



**Local Monthly Active Group —
Local Government 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	\$1,300.45
Member & Spouse/Partner	\$2,600.91
Family	\$3,628.28
Parent & Child	\$2,327.82
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,238.38
Member & Spouse/Partner	\$2,476.76
Family	\$3,455.08
Parent & Child	\$2,216.70
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,202.77
Member & Spouse/Partner	\$2,405.54
Family	\$3,355.73
Parent & Child	\$2,152.96
PRESCRIPTION DRUG PROGRAM #201	
Single	\$241.11
Member & Spouse/Partner	\$482.23
Family	\$672.72
Parent & Child	\$431.60
Medical Plans Available with Prescription Drug Program #297	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,157.89
Member & Spouse/Partner	\$2,315.78
Family	\$3,230.52
Parent & Child	\$2,072.62
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,151.79
Member & Spouse/Partner	\$2,303.58
Family	\$3,213.51
Parent & Child	\$2,061.71
PRESCRIPTION DRUG PROGRAM #297	
Single	\$218.86
Member & Spouse/Partner	\$437.72
Family	\$610.62
Parent & Child	\$391.76

*Members hired before July 1, 2019, will be enrolled in Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019.



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,201.27
Member & Spouse/Partner	\$2,402.54
Family	\$3,351.55
Parent & Child	\$2,150.28
PRESCRIPTION DRUG PROGRAM #205	
Single	\$218.67
Member & Spouse/Partner	\$437.35
Family	\$610.11
Parent & Child	\$391.43
Medical Plans Available with Prescription Drug Program #206	
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,129.15
Member & Spouse/Partner	\$2,258.30
Family	\$3,150.33
Parent & Child	\$2,021.18
PRESCRIPTION DRUG PROGRAM #206	
Single	\$222.58
Member & Spouse/Partner	\$445.16
Family	\$621.00
Parent & Child	\$398.42
Medical Plans Available with Prescription Drug Program #207	
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$971.08
Member & Spouse/Partner	\$1,942.16
Family	\$2,709.31
Parent & Child	\$1,738.23
PRESCRIPTION DRUG PROGRAM #207	
Single	\$200.32
Member & Spouse/Partner	\$400.65
Family	\$558.91
Parent & Child	\$358.59



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$862.56
Member & Spouse/Partner	\$1,725.12
Family	\$2,406.54
Parent & Child	\$1,543.98
PRESCRIPTION DRUG PROGRAM #209	
Single	\$194.88
Member & Spouse/Partner	\$389.76
Family	\$543.72
Parent & Child	\$348.84
High Deductible Health Plans with Built-In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$773.37
Member & Spouse/Partner	\$1,546.74
Family	\$2,157.70
Parent & Child	\$1,384.33
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,147.00
Member & Spouse/Partner	\$2,294.00
Family	\$3,200.12
Parent & Child	\$2,053.12

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



**Local Monthly Active Group —
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COBRA Monthly Rates – Horizon Plans**
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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,300.45
Member & Spouse/Partner	\$2,600.91
Family	\$3,628.28
Parent & Child	\$2,327.82
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,238.38
Member & Spouse/Partner	\$2,476.76
Family	\$3,455.08
Parent & Child	\$2,216.70
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,202.77
Member & Spouse/Partner	\$2,405.54
Family	\$3,355.73
Parent & Child	\$2,152.96
PRESCRIPTION DRUG PROGRAM #201	
Single	\$241.11
Member & Spouse/Partner	\$482.23
Family	\$672.72
Parent & Child	\$431.60
Medical Plans Available with Prescription Drug Program #297	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,157.89
Member & Spouse/Partner	\$2,315.78
Family	\$3,230.52
Parent & Child	\$2,072.62
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,151.79
Member & Spouse/Partner	\$2,303.58
Family	\$3,213.51
Parent & Child	\$2,061.71
PRESCRIPTION DRUG PROGRAM #297	
Single	\$218.86
Member & Spouse/Partner	\$437.72
Family	\$610.62
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PRESCRIPTION DRUG PROGRAM #205	
Single	\$218.67
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Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,129.15
Member & Spouse/Partner	\$2,258.30
Family	\$3,150.33
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PRESCRIPTION DRUG PROGRAM #206	
Single	\$222.58
Member & Spouse/Partner	\$445.16
Family	\$621.00
Parent & Child	\$398.42
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
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Member & Spouse/Partner	\$1,942.16
Family	\$2,709.31
Parent & Child	\$1,738.23
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Single	\$862.56
Member & Spouse/Partner	\$1,725.12
Family	\$2,406.54
Parent & Child	\$1,543.98
PRESCRIPTION DRUG PROGRAM #209	
Single	\$194.88
Member & Spouse/Partner	\$389.76
Family	\$543.72
Parent & Child	\$348.84
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NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
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NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
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