



**Chapter 172 Part-Time Local Education Monthly Active Group**  
**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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
<b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,188.85
Member & Spouse/Partner	\$2,377.71
Family	\$3,400.13
Parent & Child	\$2,211.27
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,131.75
Member & Spouse/Partner	\$2,263.52
Family	\$3,236.83
Parent & Child	\$2,105.07
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$244.03
Member & Spouse/Partner	\$488.07
Family	\$697.93
Parent & Child	\$453.90
Medical Plan Available with Prescription Drug Program #298	
<b>New Jersey Educators Health Plan #097— PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$999.08
Member & Spouse/Partner	\$1,998.17
Family	\$2,857.38
Parent & Child	\$1,858.29
<b>PRESCRIPTION DRUG PROGRAM #298</b>	
Single	\$159.86
Member & Spouse/Partner	\$319.72
Family	\$457.20
Parent & Child	\$297.34
Medical Plan Available with Prescription Drug Program #299	
<b>Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$862.41
Member & Spouse/Partner	\$1,724.81
Family	\$2,466.48
Parent & Child	\$1,604.07
<b>PRESCRIPTION DRUG PROGRAM #299</b>	
Single	\$159.86
Member & Spouse/Partner	\$319.72
Family	\$457.20
Parent & Child	\$297.34

\*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](http://www.nj.gov/treasury/pensions)



**Chapter 172 Part-Time Local Education Monthly Active Group**  
**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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,188.85
Member & Spouse/Partner	\$2,377.71
Family	\$3,400.13
Parent & Child	\$2,211.27
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,131.75
Member & Spouse/Partner	\$2,263.52
Family	\$3,236.83
Parent & Child	\$2,105.07
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$244.03
Member & Spouse/Partner	\$488.07
Family	\$697.93
Parent & Child	\$453.90
Medical Plan Available with Prescription Drug Program #298	
<b>New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$999.08
Member & Spouse/Partner	\$1,998.17
Family	\$2,857.38
Parent & Child	\$1,858.29
<b>PRESCRIPTION DRUG PROGRAM #298</b>	
Single	\$159.86
Member & Spouse/Partner	\$319.72
Family	\$457.20
Parent & Child	\$297.34

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