



**State Monthly Active Group
COBRA Monthly Rates – Aetna Plans**
Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,217.34
Member & Spouse/Partner	\$2,434.69
Family	\$3,481.61
Parent & Child	\$2,264.26
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,166.33
Member & Spouse/Partner	\$2,332.67
Family	\$3,335.72
Parent & Child	\$2,169.38
PRESCRIPTION DRUG PROGRAM #203	
Single	\$320.01
Member & Spouse/Partner	\$640.02
Family	\$915.24
Parent & Child	\$595.23
Medical Plans Available with Prescription Drug Program #204	
CWA Unity Freedom* #025 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,104.27
Member & Spouse/Partner	\$2,208.54
Family	\$3,158.21
Parent & Child	\$2,053.94
CWA Unity Freedom 2019* #026 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,098.46
Member & Spouse/Partner	\$2,196.93
Family	\$3,141.62
Parent & Child	\$2,043.15
Freedom** #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,104.27
Member & Spouse/Partner	\$2,208.54
Family	\$3,158.21
Parent & Child	\$2,053.94
Freedom 2019** #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,098.46
Member & Spouse/Partner	\$2,196.93
Family	\$3,141.62
Parent & Child	\$2,043.15
PRESCRIPTION DRUG PROGRAM #204	
Single	\$288.54
Member & Spouse/Partner	\$577.09
Family	\$825.25
Parent & Child	\$536.70

* Only CWA-represented members are eligible for these plans. Members hired before July 1, 2019, will be enrolled in CWA Unity Freedom. Members hired after July 1, 2019, will be enrolled in CWA Unity Freedom 2019.

** 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	\$1,183.26
Member & Spouse/Partner	\$2,366.52
Family	\$3,384.12
Parent & Child	\$2,200.86
PRESCRIPTION DRUG PROGRAM #205	
Single	\$290.24
Member & Spouse/Partner	\$580.48
Family	\$830.08
Parent & Child	\$539.84
Medical Plans Available with Prescription Drug Program #206	
Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,112.63
Member & Spouse/Partner	\$2,225.27
Family	\$3,182.14
Parent & Child	\$2,069.50
PRESCRIPTION DRUG PROGRAM #206	
Single	\$295.40
Member & Spouse/Partner	\$590.80
Family	\$844.84
Parent & Child	\$549.44
Medical Plans Available with Prescription Drug Program #207	
Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$956.88
Member & Spouse/Partner	\$1,913.76
Family	\$2,736.68
Parent & Child	\$1,779.79
PRESCRIPTION DRUG PROGRAM #207	
Single	\$265.88
Member & Spouse/Partner	\$531.76
Family	\$760.43
Parent & Child	\$494.54
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	\$813.84
Member & Spouse/Partner	\$1,627.69
Family	\$2,327.60
Parent & Child	\$1,513.76
PRESCRIPTION DRUG PROGRAM #209	
Single	\$214.54
Member & Spouse/Partner	\$429.09
Family	\$613.60
Parent & Child	\$399.05



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$815.00
Member & Spouse/Partner	\$1,630.00
Family	\$2,330.90
Parent & Child	\$1,515.90
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,208.70
Member & Spouse/Partner	\$2,417.40
Family	\$3,456.88
Parent & Child	\$2,248.18

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



State Monthly Active Group COBRA Monthly Rates – Horizon Plans Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,217.34
Member & Spouse/Partner	\$2,434.69
Family	\$3,481.61
Parent & Child	\$2,264.26
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,166.33
Member & Spouse/Partner	\$2,332.67
Family	\$3,335.72
Parent & Child	\$2,169.38
PRESCRIPTION DRUG PROGRAM #203	
Single	\$320.01
Member & Spouse/Partner	\$640.02
Family	\$915.24
Parent & Child	\$595.23
Medical Plans Available with Prescription Drug Program #204	
CWA Unity DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,104.27
Member & Spouse/Partner	\$2,208.54
Family	\$3,158.21
Parent & Child	\$2,053.94
CWA Unity DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,098.46
Member & Spouse/Partner	\$2,196.93
Family	\$3,141.62
Parent & Child	\$2,043.15
NJ DIRECT** #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,104.27
Member & Spouse/Partner	\$2,208.54
Family	\$3,158.21
Parent & Child	\$2,053.94
NJ DIRECT 2019** #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,098.46
Member & Spouse/Partner	\$2,196.93
Family	\$3,141.62
Parent & Child	\$2,043.15
PRESCRIPTION DRUG PROGRAM #204	
Single	\$288.54
Member & Spouse/Partner	\$577.09
Family	\$825.25
Parent & Child	\$536.70

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NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
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Member & Spouse/Partner	\$2,366.52
Family	\$3,384.12
Parent & Child	\$2,200.86
PRESCRIPTION DRUG PROGRAM #205	
Single	\$290.24
Member & Spouse/Partner	\$580.48
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Parent & Child	\$539.84
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,112.63
Member & Spouse/Partner	\$2,225.27
Family	\$3,182.14
Parent & Child	\$2,069.50
PRESCRIPTION DRUG PROGRAM #206	
Single	\$295.40
Member & Spouse/Partner	\$590.80
Family	\$844.84
Parent & Child	\$549.44
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$956.88
Member & Spouse/Partner	\$1,913.76
Family	\$2,736.68
Parent & Child	\$1,779.79
PRESCRIPTION DRUG PROGRAM #207	
Single	\$265.88
Member & Spouse/Partner	\$531.76
Family	\$760.43
Parent & Child	\$494.54
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$813.84
Member & Spouse/Partner	\$1,627.69
Family	\$2,327.60
Parent & Child	\$1,513.76
PRESCRIPTION DRUG PROGRAM #209	
Single	\$214.54
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Parent & Child	\$2,248.18

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Note: Not all plans are available to all members. Plan offerings will be based on eligibility prior to termination of coverage.