



UNION NEGOTIATED AND NON-ALIGNED PLANS
State Biweekly Active Group
Biweekly Rates – Aetna Plans
Effective 6/27/2026 to 12/25/2026

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A— PPO Plan with \$15 Primary Care Copayment	
Single	\$486.76
Member & Spouse/Partner	\$973.51
Family	\$1,392.13
Parent & Child	\$905.37
PRESCRIPTION DRUG PROGRAM #204	
Single	\$121.55
Member & Spouse/Partner	\$243.10
Family	\$347.63
Parent & Child	\$226.08
Medical Plans Available with Prescription Drug Program #203	
26 Aetna HMO #01I— HMO Plan with \$15 Primary Care Copayment	
Single	\$519.42
Member & Spouse/Partner	\$1,038.86
Family	\$1,485.57
Parent & Child	\$966.14
PRESCRIPTION DRUG PROGRAM #203	
Single	\$133.21
Member & Spouse/Partner	\$266.43
Family	\$381.00
Parent & Child	\$247.78
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	\$362.44
Member & Spouse/Partner	\$724.89
Family	\$1,036.60
Parent & Child	\$674.15
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$90.32
Member & Spouse/Partner	\$180.64
Family	\$258.32
Parent & Child	\$168.00
High Deductible Health Plans with Built In Prescription Drug	
26 Freedom HDHigh 09C— High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$361.79
Member & Spouse/Partner	\$723.59
Family	\$1,034.73
Parent & Child	\$672.94
26 Freedom HDLow 09D— High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$536.22
Member & Spouse/Partner	\$1,072.45
Family	\$1,533.60
Parent & Child	\$997.38

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



UNION NEGOTIATED AND NON-ALIGNED PLANS
State Biweekly Active Group
Biweekly Rates – Horizon Plans
Effective 6/27/2026– 12/25/2026

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT 02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$486.76
Member & Spouse/Partner	\$973.51
Family	\$1,392.13
Parent & Child	\$905.37
PRESCRIPTION DRUG PROGRAM #204	
Single	\$121.55
Member & Spouse/Partner	\$243.10
Family	\$347.63
Parent & Child	\$226.08
Medical Plans Available with Prescription Drug Program #203	
26 Horizon HMO #01A— HMO Plan with \$15 Primary Care Copayment	
Single	\$519.42
Member & Spouse/Partner	\$1,038.86
Family	\$1,485.57
Parent & Child	\$966.14
PRESCRIPTION DRUG PROGRAM #203	
Single	\$133.21
Member & Spouse/Partner	\$266.43
Family	\$381.00
Parent & Child	\$247.78
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	\$362.44
Member & Spouse/Partner	\$724.89
Family	\$1,036.60
Parent & Child	\$674.15
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$90.32
Member & Spouse/Partner	\$180.64
Family	\$258.32
Parent & Child	\$168.00
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	\$361.79
Member & Spouse/Partner	\$723.59
Family	\$1,034.73
Parent & Child	\$672.94
26 NJ DIRECT HDLow #09B— High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$536.22
Member & Spouse/Partner	\$1,072.45
Family	\$1,533.60
Parent & Child	\$997.38

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