

State Retired Group COBRA Monthly Rates Effective 1/1/2026 to 12/31/2026

Member & Spouse/Partner \$3,884.97 Family \$5,140.53 Parent & Child \$3,298.04 Actna Freedom 2019 #032 & Horizon NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment \$1,834.51 Single \$1,834.51 Member & Spouse/Partner \$3,669.03 Family \$5,118.29 Parent & Child \$3,283.77 Actna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment \$2,063.44 Member & Spouse/Partner \$4,126.90 Family \$5,767.03 Parent & Child \$3,693.58 Actna 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 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment Single \$1,942.31 Member & Spouse/Partner \$3,846.62 Family \$5,419.06 Parent & Child \$3,747.75 Actna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primar		
Single \$1,842.48 Member & Spouse/Partner \$3,884.97 Family \$5,140.53 Parent & Child \$3.298.04 Actna Freedom 2019 #032 & Horizon NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment \$1,834.51 Single \$1,834.51 Member & Spouse/Partner \$3,669.03 Family \$5,118.29 Parent & Child \$3,283.77 Actna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment \$1,20,63.44 Member & Spouse/Partner \$4,126.90 Family \$5,757.03 Parent & Child \$3,693.58 Actna 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 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment Single \$1,942.31 Member & Spouse/Partner \$3,846.62 Family \$5,719.06 Parent & Child \$3,476.75 Actna Hi	PLAN/COVERAGE DESCRIPTION	COBRA RATES
Member & Spouse/Partner \$3,884.97 Family \$5,140.53 Parent & Child \$2,298.04 Actna Freedom 2019 #032 & Horizon NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment \$1,834.51 Single \$1,834.51 Member & Spouse/Partner \$3,669.03 Family \$5,118.29 Parent & Child \$3,283.77 Actna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment \$2,063.44 Member & Spouse/Partner \$4,126.90 Family \$5,767.03 Parent & Child \$3,693.58 Actna 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 Actna 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 Actna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primar	Aetna Freedom #031 & Horizon NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayme	ent
Family \$5,140.53 Parent & Child \$3,298.04 Actna 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 Actna 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 Actna 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 \$3,562.22 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment Single \$1,942.31 Member & Spouse/Partner \$3,844.62 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment Single \$1,942.31 Member & Spouse/Partner \$3,844.62 Family \$5,541.12 Parent & Child \$3,476.75 Actna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$3,846.62 Family \$5,247.98 Member & Spouse \$3,797.83 Family \$5,297.98 Parent & Child \$3,399.05 Actna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$3,399.05 Actna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$3,399.05 Actna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$4,588.81 Family \$5,220.27	Single	\$1,842.48
Parent & Child \$3,298.04	Member & Spouse/Partner	\$3,684.97
Actna 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 Actna 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 Actna 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 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment Single \$1,942.31 Member & Spouse/Partner \$3,884.62 Family \$5,521.12 Parent & Child \$3,476.75 Actna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$1,942.31 Member & Spouse/Partner \$3,884.62 Family \$5,297.98 Actna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$1,888.91 Member & Spouse \$3,797.83 Family \$5,297.98 Actna HMO 1525 #061 #053 & Horizon HMO 1625 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner Single \$2,104.92 Member & Spouse/Partner	Family	\$5,140.53
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 \$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 \$5,521.12 Parent & Child \$3,767.76 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 #05	Parent & Child	\$3,298.04
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 \$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 \$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 \$1,988.91 Member & Spouse \$3,797.83 Family \$5,220.78 Member & Spouse \$3,399.05 Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	Aetna Freedom 2019 #032 & Horizon NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Car	re Copayment
Parent & Child \$3,283.77	Single	\$1,834.51
Parent & Child \$3,283,77 Actna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment \$2,063,44 Member & Spouse/Partner \$4,126,90 Family \$5,757,03 Parent & Child \$3,693,58 Actna Freedom 15 #180 & Horizon NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment \$1,978,90 Single \$1,978,90 Member & Spouse/Partner \$3,957,79 Family \$5,521,12 Parent & Child \$3,542,22 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment \$3,884,62 Single \$1,942,31 Member & Spouse/Partner \$3,884,62 Family \$5,419,06 Parent & Child \$3,476,75 Actna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$1,989,91 Member & Spouse \$3,797,83 Family \$5,297,98 Parent & Child \$3,399,05 Actna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104,92	Member & Spouse/Partner	\$3,669.03
Aetra 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 \$3,3957.79 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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27 <td>Family</td> <td>\$5,118.29</td>	Family	\$5,118.29
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 \$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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Parent & Child	\$3,283.77
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 \$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 \$1,942.31 Member & Spouse/Partner \$3,884.62 Family \$5,541.9.06 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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Aetna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Cop	payment
Family \$5,757.03 Parent & Child \$3,693.58 Actna 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 Actna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment \$1,942.31 Single \$1,942.31 Member & Spouse/Partner \$3,884.62 Family \$5,419.06 Parent & Child \$3,476.75 Actna 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 Actna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Single	\$2,063.44
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 \$1,942.31 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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Member & Spouse/Partner	\$4,126.90
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 \$1,942.31 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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Family	\$5,757.03
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 \$1,942.31 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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Parent & Child	\$3,693.58
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Aetna Freedom 15 #180 & Horizon NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Cop	payment
\$5,521.12	Single	\$1,978.90
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Member & Spouse/Partner	\$3,957.79
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Family	\$5,521.12
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Parent & Child	\$3,542.22
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Aetna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	•
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Single	\$1,942.31
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Member & Spouse/Partner	\$3,884.62
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Family	\$5,419.06
Single \$1,898.91 Member & Spouse \$3,797.83 Family \$5,297.98 Parent & Child \$3,399.05 Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Parent & Child	\$3,476.75
Member & Spouse \$3,797.83 Family \$5,297.98 Parent & Child \$3,399.05 Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Aetna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Car	re / \$25 Specialist Care Copayment
Family \$5,297.98 Parent & Child \$3,399.05 Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Single	\$1,898.91
Parent & Child \$3,399.05 Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Member & Spouse	\$3,797.83
Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Family	\$5,297.98
Single \$2,104.92 Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Parent & Child	\$3,399.05
Member & Spouse/Partner \$4,588.81 Family \$5,220.27	Aetna HMO 1525 #061 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Sp	ecialist Care Copayment
Family \$5,220.27	Single	\$2,104.92
	Member & Spouse/Partner	\$4,588.81
Parent & Child \$2,946.96	Family	\$5,220.27
	Parent & Child	\$2,946.96



State Retired Group COBRA Monthly Rates Effective 1/1/2026 to 12/31/2026

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/Partner	\$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/Partner	\$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/Partner	\$2,827.77	
Family	\$3,944.74	
Parent & Child	\$2,530.86	
Aetna Freedom HDHigh #092 & Horizon 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 & Horizon NJ DIRECT HDLow #091 — 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	

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