NJDPB Pensions & Benefits

# Local Monthly Active Group — Local Government Employers
## Monthly Rates – Horizon Plans
Effective 1/1/2026 – 12/31/2026

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 | $1,666.44 | | $1,666.44 |
| Member & Spouse/Partner | $1,672.92 | $1,659.96 | $3,332.88 |
| Family | $1,675.30 | $2,974.07 | $4,649.37 |
| Parent & Child | $1,669.32 | $1,313.61 | $2,982.93 |
| **NJ DIRECT15 #150** — *PPO Plan with $15 Primary Care Copayment* | | | |
| Single | $1,586.89 | | $1,586.89 |
| Member & Spouse/Partner | $1,593.37 | $1,580.41 | $3,173.78 |
| Family | $1,595.75 | $2,831.67 | $4,427.42 |
| Parent & Child | $1,589.77 | $1,250.76 | $2,840.53 |
| **Horizon HMO #011** — *HMO Plan with $10 Primary Care Copayment* | | | |
| Single | $1,541.26 | | $1,541.26 |
| Member & Spouse/Partner | $1,547.74 | $1,534.78 | $3,082.52 |
| Family | $1,550.12 | $2,750.00 | $4,300.12 |
| Parent & Child | $1,544.14 | $1,214.72 | $2,758.86 |
| **PRESCRIPTION DRUG PROGRAM #201** | | | |
| Single | $382.44 | | $382.44 |
| Member & Spouse/Partner | $382.44 | $382.44 | $764.88 |
| Family | $382.44 | $684.57 | $1,067.01 |
| Parent & Child | $382.44 | $302.13 | $684.57 |
| Medical Plans Available with Prescription Drug Program #205 | | | |
| **NJ DIRECT1525 #051** — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment* | | | |
| Single | $1,539.34 | | $1,539.34 |
| Member & Spouse/Partner | $1,545.82 | $1,532.86 | $3,078.68 |
| Family | $1,548.20 | $2,746.56 | $4,294.76 |
| Parent & Child | $1,542.22 | $1,213.20 | $2,755.42 |
| **PRESCRIPTION DRUG PROGRAM #205** | | | |
| Single | $346.85 | | $346.85 |
| Member & Spouse/Partner | $346.85 | $346.85 | $693.70 |
| Family | $346.85 | $620.86 | $967.71 |
| Parent & Child | $346.85 | $274.01 | $620.86 |

NJDPB Pensions & Benefits

# Local Monthly Active Group — Local Government Employers

## Monthly Rates – Aetna Plans

Effective 1/1/2026 to 12/31/2026

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 | $1,666.44 | | $1,666.44 |
| Member & Spouse/Partner | $1,672.92 | $1,659.96 | $3,332.88 |
| Family | $1,675.30 | $2,974.07 | $4,649.37 |
| Parent & Child | $1,669.32 | $1,313.61 | $2,982.93 |
| **Freedom15 #180** — *PPO Plan with $15 Primary Care Copayment* | | | |
| Single | $1,586.89 | | $1,586.89 |
| Member & Spouse/Partner | $1,593.37 | $1,580.41 | $3,173.78 |
| Family | $1,595.75 | $2,831.67 | $4,427.42 |
| Parent & Child | $1,589.77 | $1,250.76 | $2,840.53 |
| **Aetna HMO #019** — *HMO Plan with $10 Primary Care Copayment* | | | |
| Single | $1,541.26 | | $1,541.26 |
| Member & Spouse/Partner | $1,547.74 | $1,534.78 | $3,082.52 |
| Family | $1,550.12 | $2,750.00 | $4,300.12 |
| Parent & Child | $1,544.14 | $1,214.72 | $2,758.86 |
| **PRESCRIPTION DRUG PROGRAM #201** | | | |
| Single | $382.44 | | $382.44 |
| Member & Spouse/Partner | $382.44 | $382.44 | $764.88 |
| Family | $382.44 | $684.57 | $1,067.01 |
| Parent & Child | $382.44 | $302.13 | $684.57 |
| Medical Plans Available with Prescription Drug Program #205 | | | |
| **Freedom1525 #063** — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment* | | | |
| Single | $1,539.34 | | $1,539.34 |
| Member & Spouse/Partner | $1,545.82 | $1,532.86 | $3,078.68 |
| Family | $1,548.20 | $2,746.56 | $4,294.76 |
| Parent & Child | $1,542.22 | $1,213.20 | $2,755.42 |
| **PRESCRIPTION DRUG PROGRAM #205** | | | |
| Single | $346.85 | | $346.85 |
| Member & Spouse/Partner | $346.85 | $346.85 | $693.70 |
| Family | $346.85 | $620.86 | $967.71 |
| Parent & Child | $346.85 | $274.01 | $620.86 |