



**Local Monthly Active Group —
Education Employers
Cobra Monthly Rates**
Effective 1/1/2018 to 12/31/2018

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	
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$933.16
Member & Spouse/Partner	\$1,866.33
Family	\$2,668.86
Parent & Child	\$1,735.69
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$933.16
Member & Spouse/Partner	\$1,866.33
Family	\$2,668.86
Parent & Child	\$1,735.69
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$888.34
Member & Spouse/Partner	\$1,776.69
Family	\$2,540.67
Parent & Child	\$1,652.32
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$888.34
Member & Spouse/Partner	\$1,776.69
Family	\$2,540.67
Parent & Child	\$1,652.32
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$855.65
Member & Spouse/Partner	\$1,711.31
Family	\$2,447.18
Parent & Child	\$1,591.52
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$847.12
Member & Spouse/Partner	\$1,694.24
Family	\$2,422.76
Parent & Child	\$1,575.64
PRESCRIPTION DRUG PROGRAM #201	
Single	\$258.33
Member & Spouse/Partner	\$516.65
Family	\$738.83
Parent & Child	\$480.50



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$862.17
Member & Spouse/Partner	\$1,724.35
Family	\$2,465.81
Parent & Child	\$1,603.64
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$862.17
Member & Spouse/Partner	\$1,724.35
Family	\$2,465.81
Parent & Child	\$1,603.64
AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$790.12
Member & Spouse/Partner	\$1,580.24
Family	\$2,259.74
Parent & Child	\$1,469.62
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$782.22
Member & Spouse/Partner	\$1,564.45
Family	\$2,237.17
Parent & Child	\$1,454.94
PRESCRIPTION DRUG PROGRAM #205	
Single	\$234.29
Member & Spouse/Partner	\$468.59
Family	\$670.07
Parent & Child	\$435.78



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$810.27
Member & Spouse/Partner	\$1,620.55
Family	\$2,317.39
Parent & Child	\$1,507.12
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$810.27
Member & Spouse/Partner	\$1,620.55
Family	\$2,317.39
Parent & Child	\$1,507.12
AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$742.99
Member & Spouse/Partner	\$1,485.99
Family	\$2,124.97
Parent & Child	\$1,381.97
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$735.56
Member & Spouse/Partner	\$1,471.12
Family	\$2,103.70
Parent & Child	\$1,368.14
PRESCRIPTION DRUG PROGRAM #206	
Single	\$238.44
Member & Spouse/Partner	\$476.86
Family	\$681.95
Parent & Child	\$443.50



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$696.84
Member & Spouse/Partner	\$1,393.68
Family	\$1,992.96
Parent & Child	\$1,296.12
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$696.84
Member & Spouse/Partner	\$1,393.68
Family	\$1,992.96
Parent & Child	\$1,296.12
AETNA HMO2035 #065— HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$638.97
Member & Spouse/Partner	\$1,277.95
Family	\$1,827.48
Parent & Child	\$1,188.50
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$632.57
Member & Spouse/Partner	\$1,265.14
Family	\$1,809.16
Parent & Child	\$1,176.59
PRESCRIPTION DRUG PROGRAM #207	
Single	\$214.59
Member & Spouse/Partner	\$429.19
Family	\$613.75
Parent & Child	\$399.15
High Deductible Health Plans with Built-In Prescription Drug	
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$971.91
Member & Spouse/Partner	\$1,943.85
Family	\$2,779.68
Parent & Child	\$1,807.76
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$971.91
Member & Spouse/Partner	\$1,943.85
Family	\$2,779.68
Parent & Child	\$1,807.76



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For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,121.76
Member & Spouse/Partner	\$2,243.52
Family	\$3,208.24
Parent & Child	\$2,086.48
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,121.76
Member & Spouse/Partner	\$2,243.52
Family	\$3,208.24
Parent & Child	\$2,086.48
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,067.87
Member & Spouse/Partner	\$2,135.78
Family	\$3,054.13
Parent & Child	\$1,986.25
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,067.87
Member & Spouse/Partner	\$2,135.78
Family	\$3,054.13
Parent & Child	\$1,986.25
AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,103.94
Member & Spouse/Partner	\$2,207.90
Family	\$3,157.28
Parent & Child	\$2,053.34
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,095.40
Member & Spouse/Partner	\$2,190.82
Family	\$3,132.86
Parent & Child	\$2,037.46
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,030.42
Member & Spouse/Partner	\$2,060.81
Family	\$2,947.01
Parent & Child	\$1,916.59
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,030.42
Member & Spouse/Partner	\$2,060.81
Family	\$2,947.01
Parent & Child	\$1,916.59



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AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,024.41
Member & Spouse/Partner	\$2,048.84
Family	\$2,929.82
Parent & Child	\$1,905.41
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,016.52
Member & Spouse/Partner	\$2,033.05
Family	\$2,907.25
Parent & Child	\$1,890.73
AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$978.52
Member & Spouse/Partner	\$1,957.02
Family	\$2,798.59
Parent & Child	\$1,820.06
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$978.52
Member & Spouse/Partner	\$1,957.02
Family	\$2,798.59
Parent & Child	\$1,820.06
AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$981.44
Member & Spouse/Partner	\$1,962.85
Family	\$2,806.92
Parent & Child	\$1,825.48
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$974.00
Member & Spouse/Partner	\$1,947.98
Family	\$2,785.66
Parent & Child	\$1,811.65
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$848.27
Member & Spouse/Partner	\$1,696.52
Family	\$2,426.05
Parent & Child	\$1,577.78
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$848.27
Member & Spouse/Partner	\$1,696.52
Family	\$2,426.05
Parent & Child	\$1,577.78



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AETNA HMO2035 #065 — <i>HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</i>	
Single	\$853.57
Member & Spouse/Partner	\$1,707.15
Family	\$2,441.23
Parent & Child	\$1,587.66
HORIZON HMO2035 #055 — <i>HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</i>	
Single	\$847.17
Member & Spouse/Partner	\$1,694.34
Family	\$2,422.91
Parent & Child	\$1,575.74
AETNA VALUE HD1500 #093 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$971.91
Member & Spouse/Partner	\$1,943.85
Family	\$2,779.68
Parent & Child	\$1,807.76
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$971.91
Member & Spouse/Partner	\$1,943.85
Family	\$2,779.68
Parent & Child	\$1,807.76

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