



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Aetna Plans
Effective 7/1/2024 to 12/31/2024**

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 #203	
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
PRESCRIPTION DRUG PROGRAM #203	
Single	\$190.99
Member & Spouse/Partner	\$381.98
Family	\$546.23
Parent & Child	\$355.24
Medical Plans Available with Prescription Drug Program #205	
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$933.94
Member & Spouse/Partner	\$1,867.88
Family	\$2,671.07
Parent & Child	\$1,737.13
PRESCRIPTION DRUG PROGRAM #205	
Single	\$173.22
Member & Spouse/Partner	\$346.45
Family	\$495.42
Parent & Child	\$322.20
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$722.07
Member & Spouse/Partner	\$1,444.14
Family	\$2,065.12
Parent & Child	\$1,343.05
PRESCRIPTION DRUG PROGRAM #209	
Single	\$138.50
Member & Spouse/Partner	\$277.02
Family	\$396.11
Parent & Child	\$257.60



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Aetna Plans
Effective 7/1/2024 to 12/31/2024**

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 #206	
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$878.19
Member & Spouse/Partner	\$1,756.39
Family	\$2,511.64
Parent & Child	\$1,633.44
PRESCRIPTION DRUG PROGRAM #206	
Single	\$176.30
Member & Spouse/Partner	\$352.61
Family	\$504.24
Parent & Child	\$327.93
Medical Plans Available with Prescription Drug Program #207	
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$755.26
Member & Spouse/Partner	\$1,510.52
Family	\$2,160.04
Parent & Child	\$1,404.78
PRESCRIPTION DRUG PROGRAM #207	
Single	\$158.68
Member & Spouse/Partner	\$317.37
Family	\$453.83
Parent & Child	\$295.15
Medical Plans Available with Prescription Drug Program #204	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.60
Parent & Child	\$1,825.27
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
CWA Unity Freedom* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.61
Parent & Child	\$1,825.27

* Members hired before July 1, 2019, will be enrolled in Freedom or CWA Unity Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019 or CWA Unity Freedom 2019.



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Aetna Plans
Effective 7/1/2024 to 12/31/2024**

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

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
PRESCRIPTION DRUG PROGRAM #204	
Single	\$182.16
Member & Spouse/Partner	\$364.32
Family	\$520.98
Parent & Child	\$338.82
High Deductible Health Plans with Built In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$605.71
Member & Spouse/Partner	\$1,211.43
Family	\$1,732.34
Parent & Child	\$1,126.63

** Members hired before July 1, 2019, will be enrolled in Freedom or CWA Unity Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019 or CWA Unity Freedom 2019.*

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



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Horizon Plans
Effective 1/1/2024 – 12/31/2024**

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 #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
Horizon HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
PRESCRIPTION DRUG PROGRAM #203	
Single	\$190.99
Member & Spouse/Partner	\$381.98
Family	\$546.23
Parent & Child	\$355.24
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$933.94
Member & Spouse/Partner	\$1,867.88
Family	\$2,671.07
Parent & Child	\$1,737.13
PRESCRIPTION DRUG PROGRAM #205	
Single	\$173.22
Member & Spouse/Partner	\$346.45
Family	\$495.42
Parent & Child	\$322.20
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$722.07
Member & Spouse/Partner	\$1,444.14
Family	\$2,065.12
Parent & Child	\$1,343.05
PRESCRIPTION DRUG PROGRAM #209	
Single	\$138.50
Member & Spouse/Partner	\$277.02
Family	\$396.11
Parent & Child	\$257.60



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Horizon Plans
Effective 1/1/2024 – 12/31/2024**

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 #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$878.19
Member & Spouse/Partner	\$1,756.39
Family	\$2,511.64
Parent & Child	\$1,633.44
PRESCRIPTION DRUG PROGRAM #206	
Single	\$176.30
Member & Spouse/Partner	\$352.61
Family	\$504.24
Parent & Child	\$327.93
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$755.26
Member & Spouse/Partner	\$1,510.52
Family	\$2,160.04
Parent & Child	\$1,404.78
PRESCRIPTION DRUG PROGRAM #207	
Single	\$158.68
Member & Spouse/Partner	\$317.37
Family	\$453.83
Parent & Child	\$295.15
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.60
Parent & Child	\$1,825.27
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.33
Member & Spouse/Partner	\$1,962.66
Family	\$2,806.61
Parent & Child	\$1,825.27

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT or CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or CWA Unity DIRECT 2019.



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates – Horizon Plans
Effective 1/1/2024 – 12/31/2024**

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

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.16
Member & Spouse/Partner	\$1,952.32
Family	\$2,791.82
Parent & Child	\$1,815.66
PRESCRIPTION DRUG PROGRAM #204	
Single	\$182.16
Member & Spouse/Partner	\$364.32
Family	\$520.98
Parent & Child	\$338.82
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$605.71
Member & Spouse/Partner	\$1,211.43
Family	\$1,732.34
Parent & Child	\$1,126.63

** Members hired before July 1, 2019, will be enrolled in NJ DIRECT or CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or CWA Unity DIRECT 2019.*

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