



**Local Monthly Active Group —
Education Employers
COBRA Monthly Rates - Aetna Plans
Effective 1/1/2025 to 12/31/2025**

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #201	
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,330.71
Member & Spouse/Partner	\$2,661.42
Family	\$3,805.83
Parent & Child	\$2,475.12
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,266.79
Member & Spouse/Partner	\$2,533.59
Family	\$3,623.04
Parent & Child	\$2,356.24
PRESCRIPTION DRUG PROGRAM #201	
Single	\$295.17
Member & Spouse/Partner	\$590.35
Family	\$844.21
Parent & Child	\$549.03
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	\$980.06
Member & Spouse/Partner	\$1,960.12
Family	\$2,802.98
Parent & Child	\$1,822.91
PRESCRIPTION DRUG PROGRAM #298	
Single	\$189.23
Member & Spouse/Partner	\$378.46
Family	\$541.20
Parent & Child	\$351.97
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	\$845.98
Member & Spouse/Partner	\$1,691.97
Family	\$2,419.52
Parent & Child	\$1,573.53
PRESCRIPTION DRUG PROGRAM #299	
Single	\$189.23
Member & Spouse/Partner	\$378.46
Family	\$541.20
Parent & Child	\$351.97

*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
COBRA Monthly Rates - Horizon Plans**
Effective 1/1/2025 to 12/31/2025

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,330.71
Member & Spouse/Partner	\$2,661.42
Family	\$3,805.83
Parent & Child	\$2,475.12
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,266.79
Member & Spouse/Partner	\$2,533.59
Family	\$3,623.04
Parent & Child	\$2,356.24
PRESCRIPTION DRUG PROGRAM #201	
Single	\$295.17
Member & Spouse/Partner	\$590.35
Family	\$844.21
Parent & Child	\$549.03
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	\$980.06
Member & Spouse/Partner	\$1,960.12
Family	\$2,802.98
Parent & Child	\$1,822.91
PRESCRIPTION DRUG PROGRAM #298	
Single	\$189.23
Member & Spouse/Partner	\$378.46
Family	\$541.20
Parent & Child	\$351.97

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