



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>Freedom 10 #018 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$2,022.99		\$2,022.99
Member & Spouse/Partner	\$2,029.47	\$2,016.52	\$4,045.99
Family	\$2,031.85	\$3,612.30	\$5,644.15
Parent & Child	\$2,025.87	\$1,595.29	\$3,621.16
<b>Freedom 15 #180 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,940.10		\$1,940.10
Member & Spouse/Partner	\$1,946.58	\$1,933.61	\$3,880.19
Family	\$1,948.96	\$3,463.91	\$5,412.87
Parent & Child	\$1,942.98	\$1,529.79	\$3,472.77
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,904.23		\$1,904.23
Member & Spouse/Partner	\$1,910.71	\$1,897.75	\$3,808.46
Family	\$1,913.09	\$3,399.72	\$5,312.81
Parent & Child	\$1,907.11	\$1,501.47	\$3,408.58
<b>Freedom 1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$1,861.68		\$1,861.68
Member & Spouse/Partner	\$1,868.16	\$1,855.21	\$3,723.37
Family	\$1,870.54	\$3,323.56	\$5,194.10
Parent & Child	\$1,864.56	\$1,467.85	\$3,332.41
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>			
Single	\$1,386.16		\$1,386.16
Member & Spouse/Partner	\$1,392.64	\$1,379.69	\$2,772.33
Family	\$1,395.02	\$2,472.38	\$3,867.40
Parent & Child	\$1,389.04	\$1,092.20	\$2,481.24
<b>Freedom 2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$1,844.39		\$1,844.39
Member & Spouse/Partner	\$1,850.87	\$1,837.92	\$3,688.79
Family	\$1,853.25	\$3,292.60	\$5,145.85
Parent & Child	\$1,847.27	\$1,454.19	\$3,301.46
<b>Freedom 2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$1,745.37		\$1,745.37
Member & Spouse/Partner	\$1,751.85	\$1,738.89	\$3,490.74
Family	\$1,754.23	\$3,115.35	\$4,869.58
Parent & Child	\$1,748.25	\$1,375.96	\$3,124.21



**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates – Aetna Plans**  
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For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,806.36		\$1,806.36
Member & Spouse/Partner	\$1,812.84	\$1,799.88	\$3,612.72
Family	\$1,815.22	\$3,224.52	\$5,039.74
Parent & Child	\$1,809.24	\$1,424.14	\$3,233.38
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,798.54		\$1,798.54
Member & Spouse/Partner	\$1,805.02	\$1,792.07	\$3,597.09
Family	\$1,807.40	\$3,210.54	\$5,017.94
Parent & Child	\$1,801.42	\$1,417.97	\$3,219.39
<b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>			
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
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
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](http://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 prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$2,022.99		\$2,022.99
Member & Spouse/Partner	\$2,029.47	\$2,016.52	\$4,045.99
Family	\$2,031.85	\$3,612.30	\$5,644.15
Parent & Child	\$2,025.87	\$1,595.29	\$3,621.16
<b>NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,940.10		\$1,940.10
Member & Spouse/Partner	\$1,946.58	\$1,933.61	\$3,880.19
Family	\$1,948.96	\$3,463.91	\$5,412.87
Parent & Child	\$1,942.98	\$1,529.79	\$3,472.77
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,904.23		\$1,904.23
Member & Spouse/Partner	\$1,910.71	\$1,897.75	\$3,808.46
Family	\$1,913.09	\$3,399.72	\$5,312.81
Parent & Child	\$1,907.11	\$1,501.47	\$3,408.58
<b>NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$1,861.68		\$1,861.68
Member & Spouse/Partner	\$1,868.16	\$1,855.21	\$3,723.37
Family	\$1,870.54	\$3,323.56	\$5,194.10
Parent & Child	\$1,864.56	\$1467.85	\$3,332.41
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>			
Single	\$1,386.16		\$1,386.16
Member & Spouse/Partner	\$1,392.64	\$1,379.69	\$2,772.33
Family	\$1,395.02	\$2,472.38	\$3,867.40
Parent & Child	\$1,389.04	\$1,092.20	\$2,481.24
<b>NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$1,844.39		\$1,844.39
Member & Spouse/Partner	\$1,850.87	\$1,837.92	\$3,688.79
Family	\$1,853.25	\$3,292.60	\$5,145.85
Parent & Child	\$1,847.27	\$1,454.19	\$3,301.46
<b>NJ DIRECT 2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$1,745.37		\$1,745.37
Member & Spouse/Partner	\$1,751.85	\$1,738.89	\$3,490.74
Family	\$1,754.23	\$3,115.35	\$4,869.58
Parent & Child	\$1,748.25	\$1,375.96	\$3,124.21



