



**Local Monthly Active Group —
Local Government Employers
COBRA Monthly Rates - Aetna Plans
Effective 1/1/2025 to 12/31/2025**

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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,525.25
Member & Spouse/Partner	\$3,050.51
Family	\$4,255.47
Parent & Child	\$2,730.21
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,461.06
Member & Spouse/Partner	\$2,922.13
Family	\$4,076.37
Parent & Child	\$2,615.31
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,431.61
Member & Spouse/Partner	\$2,863.22
Family	\$3,994.19
Parent & Child	\$2,562.58
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,361.29
Member & Spouse/Partner	\$2,722.58
Family	\$3,798.00
Parent & Child	\$2,436.70
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,355.19
Member & Spouse/Partner	\$2,710.38
Family	\$3,780.98
Parent & Child	\$2,425.79
Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,404.49
Member & Spouse/Partner	\$2,808.99
Family	\$3,918.56
Parent & Child	\$2,514.05
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,335.31
Member & Spouse/Partner	\$2,670.62
Family	\$3,725.51
Parent & Child	\$2,390.20
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,156.61
Member & Spouse/Partner	\$2,313.24
Family	\$3,226.97
Parent & Child	\$2,070.35

* 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
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,043.67
Member & Spouse/Partner	\$2,087.34
Family	\$2,911.84
Parent & Child	\$1,868.17
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



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,525.25
Member & Spouse/Partner	\$3,050.51
Family	\$4,255.47
Parent & Child	\$2,730.21
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,461.06
Member & Spouse/Partner	\$2,922.13
Family	\$4,076.37
Parent & Child	\$2,615.31
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,431.61
Member & Spouse/Partner	\$2,863.22
Family	\$3,994.19
Parent & Child	\$2,562.58
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,361.29
Member & Spouse/Partner	\$2,722.58
Family	\$3,798.00
Parent & Child	\$2,436.70
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,355.19
Member & Spouse/Partner	\$2,710.38
Family	\$3,780.98
Parent & Child	\$2,425.79
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,404.49
Member & Spouse/Partner	\$2,808.99
Family	\$3,918.56
Parent & Child	\$2,514.05
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,335.31
Member & Spouse/Partner	\$2,670.62
Family	\$3,725.51
Parent & Child	\$2,390.20
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,156.61
Member & Spouse/Partner	\$2,313.24
Family	\$3,226.97
Parent & Child	\$2,070.35

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Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,043.67
Member & Spouse/Partner	\$2,087.34
Family	\$2,911.84
Parent & Child	\$1,868.17
NJ DIRECT HDHigh #090 — 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
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Single	\$1,147.00
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