Chapter 172 Part-Time State Monthly Active Group

Monthly Rates – Aetna Plans Efective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Prog	ram #203
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,079.36
Member & Spouse/Partner	\$2,158.72
Family	\$3,086.98
Parent & Child	\$2,007.62
Aetna HMO #019 — HMO Plan with \$15 Primary Care Copayment	· · · · · ·
Single	\$1,034.14
Member & Spouse/Partner	\$2,068.28
Family	\$2,957.64
Parent & Child	\$1,923.50
PRESCRIPTION DRUG PROGRAM #203	·
Single	\$238.87
Member & Spouse/Partner	\$477.75
Family	\$683.18
Parent & Child	\$444.31
Medical Plans Available with Prescription Drug Prog	ram #205
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayme	nt
Single	\$1,049.14
Member & Spouse/Partner	\$2,098.29
Family	\$3,000.55
Parent & Child	\$1,951.41
PRESCRIPTION DRUG PROGRAM #205	·
Single	
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Chapter 172 Part-Time State Monthly Active Group Monthly Rates – Aetna Plans Efective 1/1/2025 to 12/31/2025

Chapter 172 Part-Time State Monthly Active Group Monthly Rates – Aetna Plans

Monthly Rates – Aetna Plans Efective 1/1/2025 to 12/31/2025



Chapter 172 Part-Time State Monthly Active Group

Monthly Rates – Horizon Plans Efective 1/1/2025 – 12/31/2025



Chapter 172 Part-Time State Monthly Active Group

Monthly Rates – Horizon Plans Efective 1/1/2025 – 12/31/2025



Chapter 172 Part-Time State Monthly Active Group Monthly Rates – Horizon Plans Efective 1/1/2025 – 12/31/2025

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