	\$805.37	\$1,831.35
26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$1,516.49		\$1,516.49
Member & Spouse/Partner	\$1,522.97	\$1,510.01	\$3,032.98
Family	\$1,525.35	\$2,705.67	\$4,231.02
Parent & Child	\$1,519.37	\$1,195.15	\$2,714.52

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions