



**Chapter 172 Part-Time Active Group —  
State Monthly 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 #203	
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$737.83
Member & Spouse/Partner	\$1,475.67
Family	\$2,110.21
Parent & Child	\$1,372.36
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$737.83
Member & Spouse/Partner	\$1,475.67
Family	\$2,110.21
Parent & Child	\$1,372.36
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$714.07
Member & Spouse/Partner	\$1,428.15
Family	\$2,042.25
Parent & Child	\$1,328.18
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$706.92
Member & Spouse/Partner	\$1,413.85
Family	\$2,021.80
Parent & Child	\$1,314.88
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$202.29
Member & Spouse/Partner	\$404.61
Family	\$578.58
Parent & Child	\$376.27
Medical Plans Available with Prescription Drug Program #205	
<b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$717.17
Member & Spouse/Partner	\$1,434.34
Family	\$2,051.11
Parent & Child	\$1,333.93
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$717.17
Member & Spouse/Partner	\$1,434.34
Family	\$2,051.11
Parent & Child	\$1,333.93



**Chapter 172 Part-Time Active Group —  
State Monthly 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 #205	
<b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$553.37
Member & Spouse/Partner	\$1,106.75
Family	\$1,582.65
Parent & Child	\$1,029.28
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$553.37
Member & Spouse/Partner	\$1,106.75
Family	\$1,582.65
Parent & Child	\$1,029.28
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$183.47
Member & Spouse/Partner	\$366.98
Family	\$524.75
Parent & Child	\$341.27
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$674.37
Member & Spouse/Partner	\$1,348.75
Family	\$1,928.72
Parent & Child	\$1,254.34
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$674.37
Member & Spouse/Partner	\$1,348.75
Family	\$1,928.72
Parent & Child	\$1,254.34
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$186.74
Member & Spouse/Partner	\$373.46
Family	\$534.07
Parent & Child	\$347.33



**Chapter 172 Part-Time Active Group —  
State Monthly 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 #207	
<b>AETNA FREEDOM2035 #066</b> — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$579.95
Member & Spouse/Partner	\$1,159.91
Family	\$1,658.68
Parent & Child	\$1,078.72
<b>NJ DIRECT2035 #056</b> — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$579.95
Member & Spouse/Partner	\$1,159.91
Family	\$1,658.68
Parent & Child	\$1,078.72
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$168.07
Member & Spouse/Partner	\$336.14
Family	\$480.71
Parent & Child	\$312.63
High Deductible Health Plans with Built-In Prescription Drug	
<b>AETNA VALUE HD4000 #092</b> — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$499.04
Member & Spouse/Partner	\$998.11
Family	\$1,427.28
Parent & Child	\$928.24
<b>NJ DIRECT HD4000 #090</b> — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$499.04
Member & Spouse/Partner	\$998.11
Family	\$1,427.28
Parent & Child	\$928.24

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)