



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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna NJEHP #097 & Horizon NJEHP #098 — PPO Plan with \$10 primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,527.77
Member & Spouse/Partner	\$3,055.55
Family	\$4,369.43
Parent & Child	\$2,841.65
GSHP #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,359.94
Member & Spouse/Partner	\$2,719.88
Family	\$3,889.43
Parent & Child	\$2,529.48

Note: NJEHP = New Jersey Educators Health Plan
GSHP = Garden State Health Plan