



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

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
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$3,153.26		\$3,153.26
Member & Spouse/Partner	\$3,159.91	\$3,146.61	\$6,306.52
Family	\$3,162.35	\$5,855.97	\$9,018.32
Parent & Child	\$3,156.21	\$2,708.85	\$5,865.06
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$3,029.45		\$3,029.45
Member & Spouse/Partner	\$3,036.10	\$3,022.80	\$6,058.90
Family	\$3,038.54	\$5,625.69	\$8,664.23
Parent & Child	\$3,032.40	\$2,602.38	\$5,634.78
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment			
Single	\$1,982.33		\$1,982.33
Member & Spouse/Partner	\$1,988.98	\$1,975.68	\$3,964.66
Family	\$1,991.42	\$3,678.04	\$5,669.46
Parent & Child	\$1,985.28	\$1,701.85	\$3,687.13
Garden State Health Plan #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$1,770.04		\$1,770.04
Member & Spouse/Partner	\$1,776.69	\$1,763.38	\$3,540.07
Family	\$1,779.13	\$3,283.17	\$5,062.30
Parent & Child	\$1,772.99	\$1,519.28	\$3,292.27

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



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

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
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$3,153.26		\$3,153.26
Member & Spouse/Partner	\$3,159.91	\$3,146.61	\$6,306.52
Family	\$3,162.35	\$5,855.97	\$9,018.32
Parent & Child	\$3,156.21	\$2,708.85	\$5,865.06
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$3,029.45		\$3,029.45
Member & Spouse/Partner	\$3,036.10	\$3,022.80	\$6,058.90
Family	\$3,038.54	\$5,625.69	\$8,664.23
Parent & Child	\$3,032.40	\$2,602.38	\$5,634.78
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment			
Single	\$1,982.33		\$1,982.33
Member & Spouse/Partner	\$1,988.98	\$1,975.68	\$3,964.66
Family	\$1,991.42	\$3,678.04	\$5,669.46
Parent & Child	\$1,985.28	\$1,701.85	\$3,687.13

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