



**Local Retired Group —
Local Government Employers
COBRA Monthly Rates**
Effective 1/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom #031 & Horizon NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,842.48
Member & Spouse/Partner	\$3,684.97
Family	\$5,140.53
Parent & Child	\$3,298.04
Aetna Freedom 2019 #032 & Horizon NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,834.51
Member & Spouse/Partner	\$3,669.03
Family	\$5,118.29
Parent & Child	\$3,283.77
Aetna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,063.44
Member & Spouse/Partner	\$4,126.90
Family	\$5,757.03
Parent & Child	\$3,693.58
Aetna Freedom 15 #180 & Horizon NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,978.90
Member & Spouse/Partner	\$3,957.79
Family	\$5,521.12
Parent & Child	\$3,542.22
Aetna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,942.31
Member & Spouse/Partner	\$3,884.62
Family	\$5,419.06
Parent & Child	\$3,476.75
Aetna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,898.91
Member & Spouse	\$3,797.83
Family	\$5,297.98
Parent & Child	\$3,399.05
Aetna HMO 1525 #061 & Horizon HMO 1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$2,104.92
Member & Spouse	\$4,588.81
Family	\$5,220.27
Parent & Child	\$2,946.96



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom 2030 #064 & Horizon NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,881.27
Member & Spouse	\$3,762.56
Family	\$5,248.76
Parent & Child	\$3,367.48
Aetna HMO 2030 #062 & Horizon HMO 2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment	
Single	\$2,010.53
Member & Spouse	\$4,383.15
Family	\$4,986.27
Parent & Child	\$2,814.85
Aetna Liberty #067 & Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$1,413.88
Member & Spouse	\$2,827.77
Family	\$3,944.74
Parent & Child	\$2,530.86
Aetna Freedom HDHigh #092 & NJ DIRECT HDHigh #090 — 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
Aetna Freedom HDLow #093 & NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,565.24
Member & Spouse	\$3,130.48
Family	\$4,367.02
Parent & Child	\$2,801.78