



**Local Education Employers —
Monthly Active Group
Monthly Rates – Aetna Plans**
Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$2,517.95		\$2,517.95
Member & Spouse/Partner	\$2,524.60	\$2,511.29	\$5,035.89
Family	\$2,527.04	\$4,674.28	\$7,201.32
Parent & Child	\$2,520.90	\$2,162.48	\$4,683.38
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,397.02		\$2,397.02
Member & Spouse/Partner	\$2,403.67	\$2,390.36	\$4,794.03
Family	\$2,406.11	\$4,449.36	\$6,855.47
Parent & Child	\$2,399.97	\$2,058.48	\$4,458.45
PRESCRIPTION DRUG PROGRAM #201			
Single	\$657.51		\$657.51
Member & Spouse/Partner	\$657.51	\$657.51	\$1,315.02
Family	\$657.51	\$1,222.97	\$1,880.48
Parent & Child	\$657.51	\$565.46	\$1,222.97
Medical Plan Available with Prescription Drug Program #298			
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$1,551.83		\$1,551.83
Member & Spouse/Partner	\$1,558.48	\$1,545.18	\$3,103.66
Family	\$1,560.92	\$2,877.31	\$4,438.23
Parent & Child	\$1,554.78	\$1,331.62	\$2,886.40
PRESCRIPTION DRUG PROGRAM #298			
Single	\$430.50		\$430.50
Member & Spouse/Partner	\$430.50	\$430.50	\$861.00
Family	\$430.50	\$800.73	\$1,231.23
Parent & Child	\$430.50	\$370.23	\$800.73
Medical Plan Available with Prescription Drug Program #299			
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$1,339.54		\$1,339.54
Member & Spouse/Partner	\$1,346.19	\$1,332.88	\$2,679.07
Family	\$1,348.63	\$2,482.44	\$3,831.07
Parent & Child	\$1,342.49	\$1,149.05	\$2,491.54
PRESCRIPTION DRUG PROGRAM #299			
Single	\$430.50		\$430.50
Member & Spouse/Partner	\$430.50	\$430.50	\$861.00
Family	\$430.50	\$800.73	\$1,231.23
Parent & Child	\$430.50	\$370.23	\$800.73

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

HA-1079-0926



**Local Education Employers —
Monthly Active Group
Monthly Rates – Horizon Plans**
Effective 1/1/2027 – 12/31/2027

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$2,517.95		\$2,517.95
Member & Spouse/Partner	\$2,524.60	\$2,511.29	\$5,035.89
Family	\$2,527.04	\$4,674.28	\$7,201.32
Parent & Child	\$2,520.90	\$2,162.48	\$4,683.38
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$2,397.02		\$2,397.02
Member & Spouse/Partner	\$2,403.67	\$2,390.36	\$4,794.03
Family	\$2,406.11	\$4,449.36	\$6,855.47
Parent & Child	\$2,399.97	\$2,058.48	\$4,458.45
PRESCRIPTION DRUG PROGRAM #201			
Single	\$657.51		\$657.51
Member & Spouse/Partner	\$657.51	\$657.51	\$1,315.02
Family	\$657.51	\$1,222.97	\$1,880.48
Parent & Child	\$657.51	\$565.46	\$1,222.97
Medical Plan Available with Prescription Drug Program #298			
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$1,551.83		\$1,551.83
Member & Spouse/Partner	\$1,558.48	\$1,545.18	\$3,103.66
Family	\$1,560.92	\$2,877.31	\$4,438.23
Parent & Child	\$1,554.78	\$1,331.62	\$2,886.40
PRESCRIPTION DRUG PROGRAM #298			
Single	\$430.50		\$430.50
Member & Spouse/Partner	\$430.50	\$430.50	\$861.00
Family	\$430.50	\$800.73	\$1,231.23
Parent & Child	\$430.50	\$370.23	\$800.73

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