Chapter 172 Part-Time Local Education Monthly Monthly Active Group
Monthly Rates – Aetna Plans
Effective 1/1/2025 to 12/31/2025

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

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Freedom10 #018 — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,742.66
Member & Spouse/Partner	$3,485.32
Family	$4,984.01
Parent & Child	$3,241.34
Freedom15 #180 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,672.34
Member & Spouse/Partner	$3,344.69
Family	$4,782.89
Parent & Child	$3,110.55
New Jersey Educators Health Plan #097 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*	
Single	$1,261.00
Member & Spouse/Partner	$2,522.00
Family	$3,606.47
Parent & Child	$2,345.46
Garden State Health Plan #099 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*	
Single	$1,116.41
Member & Spouse/Partner	$2,232.82
Family	$3,192.93
Parent & Child	$2,076.52

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

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

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
NJ DIRECT10 #050 — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,742.66
Member & Spouse/Partner	$3,485.32
Family	$4,984.01
Parent & Child	$3,241.34
NJ DIRECT15 #150 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,672.34
Member & Spouse/Partner	$3,344.69
Family	$4,782.89
Parent & Child	$3,110.55
New Jersey Educators Health Plan #098 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*	
Single	$1,261.00
Member & Spouse/Partner	$2,522.00
Family	$3,606.47
Parent & Child	$2,345.46

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