



**Local Monthly Active Group —  
Local Government Employers  
Cobra Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

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	
<b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$862.02
Member & Spouse/Partner	\$1,724.04
Family	\$2,405.03
Parent & Child	\$1,543.01
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$862.02
Member & Spouse/Partner	\$1,724.04
Family	\$2,405.03
Parent & Child	\$1,543.01
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$820.87
Member & Spouse/Partner	\$1,641.75
Family	\$2,290.24
Parent & Child	\$1,469.37
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$820.87
Member & Spouse/Partner	\$1,641.75
Family	\$2,290.24
Parent & Child	\$1,469.37
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$797.26
Member & Spouse/Partner	\$1,594.52
Family	\$2,224.36
Parent & Child	\$1,427.10
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$797.26
Member & Spouse/Partner	\$1,594.52
Family	\$2,224.36
Parent & Child	\$1,427.10
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$165.29
Member & Spouse/Partner	\$330.58
Family	\$461.16
Parent & Child	\$295.87



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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 FREEDOM1525 #063 — PPO Plan with \$15 Primary / \$25 Specialist Care Copayment</b>	
Single	\$796.27
Member & Spouse/Partner	\$1,592.54
Family	\$2,221.60
Parent & Child	\$1,425.32
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$796.27
Member & Spouse/Partner	\$1,592.54
Family	\$2,221.60
Parent & Child	\$1,425.32
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$149.91
Member & Spouse/Partner	\$299.83
Family	\$418.27
Parent & Child	\$268.35
Medical Plans Available with Prescription Drug Program #209	
<b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$615.65
Member & Spouse/Partner	\$1,231.30
Family	\$1,717.66
Parent & Child	\$1,102.01
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$615.65
Member & Spouse/Partner	\$1,231.30
Family	\$1,717.66
Parent & Child	\$1,102.01
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$149.91
Member & Spouse/Partner	\$299.83
Family	\$418.27
Parent & Child	\$268.35



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$748.46
Member & Spouse/Partner	\$1,496.93
Family	\$2,088.21
Parent & Child	\$1,339.74
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$748.46
Member & Spouse/Partner	\$1,496.93
Family	\$2,088.21
Parent & Child	\$1,339.74
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$152.58
Member & Spouse/Partner	\$305.16
Family	\$425.70
Parent & Child	\$273.12
Medical Plans Available with Prescription Drug Program #207	
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary / \$35 Specialist Care Copayment</b>	
Single	\$643.68
Member & Spouse/Partner	\$1,287.36
Family	\$1,795.87
Parent & Child	\$1,152.19
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$643.68
Member & Spouse/Partner	\$1,287.36
Family	\$1,795.87
Parent & Child	\$1,152.19
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$137.32
Member & Spouse/Partner	\$274.64
Family	\$383.13
Parent & Child	\$245.80



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #204	
<b>AETNA FREEDOM* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$743.58
Member & Spouse/Partner	\$1,488.18
Family	\$2,075.70
Parent & Child	\$1,332.12
<b>AETNA FREEDOM 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$740.52
Member & Spouse/Partner	\$1,480.02
Family	\$2,075.70
Parent & Child	\$1,324.98
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$743.58
Member & Spouse/Partner	\$1,488.15
Family	\$2,075.70
Parent & Child	\$1,332.12
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$740.52
Member & Spouse/Partner	\$1,480.02
Family	\$2,065.50
Parent & Child	\$1,324.98
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$135.66
Member & Spouse/Partner	\$272.34
Family	\$379.44
Parent & Child	\$243.78

\*Members hired before July 1, 2019, will be enrolled in NJ DIRECT or Aetna Freedom. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or Aetna Freedom 2019.



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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
<b>AETNA VALUE HD4000 #092</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$515.88
Member & Spouse/Partner	\$1,031.77
Family	\$1,439.32
Parent & Child	\$923.43
<b>NJ DIRECT HD4000 #090</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$515.88
Member & Spouse/Partner	\$1,031.77
Family	\$1,439.32
Parent & Child	\$923.43
<b>AETNA VALUE HD1500 #093</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$765.11
Member & Spouse/Partner	\$1,530.22
Family	\$2,134.66
Parent & Child	\$1,369.55
<b>NJ DIRECT HD1500 #091</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$765.11
Member & Spouse/Partner	\$1,530.22
Family	\$2,134.66
Parent & Child	\$1,369.55

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)



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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
<b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$982.55
Member & Spouse/Partner	\$1,965.11
Family	\$2,741.32
Parent & Child	\$1,758.76
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$982.55
Member & Spouse/Partner	\$1,965.11
Family	\$2,741.32
Parent & Child	\$1,758.76
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$935.62
Member & Spouse/Partner	\$1,871.25
Family	\$2,610.40
Parent & Child	\$1,674.77
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$935.62
Member & Spouse/Partner	\$1,871.25
Family	\$2,610.40
Parent & Child	\$1,674.77
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$954.13
Member & Spouse/Partner	\$1,908.27
Family	\$2,662.04
Parent & Child	\$1,707.90
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$954.13
Member & Spouse/Partner	\$1,908.27
Family	\$2,662.04
Parent & Child	\$1,707.90
<b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$903.81
Member & Spouse/Partner	\$1,807.62
Family	\$2,521.63
Parent & Child	\$1,617.82
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$903.81
Member & Spouse/Partner	\$1,807.62
Family	\$2,521.63
Parent & Child	\$1,617.82



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<b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$723.19
Member & Spouse/Partner	\$1,446.38
Family	\$2,017.70
Parent & Child	\$1,294.51
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$723.19
Member & Spouse/Partner	\$1,446.38
Family	\$2,017.70
Parent & Child	\$1,294.51
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$856.00
Member & Spouse/Partner	\$1,712.00
Family	\$2,388.24
Parent & Child	\$1,532.24
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$856.00
Member & Spouse/Partner	\$1,712.00
Family	\$2,388.24
Parent & Child	\$1,532.24
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$740.45
Member & Spouse/Partner	\$1,480.91
Family	\$2,065.88
Parent & Child	\$1,325.42
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$740.45
Member & Spouse/Partner	\$1,480.91
Family	\$2,065.88
Parent & Child	\$1,325.42



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>AETNA FREEDOM* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$841.50
Member & Spouse/Partner	\$1,683.00
Family	\$2,348.04
Parent & Child	\$1,506.54
<b>AETNA FREEDOM 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$838.44
Member & Spouse/Partner	\$1,674.84
Family	\$2,337.84
Parent & Child	\$1,499.40
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$841.50
Member & Spouse/Partner	\$1,683.00
Family	\$2,348.04
Parent & Child	\$1,506.54
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$838.44
Member & Spouse/Partner	\$1,674.84
Family	\$2,337.84
Parent & Child	\$1,499.40

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<b>AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>	
Single	\$515.88
Member & Spouse/Partner	\$1,031.77
Family	\$1,439.32
Parent & Child	\$923.43
<b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>	
Single	\$515.88
Member & Spouse/Partner	\$1,031.77
Family	\$1,439.32
Parent & Child	\$923.43
<b>AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>	
Single	\$765.11
Member & Spouse/Partner	\$1,530.22
Family	\$2,134.66
Parent & Child	\$1,369.55
<b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>	
Single	\$765.11
Member & Spouse/Partner	\$1,530.22
Family	\$2,134.66
Parent & Child	\$1,369.55

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