



**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>Freedom10 #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>Freedom15 #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>Freedom1525 #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>Freedom2030 #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>Freedom2035 #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



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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 —  
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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
<b>NJ DIRECT10 #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 DIRECT15 #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 DIRECT1525 #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	\$1,467.85	\$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 DIRECT2030 #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 DIRECT2035 #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
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<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

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