



**Chapter 172 Part-Time Local Education
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	MONTHLY RATES
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$3,468.58
Member & Spouse/Partner	\$6,937.17
Family	\$9,920.15
Parent & Child	\$6,451.56
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$3,332.39
Member & Spouse/Partner	\$6,664.79
Family	\$9,530.65
Parent & Child	\$6,198.25
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$2,180.56
Member & Spouse/Partner	\$4,361.12
Family	\$6,236.40
Parent & Child	\$4,055.84
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,947.04
Member & Spouse/Partner	\$3,894.07
Family	\$5,568.53
Parent & Child	\$3,621.49

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
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	MONTHLY RATES
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$3,468.58
Member & Spouse/Partner	\$6,937.17
Family	\$9,920.15
Parent & Child	\$6,451.56
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$3,332.39
Member & Spouse/Partner	\$6,664.79
Family	\$9,530.65
Parent & Child	\$6,198.25
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$2,180.56
Member & Spouse/Partner	\$4,361.12
Family	\$6,236.40
Parent & Child	\$4,055.84

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