



Chapter 172 Part-Time Local Education Employers 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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,769.74
Member & Spouse/Partner	\$5,539.47
Family	\$7,921.45
Parent & Child	\$5,151.71
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,636.72
Member & Spouse/Partner	\$5,273.43
Family	\$7,541.01
Parent & Child	\$4,904.29
PRESCRIPTION DRUG PROGRAM #201	
Single	\$723.26
Member & Spouse/Partner	\$1,446.52
Family	\$2,068.52
Parent & Child	\$1,345.26
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	\$1,707.01
Member & Spouse/Partner	\$3,414.02
Family	\$4,882.05
Parent & Child	\$3,175.04
PRESCRIPTION DRUG PROGRAM #298	
Single	\$473.55
Member & Spouse/Partner	\$947.10
Family	\$1,354.35
Parent & Child	\$880.80
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	\$1,473.49
Member & Spouse/Partner	\$2,946.97
Family	\$4,214.17
Parent & Child	\$2,740.69
PRESCRIPTION DRUG PROGRAM #299	
Single	\$473.55
Member & Spouse/Partner	\$947.10
Family	\$1,354.35
Parent & Child	\$880.80

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



Chapter 172 Part-Time Local Education Employers 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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,769.74
Member & Spouse/Partner	\$5,539.47
Family	\$7,921.45
Parent & Child	\$5,151.71
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,636.72
Member & Spouse/Partner	\$5,273.43
Family	\$7,541.01
Parent & Child	\$4,904.29
PRESCRIPTION DRUG PROGRAM #201	
Single	\$723.26
Member & Spouse/Partner	\$1,446.52
Family	\$2,068.52
Parent & Child	\$1,345.26
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	\$1,707.01
Member & Spouse/Partner	\$3,414.02
Family	\$4,882.05
Parent & Child	\$3,175.04
PRESCRIPTION DRUG PROGRAM #298	
Single	\$473.55
Member & Spouse/Partner	\$947.10
Family	\$1,354.35
Parent & Child	\$880.80

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