

Local Monthly Active Group — Local Government Employers Monthly Rates – Aetna Plans Effective 7/1/2024 to 12/31/2024

Medical Plans Available with Prescription Drug Program #201 eedom10 #018 — PPO Plan with \$10 Primary Care Copayment agle \$1,112 ember & Spouse/Partner \$1,117 mily \$1,118 erent & Child \$1,114 eedom15 #180 — PPO Plan with \$15 Primary Care Copayment \$1,059 ember & Spouse/Partner \$1,064 mily \$1,065 ember & Child \$1,061 ember & Spouse/Partner \$1,028 ember & Spouse/Partner \$1,033 mily \$1,033 ember & Child \$1,031 RESCRIPTION DRUG PROGRAM #201 \$183.1 ember & Spouse/Partner \$183.1 mily \$183.1 ember & Spouse/Partner \$183.1 mily \$183.1 eedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment \$1,027 eedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment \$1,032 ember & Spouse/Partner \$1,032 ember & Spouse/Partner \$1,032 ember & Spouse/Partner \$1,032 <th>2.43 \$7.23 \$ \$3.99 \$ \$4.56 \$</th> <th>61,107.63</th> <th></th>	2.43 \$7.23 \$ \$3.99 \$ \$4.56 \$	61,107.63				
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### \$1,118 ##################################	3.99 \$ 4.56 \$	31.107.63	\$1,112.43			
St. 1.114	4.56	,	\$2,224.86			
### Spouse/Partner ### \$1,059 #### Spouse/Partner ### \$1,064 ##### ###############################		1,984.69	\$3,103.68			
### \$1,059 ####################################) 33	\$876.69	\$1,991.25			
### ### ### ### ### ### ### ### ### ##	3 3 3					
### \$1,065 ####################################	7.00		\$1,059.33			
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### ### ### ### ### ### ### ### ### ##	5.89 \$	51,889.64	\$2,955.53			
### \$1,028 ####################################	1.46	\$834.74	\$1,896.20			
### \$ Spouse/Partner \$1,033 #### \$1,035 #### #### \$1,035 ###################################		•				
mily \$1,035 rent & Child \$1,031 RESCRIPTION DRUG PROGRAM #201 rengle \$183.3 rent & Spouse/Partner \$183.3 rent & Child \$183.3 Medical Plans Available with Prescription Drug Program #205 redom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment rengle \$1,027 rember & Spouse/Partner \$1,032 rember & Spouse/Partner \$1,032 rember & Child \$1,034 rent & Child \$1,039	3.87		\$1,028.87			
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RESCRIPTION DRUG PROGRAM #201 Ingle \$183.3 Inmber & Spouse/Partner \$183.3 Inmity \$1,034	5.43 \$	51,835.12	\$2,870.55			
\$183.6 \$	1.00	\$810.68	\$1,841.68			
### \$ Spouse/Partner ### \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
mily \$183.4 rent & Child \$183.4 Medical Plans Available with Prescription Drug Program #205 reedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment ngle \$1,027 rember & Spouse/Partner \$1,032 mily \$1,034 rent & Child \$1,029	.83		\$183.83			
Medical Plans Available with Prescription Drug Program #205 eedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment ngle \$1,027 ember & Spouse/Partner \$1,032 mily \$1,034 grent & Child \$1,029	.83	\$183.83	\$367.66			
Medical Plans Available with Prescription Drug Program #205 eedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment ngle \$1,027 ember & Spouse/Partner \$1,032 mily \$1,034 grent & Child \$1,029	.83	\$329.06	\$512.89			
eedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Ingle \$1,027 Ingle ember & Spouse/Partner \$1,032 Ingly \$1,034 Irent & Child \$1,029	.83	\$145.23	\$329.06			
ngle \$1,027 ember & Spouse/Partner \$1,032 mily \$1,034 rent & Child \$1,029	5					
### \$1,032 #### \$1,032 #### \$1,034 ####################################						
mily \$1,034 rent & Child \$1,029			\$1,027.59			
rent & Child \$1,029	7.59	51,022.79	\$2,055.18			
¥ 1,1		51,832.83	\$2,866.98			
	2.39 \$	\$809.67	\$1,839.39			
RESCRIPTION DRUG PROGRAM #205	2.39 \$ 4.15 \$	PRESCRIPTION DRUG PROGRAM #205				
ngle \$166.	2.39 \$ 4.15 \$		\$166.72			
ember & Spouse/Partner \$166.	2.39 \$ 4.15 \$ 9.72 \$		\$333.44			
mily \$166.	2.39 \$ 4.15 \$ 9.72 \$	\$166.72				
rent & Child \$166.	2.39 \$ 4.15 \$ 9.72 \$ 77272 \$	\$166.72 \$298.43	\$465.15			



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 Pro	ogram #297			
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	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



Local Monthly Active Group — **Local Government Employers Monthly Rates – Aetna Plans**

Effective 7/1/2024 to 12/31/2024

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL	
Medical Plans Available with Prescription	Medical Plans Available with Prescription Drug Program #209			
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care C	opayment 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	, and the second se			
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 Copayr	ment			
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 Copayr	ment			
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	
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Local Monthly Active Group — Local Government Employers Monthly Rates – Horizon Plans

Effective 1/1/2024 – 12/31/2024

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Pro	ogram #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 Pro	ogram #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



Local Monthly Active Group — Local Government Employers Monthly Rates – Horizon Plans

Effective 1/1/2024 – 12/31/2024

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Pr	ogram #209		
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
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 Pr	ogram #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
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 Pr	ogram #207		
NJ DIRECT2035 #056 — 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



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Medical Plans Available with Prescription Drug Pro	ogram #297			
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	NJ DIRECT* #027 — 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	
NJ DIRECT 2019* #030 — 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				
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible				
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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	

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