



**Chapter 172 Part-Time Active Group —
State Monthly 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 #203	
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$762.41
Member & Spouse/Partner	\$1,524.83
Family	\$2,180.51
Parent & Child	\$1,418.09
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$762.41
Member & Spouse/Partner	\$1,524.83
Family	\$2,180.51
Parent & Child	\$1,418.09
AETNA HMO #005 — HMO Plan with \$10 Primary Care Copayment	
Single	\$737.86
Member & Spouse/Partner	\$1,475.73
Family	\$2,110.30
Parent & Child	\$1,372.44
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$730.48
Member & Spouse/Partner	\$1,460.96
Family	\$2,089.17
Parent & Child	\$1,358.69
PRESCRIPTION DRUG PROGRAM #203	
Single	\$146.16
Member & Spouse/Partner	\$292.34
Family	\$418.05
Parent & Child	\$271.88
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$741.07
Member & Spouse/Partner	\$1,482.14
Family	\$2,119.46
Parent & Child	\$1,378.38
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$741.07
Member & Spouse/Partner	\$1,482.14
Family	\$2,119.46
Parent & Child	\$1,378.38
PRESCRIPTION DRUG PROGRAM #205	
Single	\$132.56
Member & Spouse/Partner	\$265.14
Family	\$379.16
Parent & Child	\$246.58



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
AETNA LIBERTY PLAN #067 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$557.18
Member & Spouse/Partner	\$1,114.38
Family	\$1,593.56
Parent & Child	\$1,036.38
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$557.18
Member & Spouse/Partner	\$1,114.38
Family	\$1,593.56
Parent & Child	\$1,036.38
PRESCRIPTION DRUG PROGRAM #209	
Single	\$140.54
Member & Spouse/Partner	\$281.11
Family	\$401.97
Parent & Child	\$261.41
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$696.84
Member & Spouse/Partner	\$1,393.68
Family	\$1,992.97
Parent & Child	\$1,296.13
NJ DIRECT2030 #052 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$696.84
Member & Spouse/Partner	\$1,393.68
Family	\$1,992.97
Parent & Child	\$1,296.13
PRESCRIPTION DRUG PROGRAM #206	
Single	\$134.92
Member & Spouse/Partner	\$269.86
Family	\$385.90
Parent & Child	\$250.97



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Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$599.28
Member & Spouse/Partner	\$1,198.57
Family	\$1,713.95
Parent & Child	\$1,114.67
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$599.28
Member & Spouse/Partner	\$1,198.57
Family	\$1,713.95
Parent & Child	\$1,114.67
PRESCRIPTION DRUG PROGRAM #207	
Single	\$121.44
Member & Spouse/Partner	\$242.89
Family	\$347.35
Parent & Child	\$225.89
Medical Plans Available with Prescription Drug Program #204	
AETNA FREEDOM* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$686.11
Member & Spouse/Partner	\$1,373.25
Family	\$1,963.56
Parent & Child	\$1,277.44
AETNA FREEDOM 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$683.02
Member & Spouse/Partner	\$1,366.04
Family	\$1,953.25
Parent & Child	\$1,270.23
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$686.11
Member & Spouse/Partner	\$1,373.25
Family	\$1,963.56
Parent & Child	\$1,277.44
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$683.02
Member & Spouse/Partner	\$1,366.04
Family	\$1,953.25
Parent & Child	\$1,270.23
PRESCRIPTION DRUG PROGRAM #204	
Single	\$118.47
Member & Spouse/Partner	\$235.91
Family	\$337.90
Parent & Child	\$219.43

*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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PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
AETNA VALUE HD4000 #092 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$477.33
Member & Spouse/Partner	\$954.67
Family	\$1,365.20
Parent & Child	\$887.85
NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$477.33
Member & Spouse/Partner	\$954.67
Family	\$1,365.20
Parent & Child	\$887.85