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,806.36		\$1,806.36
Member & Spouse/Partner	\$1,812.84	\$1,799.88	\$3,612.72
Family	\$1,815.22	\$3,224.52	\$5,039.74
Parent & Child	\$1,809.24	\$1,424.14	\$3,233.38
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,798.54		\$1,798.54
Member & Spouse/Partner	\$1,805.02	\$1,792.07	\$3,597.09
Family	\$1,807.40	\$3,210.54	\$5,017.94
Parent & Child	\$1,801.42	\$1,417.97	\$3,219.39
<b>NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>			
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
<b>NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>			
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 prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>26 Freedom 10 #01H — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,991.36		\$1,991.36
Member & Spouse/Partner	\$1,997.84	\$1,984.88	\$3,982.72
Family	\$2,000.22	\$3,555.67	\$5,555.89
Parent & Child	\$1,994.24	\$1,570.29	\$3,564.53
<b>26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,906.71		\$1,906.71
Member & Spouse/Partner	\$1,913.19	\$1,900.24	\$3,813.43
Family	\$1,915.57	\$3,404.16	\$5,319.73
Parent & Child	\$1,909.59	\$1,503.43	\$3,413.02
<b>26 Aetna HMO #01I — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,864.02		\$1,864.02
Member & Spouse/Partner	\$1,870.50	\$1,857.55	\$3,728.05
Family	\$1,872.88	\$3,327.75	\$5,200.63
Parent & Child	\$1,866.90	\$1,469.70	\$3,336.60
<b>26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$1,829.88		\$1,829.88
Member & Spouse/Partner	\$1,836.36	\$1,823.41	\$3,659.77
Family	\$1,838.74	\$3,266.65	\$5,105.39
Parent & Child	\$1,832.76	\$1,442.74	\$3,275.50
<b>26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>			
Single	\$1,360.53		\$1,360.53
Member & Spouse/Partner	\$1,367.01	\$1,354.05	\$2,721.06
Family	\$1,369.39	\$2,426.49	\$3,795.88
Parent & Child	\$1,363.41	\$1,071.94	\$2,435.35
<b>26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$1,813.10		\$1,813.10
Member & Spouse/Partner	\$1,819.58	\$1,806.62	\$3,626.20
Family	\$1,821.96	\$3,236.58	\$5,058.54
Parent & Child	\$1,815.98	\$1,429.46	\$3,245.44
<b>26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$1,725.42		\$1,725.42
Member & Spouse/Partner	\$1,731.90	\$1,718.93	\$3,450.83
Family	\$1,734.28	\$3,079.63	\$4,813.91
Parent & Child	\$1,728.30	\$1,360.19	\$3,088.49



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

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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,775.44		\$1,775.44
Member & Spouse/Partner	\$1,781.92	\$1,768.95	\$3,550.87
Family	\$1,784.30	\$3,169.16	\$4,953.46
Parent & Child	\$1,778.32	\$1,399.70	\$3,178.02
<b>26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,000 In-Network Deductible</b>			
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
<b>26 Freedom HDLow #09D — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
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

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**Local Monthly Active Group —  
Local Government Employers  
Monthly Rates – 26 Horizon Plans  
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For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>26 NJ DIRECT10 #05A — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,991.36		\$1,991.36
Member & Spouse/Partner	\$1,997.84	\$1,984.88	\$3,982.72
Family	\$2,000.22	\$3,555.67	\$5,555.89
Parent & Child	\$1,994.24	\$1,570.29	\$3,564.53
<b>26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,906.71		\$1,906.71
Member & Spouse/Partner	\$1,913.19	\$1,900.24	\$3,813.43
Family	\$1,915.57	\$3,404.16	\$5,319.73
Parent & Child	\$1,909.59	\$1,503.43	\$3,413.02
<b>26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,864.02		\$1,864.02
Member & Spouse/Partner	\$1,870.50	\$1,857.55	\$3,728.05
Family	\$1,872.88	\$3,327.75	\$5,200.63
Parent & Child	\$1,866.90	\$1,469.70	\$3,336.60
<b>26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$1,829.88		\$1,829.88
Member & Spouse/Partner	\$1,836.36	\$1,823.41	\$3,659.77
Family	\$1,838.74	\$3,266.65	\$5,105.39
Parent & Child	\$1,832.76	\$1,442.74	\$3,275.50
<b>26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b>			
Single	\$1,360.53		\$1,360.53
Member & Spouse/Partner	\$1,367.01	\$1,354.05	\$2,721.06
Family	\$1,369.39	\$2,426.49	\$3,795.88
Parent & Child	\$1,363.41	\$1,071.94	\$2,435.35
<b>26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$1,813.10		\$1,813.10
Member & Spouse/Partner	\$1,819.58	\$1,806.62	\$3,626.20
Family	\$1,821.96	\$3,236.58	\$5,058.54
Parent & Child	\$1,815.98	\$1,429.46	\$3,245.44
<b>26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$1,725.42		\$1,725.42
Member & Spouse/Partner	\$1,731.90	\$1,718.93	\$3,450.83
Family	\$1,734.28	\$3,079.63	\$4,813.91
Parent & Child	\$1,728.30	\$1,360.19	\$3,088.49



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Local Government Employers  
Monthly Rates – 26 Horizon Plans  
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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$1,775.44		\$1,775.44
Member & Spouse/Partner	\$1,781.92	\$1,768.95	\$3,550.87
Family	\$1,784.30	\$3,169.16	\$4,953.46
Parent & Child	\$1,778.32	\$1,399.70	\$3,178.02
<b>26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible</b>			
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
<b>26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible</b>			
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

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