



**Local Monthly Active Group —  
Education 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
<b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,615.92
Member & Spouse/Partner	\$3,231.84
Family	\$4,621.53
Parent & Child	\$3,005.61
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,550.71
Member & Spouse/Partner	\$3,101.44
Family	\$4,435.05
Parent & Child	\$2,884.33
<b>New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$1,169.29
Member & Spouse/Partner	\$2,338.58
Family	\$3,344.18
Parent & Child	\$2,174.88
<b>Garden State Health Plan #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$1,035.21
Member & Spouse/Partner	\$2,070.43
Family	\$2,960.72
Parent & Child	\$1,925.50

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)



**Local Monthly Active Group —  
Education Employers  
COBRA Monthly Rates - Horizon 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
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,615.92
Member & Spouse/Partner	\$3,231.84
Family	\$4,621.53
Parent & Child	\$3,005.61
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,550.71
Member & Spouse/Partner	\$3,101.44
Family	\$4,435.05
Parent & Child	\$2,884.33
<b>New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$1,169.29
Member & Spouse/Partner	\$2,338.58
Family	\$3,344.18
Parent & Child	\$2,174.88

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