



Chapter 172 Part-Time State Monthly Active Group

Monthly Rates – Aetna Plans

Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #203	
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,414.53
Member & Spouse/Partner	\$2,829.06
Family	\$4,045.56
Parent & Child	\$2,631.03
26 Aetna HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,365.18
Member & Spouse/Partner	\$2,730.37
Family	\$3,904.43
Parent & Child	\$2,539.25
PRESCRIPTION DRUG PROGRAM #203	
Single	\$403.92
Member & Spouse/Partner	\$807.84
Family	\$1,155.20
Parent & Child	\$751.28
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,374.73
Member & Spouse/Partner	\$2,749.47
Family	\$3,931.74
Parent & Child	\$2,557.00
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$370.49
Member & Spouse/Partner	\$740.98
Family	\$1,059.60
Parent & Child	\$689.11
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	\$998.07
Member & Spouse/Partner	\$1,996.14
Family	\$2,854.48
Parent & Child	\$1,856.41
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$274.41
Member & Spouse/Partner	\$548.83
Family	\$784.82
Parent & Child	\$510.41



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #2A6	
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,292.95
Member & Spouse/Partner	\$2,585.90
Family	\$3,697.83
Parent & Child	\$2,404.88
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$374.20
Member & Spouse/Partner	\$748.41
Family	\$1,070.23
Parent & Child	\$696.02
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,118.94
Member & Spouse/Partner	\$2,237.88
Family	\$3,200.17
Parent & Child	\$2,081.23
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$342.74
Member & Spouse/Partner	\$685.49
Family	\$980.26
Parent & Child	\$637.51
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,305.13
Member & Spouse/Partner	\$2,610.27
Family	\$3,732.69
Parent & Child	\$2,427.55
26 CWA Unity Freedom #02C — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,305.13
Member & Spouse/Partner	\$2,610.27
Family	\$3,732.69
Parent & Child	\$2,427.55
PRESCRIPTION DRUG PROGRAM #204	
Single	\$367.47
Member & Spouse/Partner	\$734.95
Family	\$1,050.98
Parent & Child	\$683.50
High Deductible Health Plans with Built In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$985.61
Member & Spouse/Partner	\$1,971.22
Family	\$2,818.84
Parent & Child	\$1,833.23

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



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Single	\$1,414.53
Member & Spouse/Partner	\$2,829.06
Family	\$4,045.56
Parent & Child	\$2,631.03
26 Horizon HMO #01A — HMO Plan with \$15 Primary Care Copayment	
Single	\$1,365.18
Member & Spouse/Partner	\$2,730.37
Family	\$3,904.43
Parent & Child	\$2,539.25
PRESCRIPTION DRUG PROGRAM #203	
Single	\$403.92
Member & Spouse/Partner	\$807.84
Family	\$1,155.20
Parent & Child	\$751.28
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,374.73
Member & Spouse/Partner	\$2,749.47
Family	\$3,931.74
Parent & Child	\$2,557.00
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$370.49
Member & Spouse/Partner	\$740.98
Family	\$1,059.60
Parent & Child	\$689.11
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	\$998.07
Member & Spouse/Partner	\$1,996.14
Family	\$2,854.48
Parent & Child	\$1,856.41
PRESCRIPTION DRUG PROGRAM #2A9	
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Member & Spouse/Partner	\$548.83
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Medical Plans Available with Prescription Drug Program #2A6	
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