



**Local Monthly Active Group —
Education 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	\$1,080.78		\$1,080.78
Member & Spouse/Partner	\$1,085.58	\$1,075.98	\$2,161.56
Family	\$1,087.34	\$2,003.69	\$3,091.03
Parent & Child	\$1,082.91	\$927.34	\$2,010.25
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,028.87		\$1,028.87
Member & Spouse/Partner	\$1,033.67	\$1,024.08	\$2,057.75
Family	\$1,035.43	\$1,907.15	\$2,942.58
Parent & Child	\$1,031.00	\$882.70	\$1,913.70
PRESCRIPTION DRUG PROGRAM #201			
Single	\$221.85		\$221.85
Member & Spouse/Partner	\$221.85	\$221.85	\$443.70
Family	\$221.85	\$412.64	\$634.49
Parent & Child	\$221.85	\$190.79	\$412.64
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	\$908.26		\$908.26
Member & Spouse/Partner	\$913.06	\$903.46	\$1,816.52
Family	\$914.82	\$1,682.80	\$2,597.62
Parent & Child	\$910.39	\$778.97	\$1,689.36
PRESCRIPTION DRUG PROGRAM #298			
Single	\$145.33		\$145.33
Member & Spouse/Partner	\$145.33	\$145.33	\$290.66
Family	\$145.33	\$270.31	\$415.64
Parent & Child	\$145.33	\$124.98	\$270.31
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	\$784.01		\$784.01
Member & Spouse/Partner	\$788.81	\$779.20	\$1,568.01
Family	\$790.57	\$1,451.69	\$2,242.26
Parent & Child	\$786.14	\$672.11	\$1,458.25
PRESCRIPTION DRUG PROGRAM #299			
Single	\$145.33		\$145.33
Member & Spouse/Partner	\$145.33	\$145.33	\$290.66
Family	\$145.33	\$270.31	\$415.64
Parent & Child	\$145.33	\$124.98	\$270.31

*The Garden State Health Plan is available 1/1/2024 - 12/31/2024

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



**Local Monthly Active Group —
Education Employers
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	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	\$1,080.78		\$1,080.78
Member & Spouse/Partner	\$1,085.58	\$1,075.98	\$2,161.56
Family	\$1,087.34	\$2,003.69	\$3,091.03
Parent & Child	\$1,082.91	\$927.34	\$2,010.25
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,028.87		\$1,028.87
Member & Spouse/Partner	\$1,033.67	\$1,024.08	\$2,057.75
Family	\$1,035.43	\$1,907.15	\$2,942.58
Parent & Child	\$1,031.00	\$882.70	\$1,913.70
PRESCRIPTION DRUG PROGRAM #201			
Single	\$221.85		\$221.85
Member & Spouse/Partner	\$221.85	\$221.85	\$443.70
Family	\$221.85	\$412.64	\$634.49
Parent & Child	\$221.85	\$190.79	\$412.64
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	\$908.26		\$908.26
Member & Spouse/Partner	\$913.06	\$903.46	\$1,816.52
Family	\$914.82	\$1,682.80	\$2,597.62
Parent & Child	\$910.39	\$778.97	\$1,689.36
PRESCRIPTION DRUG PROGRAM #298			
Single	\$145.33		\$145.33
Member & Spouse/Partner	\$145.33	\$145.33	\$290.66
Family	\$145.33	\$270.31	\$415.64
Parent & Child	\$145.33	\$124.98	\$270.31

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