



**Local Monthly Active Group —
Local Government Employers
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	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,112.43		\$1,112.43
Member & Spouse/Partner	\$1,117.23	\$1,107.63	\$2,224.86
Family	\$1,118.99	\$1,984.69	\$3,103.68
Parent & Child	\$1,114.56	\$876.69	\$1,991.25
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,059.33		\$1,059.33
Member & Spouse/Partner	\$1,064.13	\$1,054.53	\$2,118.66
Family	\$1,065.89	\$1,889.64	\$2,955.53
Parent & Child	\$1,061.46	\$834.74	\$1,896.20
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,028.87		\$1,028.87
Member & Spouse/Partner	\$1,033.67	\$1,024.07	\$2,057.74
Family	\$1,035.43	\$1,835.12	\$2,870.55
Parent & Child	\$1,031.00	\$810.68	\$1,841.68
PRESCRIPTION DRUG PROGRAM #201			
Single	\$183.83		\$183.83
Member & Spouse/Partner	\$183.83	\$183.83	\$367.66
Family	\$183.83	\$329.06	\$512.89
Parent & Child	\$183.83	\$145.23	\$329.06
Medical Plans Available with Prescription Drug Program #205			
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,027.59		\$1,027.59
Member & Spouse/Partner	\$1,032.39	\$1,022.79	\$2,055.18
Family	\$1,034.15	\$1,832.83	\$2,866.98
Parent & Child	\$1,029.72	\$809.67	\$1,839.39
PRESCRIPTION DRUG PROGRAM #205			
Single	\$166.72		\$166.72
Member & Spouse/Partner	\$166.72	\$166.72	\$333.44
Family	\$166.72	\$298.43	\$465.15
Parent & Child	\$166.72	\$131.71	\$298.43



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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 #297			
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment			
Single	\$990.48		\$990.48
Member & Spouse/Partner	\$995.28	\$985.68	\$1,980.96
Family	\$997.04	\$1,766.40	\$2,763.44
Parent & Child	\$992.61	\$780.35	\$1,772.96
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment			
Single	\$985.26		\$985.26
Member & Spouse/Partner	\$990.06	\$980.47	\$1,970.53
Family	\$991.82	\$1,757.06	\$2,748.88
Parent & Child	\$987.39	\$776.23	\$1,763.62
PRESCRIPTION DRUG PROGRAM #297			
Single	\$166.86		\$166.86
Member & Spouse/Partner	\$166.86	\$166.86	\$333.72
Family	\$166.86	\$298.68	\$465.54
Parent & Child	\$166.86	\$131.82	\$298.68
High Deductible Health Plans with Built-In Prescription Drug			
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible			
Single	\$648.23		\$648.23
Member & Spouse/Partner	\$653.03	\$643.43	\$1,296.46
Family	\$654.79	\$1,153.77	\$1,808.56
Parent & Child	\$650.36	\$509.97	\$1,160.33
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible			
Single	\$961.39		\$961.39
Member & Spouse/Partner	\$966.19	\$956.59	\$1,922.78
Family	\$967.95	\$1,714.33	\$2,682.28
Parent & Child	\$963.52	\$757.37	\$1,720.89

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

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



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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 #209			
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$754.37		\$754.37
Member & Spouse/Partner	\$759.17	\$749.57	\$1,508.74
Family	\$760.93	\$1,343.76	\$2,104.69
Parent & Child	\$756.50	\$593.82	\$1,350.32
PRESCRIPTION DRUG PROGRAM #209			
Single	\$156.19		\$156.19
Member & Spouse/Partner	\$156.19	\$156.19	\$312.38
Family	\$156.19	\$279.58	\$435.77
Parent & Child	\$156.19	\$123.39	\$279.58
Medical Plans Available with Prescription Drug Program #206			
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$965.89		\$965.89
Member & Spouse/Partner	\$970.69	\$961.09	\$1,931.78
Family	\$972.45	\$1,722.38	\$2,694.83
Parent & Child	\$968.02	\$760.92	\$1,728.94
PRESCRIPTION DRUG PROGRAM #206			
Single	\$169.70		\$169.70
Member & Spouse/Partner	\$169.70	\$169.70	\$339.40
Family	\$169.70	\$303.76	\$473.46
Parent & Child	\$169.70	\$134.06	\$303.76
Medical Plans Available with Prescription Drug Program #207			
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$830.68		\$830.68
Member & Spouse/Partner	\$835.48	\$825.88	\$1,661.36
Family	\$837.24	\$1,480.36	\$2,317.60
Parent & Child	\$832.81	\$654.11	\$1,486.92
PRESCRIPTION DRUG PROGRAM #207			
Single	\$152.73		\$152.73
Member & Spouse/Partner	\$152.73	\$152.73	\$305.46
Family	\$152.73	\$273.39	\$426.12
Parent & Child	\$152.73	\$120.66	\$273.39



**Local Monthly Active Group —
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Effective 1/1/2024 – 12/31/2024**

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	\$1,112.43		\$1,112.43
Member & Spouse/Partner	\$1,117.23	\$1,107.63	\$2,224.86
Family	\$1,118.99	\$1,984.69	\$3,103.68
Parent & Child	\$1,114.56	\$876.69	\$1,991.25
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,059.33		\$1,059.33
Member & Spouse/Partner	\$1,064.13	\$1,054.53	\$2,118.66
Family	\$1,065.89	\$1,889.64	\$2,955.53
Parent & Child	\$1,061.46	\$834.74	\$1,896.20
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$1,028.87		\$1,028.87
Member & Spouse/Partner	\$1,033.67	\$1,024.07	\$2,057.74
Family	\$1,035.43	\$1,835.12	\$2,870.55
Parent & Child	\$1,031.00	\$810.68	\$1,841.68
PRESCRIPTION DRUG PROGRAM #201			
Single	\$183.83		\$183.83
Member & Spouse/Partner	\$183.83	\$183.83	\$367.66
Family	\$183.83	\$329.06	\$512.89
Parent & Child	\$183.83	\$145.23	\$329.06
Medical Plans Available with Prescription Drug Program #205			
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$1,027.59		\$1,027.59
Member & Spouse/Partner	\$1,032.39	\$1,022.79	\$2,055.18
Family	\$1,034.15	\$1,832.83	\$2,866.98
Parent & Child	\$1,029.72	\$809.67	\$1,839.39
PRESCRIPTION DRUG PROGRAM #205			
Single	\$166.72		\$166.72
Member & Spouse/Partner	\$166.72	\$166.72	\$333.44
Family	\$166.72	\$298.43	\$465.15
Parent & Child	\$166.72	\$131.71	\$298.43



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Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$754.37		\$754.37
Member & Spouse/Partner	\$759.17	\$749.57	\$1,508.74
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PRESCRIPTION DRUG PROGRAM #209			
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Member & Spouse/Partner	\$156.19	\$156.19	\$312.38
Family	\$156.19	\$279.58	\$435.77
Parent & Child	\$156.19	\$123.39	\$279.58
Medical Plans Available with Prescription Drug Program #206			
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$965.89		\$965.89
Member & Spouse/Partner	\$970.69	\$961.09	\$1,931.78
Family	\$972.45	\$1,722.38	\$2,694.83
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Single	\$169.70		\$169.70
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Single	\$152.73		\$152.73
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Parent & Child	\$152.73	\$120.66	\$273.39



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NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment			
Single	\$985.26		\$985.26
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