



Chapter 172 Part-Time Active Group — State Monthly Employers COBRA Monthly Rates - Aetna Plans Effective 1/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan

| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
|---|-------------|
| Medical Plans Available with Prescription Drug Program #203 | |
| Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,339.07 |
| Member & Spouse/Partner | \$2,678.16 |
| Family | \$3,829.77 |
| Parent & Child | \$2,490.68 |
| Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment | |
| Single | \$1,282.96 |
| Member & Spouse/Partner | \$2,565.94 |
| Family | \$3,669.29 |
| Parent & Child | \$2,368.32 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$352.01 |
| Member & Spouse/Partner | \$704.02 |
| Family | \$1,006.77 |
| Parent & Child | \$654.74 |
| Medical Plans Available with Prescription Drug Program #204 | |
| Freedom* #031 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,214.69 |
| Member & Spouse/Partner | \$2,429.39 |
| Family | \$3,474.02 |
| Parent & Child | \$2,259.33 |
| Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,208.31 |
| Member & Spouse/Partner | \$2,416.62 |
| Family | \$3,455.78 |
| Parent & Child | \$2,247.45 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$317.39 |
| Member & Spouse/Partner | \$634.79 |
| Family | \$907.76 |
| Parent & Child | \$590.36 |

*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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| Medical Plans Available with Prescription Drug Program #205 | |
| Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,301.58 |
| Member & Spouse/Partner | \$2,603.17 |
| Family | \$3,722.53 |
| Parent & Child | \$2,420.94 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$319.26 |
| Member & Spouse/Partner | \$638.53 |
| Family | \$913.09 |
| Parent & Child | \$593.82 |
| Medical Plans Available with Prescription Drug Program #206 | |
| Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$1,223.89 |
| Member & Spouse/Partner | \$2,447.79 |
| Family | \$3,500.35 |
| Parent & Child | \$2,276.45 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$324.94 |
| Member & Spouse/Partner | \$649.88 |
| Family | \$929.32 |
| Parent & Child | \$604.38 |
| Medical Plans Available with Prescription Drug Program #207 | |
| Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$1,052.56 |
| Member & Spouse/Partner | \$2,105.13 |
| Family | \$3,010.34 |
| Parent & Child | \$1,957.77 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$292.46 |
| Member & Spouse/Partner | \$584.93 |
| Family | \$836.47 |
| Parent & Child | \$543.99 |



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| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
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| Medical Plans Available with Prescription Drug Program #209 | |
| Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1 | |
| Single | \$895.22 |
| Member & Spouse/Partner | \$1,790.45 |
| Family | \$2,560.36 |
| Parent & Child | \$1,665.12 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$235.99 |
| Member & Spouse/Partner | \$471.99 |
| Family | \$674.95 |
| Parent & Child | \$438.95 |
| High Deductible Health Plans with Built-In Prescription Drug | |
| Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$896.49 |
| Member & Spouse/Partner | \$1,792.99 |
| Family | \$2,563.99 |
| Parent & Child | \$1,667.48 |

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



Chapter 172 Part-Time Active Group — State Monthly Employers COBRA Monthly Rates - Horizon Plans Effective 1/1/2026 to 12/31/2026

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| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
|---|-------------|
| Medical Plans Available with Prescription Drug Program #203 | |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,339.07 |
| Member & Spouse/Partner | \$2,678.16 |
| Family | \$3,829.77 |
| Parent & Child | \$2,490.68 |
| Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment | |
| Single | \$1,282.96 |
| Member & Spouse/Partner | \$2,595.94 |
| Family | \$3,669.29 |
| Parent & Child | \$2,386.32 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$352.01 |
| Member & Spouse/Partner | \$704.02 |
| Family | \$1,006.77 |
| Parent & Child | \$654.74 |
| Medical Plans Available with Prescription Drug Program #204 | |
| NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,214.69 |
| Member & Spouse/Partner | \$2,494.39 |
| Family | \$3,474.02 |
| Parent & Child | \$2,259.33 |
| NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,208.31 |
| Member & Spouse/Partner | \$2,416.62 |
| Family | \$3,455.78 |
| Parent & Child | \$2,247.45 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$317.39 |
| Member & Spouse/Partner | \$634.79 |
| Family | \$907.76 |
| Parent & Child | \$590.36 |

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| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,301.58 |
| Member & Spouse/Partner | \$2,603.17 |
| Family | \$3,722.53 |
| Parent & Child | \$2,420.94 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$319.26 |
| Member & Spouse/Partner | \$638.53 |
| Family | \$913.09 |
| Parent & Child | \$593.82 |
| Medical Plans Available with Prescription Drug Program #206 | |
| NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$1,223.89 |
| Member & Spouse/Partner | \$2,447.79 |
| Family | \$3,500.35 |
| Parent & Child | \$2,276.45 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$324.94 |
| Member & Spouse/Partner | \$649.88 |
| Family | \$929.32 |
| Parent & Child | \$604.38 |
| Medical Plans Available with Prescription Drug Program #207 | |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$1,052.56 |
| Member & Spouse/Partner | \$2,105.13 |
| Family | \$3,010.34 |
| Parent & Child | \$1,957.77 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$292.46 |
| Member & Spouse/Partner | \$584.93 |
| Family | \$836.47 |
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| Medical Plans Available with Prescription Drug Program #209 | |
| Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1 | |
| Single | \$895.22 |
| Member & Spouse/Partner | \$1,790.45 |
| Family | \$2,560.36 |
| Parent & Child | \$1,665.12 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$235.99 |
| Member & Spouse/Partner | \$471.99 |
| Family | \$674.95 |
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| High Deductible Health Plans with Built-In Prescription Drug | |
| NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$896.49 |
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