



**Local Monthly Active Group —
Local Government Employers
COBRA Monthly Rates – Aetna Plans**
Effective 1/1/2026 to 12/31/2026

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 | \$1,699.76 |
| Member & Spouse/Partner | \$3,399.53 |
| Family | \$4,742.35 |
| Parent & Child | \$3,042.58 |
| Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,618.62 |
| Member & Spouse/Partner | \$3,237.25 |
| Family | \$4,515.96 |
| Parent & Child | \$2,897.34 |
| Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment | |
| Single | \$1,572.08 |
| Member & Spouse/Partner | \$3,144.17 |
| Family | \$4,386.12 |
| Parent & Child | \$2,814.03 |
| PRESCRIPTION DRUG PROGRAM #201 | |
| Single | \$390.08 |
| Member & Spouse/Partner | \$780.17 |
| Family | \$1,088.35 |
| Parent & Child | \$698.26 |
| Medical Plans Available with Prescription Drug Program #297 | |
| Freedom* #031 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,513.42 |
| Member & Spouse/Partner | \$3,026.85 |
| Family | \$4,222.45 |
| Parent & Child | \$2,709.02 |
| Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,505.44 |
| Member & Spouse/Partner | \$3,010.90 |
| Family | \$4,200.21 |
| Parent & Child | \$2,694.75 |
| PRESCRIPTION DRUG PROGRAM #297 | |
| Single | \$354.08 |
| Member & Spouse/Partner | \$708.16 |
| Family | \$987.89 |
| Parent & Child | \$633.80 |

*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 |
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| Medical Plans Available with Prescription Drug Program #205 | |
| Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,570.12 |
| Member & Spouse/Partner | \$3,140.25 |
| Family | \$4,380.65 |
| Parent & Child | \$2,810.52 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$353.78 |
| Member & Spouse/Partner | \$707.57 |
| Family | \$987.06 |
| Parent & Child | \$633.27 |
| Medical Plans Available with Prescription Drug Program #206 | |
| Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$1,558.00 |
| Member & Spouse/Partner | \$3,116.01 |
| Family | \$4,346.84 |
| Parent & Child | \$2,788.83 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$356.02 |
| Member & Spouse/Partner | \$712.04 |
| Family | \$993.29 |
| Parent & Child | \$637.27 |
| Medical Plans Available with Prescription Drug Program #207 | |
| Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$1,464.52 |
| Member & Spouse/Partner | \$2,929.05 |
| Family | \$4,086.02 |
| Parent & Child | \$2,621.50 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$352.07 |
| Member & Spouse/Partner | \$704.14 |
| Family | \$982.28 |
| Parent & Child | \$630.20 |



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| 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 | \$1,127.75 |
| Member & Spouse/Partner | \$2,255.50 |
| Family | \$3,146.43 |
| Parent & Child | \$2,018.68 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$307.88 |
| Member & Spouse/Partner | \$615.77 |
| Family | \$859.00 |
| Parent & Child | \$551.11 |
| High Deductible Health Plans with Built-In Prescription Drug | |
| Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$1,055.37 |
| Member & Spouse/Partner | \$2,110.74 |
| Family | \$2,944.49 |
| Parent & Child | \$1,889.12 |
| Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible | |
| Single | \$1,565.24 |
| Member & Spouse/Partner | \$3,130.48 |
| Family | \$4,367.02 |
| Parent & Child | \$2,801.78 |

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



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| Medical Plans Available with Prescription Drug Program #201 | |
| NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment | |
| Single | \$1,699.76 |
| Member & Spouse/Partner | \$3,399.53 |
| Family | \$4,742.35 |
| Parent & Child | \$3,042.58 |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,618.62 |
| Member & Spouse/Partner | \$3,237.25 |
| Family | \$4,515.96 |
| Parent & Child | \$2,897.34 |
| Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment | |
| Single | \$1,572.08 |
| Member & Spouse/Partner | \$3,144.17 |
| Family | \$4,386.12 |
| Parent & Child | \$2,814.03 |
| PRESCRIPTION DRUG PROGRAM #201 | |
| Single | \$390.08 |
| Member & Spouse/Partner | \$780.17 |
| Family | \$1,088.35 |
| Parent & Child | \$698.26 |
| Medical Plans Available with Prescription Drug Program #297 | |
| NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,513.42 |
| Member & Spouse/Partner | \$3,026.85 |
| Family | \$4,222.45 |
| Parent & Child | \$2,709.02 |
| NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,505.44 |
| Member & Spouse/Partner | \$3,010.90 |
| Family | \$4,200.21 |
| Parent & Child | \$2,694.75 |
| PRESCRIPTION DRUG PROGRAM #297 | |
| Single | \$354.08 |
| Member & Spouse/Partner | \$708.16 |
| Family | \$987.89 |
| Parent & Child | \$633.80 |

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| Medical Plans Available with Prescription Drug Program #205 | |
| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,570.12 |
| Member & Spouse/Partner | \$3,140.25 |
| Family | \$4,380.65 |
| Parent & Child | \$2,810.52 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$353.78 |
| Member & Spouse/Partner | \$707.57 |
| Family | \$987.06 |
| Parent & Child | \$633.27 |
| Medical Plans Available with Prescription Drug Program #206 | |
| NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$1,558.00 |
| Member & Spouse/Partner | \$3,116.01 |
| Family | \$4,346.84 |
| Parent & Child | \$2,788.83 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$356.02 |
| Member & Spouse/Partner | \$712.04 |
| Family | \$993.29 |
| Parent & Child | \$637.27 |
| Medical Plans Available with Prescription Drug Program #207 | |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$1,464.52 |
| Member & Spouse/Partner | \$2,929.05 |
| Family | \$4,086.02 |
| Parent & Child | \$2,621.50 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$352.07 |
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| 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 | \$1,127.75 |
| Member & Spouse/Partner | \$2,255.50 |
| Family | \$3,146.43 |
| Parent & Child | \$2,018.68 |
| PRESCRIPTION DRUG PROGRAM #209 | |
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| Member & Spouse/Partner | \$615.77 |
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| Parent & Child | \$551.11 |
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| NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
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