



**State Monthly Active Group**  
**COBRA Monthly Rates – Aetna Plans**  
 Effective 1/1/2027 to 12/31/2027

| PLAN/COVERAGE DESCRIPTION                                                                      | COBRA RATES |
|------------------------------------------------------------------------------------------------|-------------|
| Medical Plans Available with Prescription Drug Program #203                                    |             |
| <b>26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment</b>                          |             |
| Single                                                                                         | \$1,311.65  |
| Member & Spouse/Partner                                                                        | \$2,623.31  |
| Family                                                                                         | \$3,751.34  |
| Parent & Child                                                                                 | \$2,439.68  |
| <b>26 Aetna HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>                           |             |
| Single                                                                                         | \$1,265.90  |
| Member & Spouse/Partner                                                                        | \$2,531.80  |
| Family                                                                                         | \$3,620.47  |
| Parent & Child                                                                                 | \$2,354.57  |
| <b>PRESCRIPTION DRUG PROGRAM #203</b>                                                          |             |
| Single                                                                                         | \$374.54    |
| Member & Spouse/Partner                                                                        | \$749.08    |
| Family                                                                                         | \$1,071.19  |
| Parent & Child                                                                                 | \$696.64    |
| Medical Plans Available with Prescription Drug Program #204                                    |             |
| <b>26 CWA Unity Freedom #02C — PPO Plan with \$15 Primary Care Copayment</b>                   |             |
| Single                                                                                         | \$1,210.21  |
| Member & Spouse/Partner                                                                        | \$2,420.43  |
| Family                                                                                         | \$3,461.22  |
| Parent & Child                                                                                 | \$2,251.00  |
| <b>26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment</b>                             |             |
| Single                                                                                         | \$1,210.21  |
| Member & Spouse/Partner                                                                        | \$2,420.43  |
| Family                                                                                         | \$3,461.22  |
| Parent & Child                                                                                 | \$2,251.00  |
| <b>PRESCRIPTION DRUG PROGRAM #204</b>                                                          |             |
| Single                                                                                         | \$340.75    |
| Member & Spouse/Partner                                                                        | \$681.50    |
| Family                                                                                         | \$974.54    |
| Parent & Child                                                                                 | \$633.79    |
| Medical Plans Available with Prescription Drug Program #2A5                                    |             |
| <b>26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b> |             |
| Single                                                                                         | \$1,274.75  |
| Member & Spouse/Partner                                                                        | \$2,549.51  |
| Family                                                                                         | \$3,645.79  |
| Parent & Child                                                                                 | \$2,371.04  |
| <b>PRESCRIPTION DRUG PROGRAM #2A5</b>                                                          |             |
| Single                                                                                         | \$343.54    |
| Member & Spouse/Partner                                                                        | \$687.09    |
| Family                                                                                         | \$982.54    |
| Parent & Child                                                                                 | \$638.99    |



**State Monthly Active Group  
COBRA Monthly Rates – Aetna Plans**  
Effective 1/1/2027 to 12/31/2027

| PLAN/COVERAGE DESCRIPTION                                                                                         | COBRA RATES |
|-------------------------------------------------------------------------------------------------------------------|-------------|
| Medical Plans Available with Prescription Drug Program #2A6                                                       |             |
| <b>26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>                    |             |
| Single                                                                                                            | \$1,198.91  |
| Member & Spouse/Partner                                                                                           | \$2,397.83  |
| Family                                                                                                            | \$3,428.90  |
| Parent & Child                                                                                                    | \$2,229.98  |
| <b>PRESCRIPTION DRUG PROGRAM #2A6</b>                                                                             |             |
| Single                                                                                                            | \$346.99    |
| Member & Spouse/Partner                                                                                           | \$693.98    |
| Family                                                                                                            | \$992.39    |
| Parent & Child                                                                                                    | \$645.40    |
| Medical Plans Available with Prescription Drug Program #2A7                                                       |             |
| <b>26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>                    |             |
| Single                                                                                                            | \$1,037.56  |
| Member & Spouse/Partner                                                                                           | \$2,075.12  |
| Family                                                                                                            | \$2,967.43  |
| Parent & Child                                                                                                    | \$1,929.87  |
| <b>PRESCRIPTION DRUG PROGRAM #2A7</b>                                                                             |             |
| Single                                                                                                            | \$317.82    |
| Member & Spouse/Partner                                                                                           | \$635.64    |
| Family                                                                                                            | \$908.97    |
| Parent & Child                                                                                                    | \$591.15    |
| Medical Plans Available with Prescription Drug Program #2A9                                                       |             |
| <b>26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b> |             |
| Single                                                                                                            | \$925.48    |
| Member & Spouse/Partner                                                                                           | \$1,850.97  |
| Family                                                                                                            | \$2,646.88  |
| Parent & Child                                                                                                    | \$1,721.40  |
| <b>PRESCRIPTION DRUG PROGRAM #2A9</b>                                                                             |             |
| Single                                                                                                            | \$254.45    |
| Member & Spouse/Partner                                                                                           | \$508.91    |
| Family                                                                                                            | \$727.74    |
| Parent & Child                                                                                                    | \$473.29    |
| High Deductible Health Plans with Built-In Prescription Drug                                                      |             |
| <b>26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible</b>                    |             |
| Single                                                                                                            | \$913.93    |
| Member & Spouse/Partner                                                                                           | \$1,827.86  |
| Family                                                                                                            | \$2,613.84  |
| Parent & Child                                                                                                    | \$1,699.91  |
| <b>26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible</b>                     |             |
| Single                                                                                                            | \$1,354.43  |
| Member & Spouse/Partner                                                                                           | \$2,708.87  |
| Family                                                                                                            | \$3,873.68  |
| Parent & Child                                                                                                    | \$2,519.24  |

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



**State Monthly Active Group**  
**COBRA Monthly Rates – Horizon Plans**  
 Effective 1/1/2027 to 12/31/2027

| PLAN/COVERAGE DESCRIPTION                                                                        | COBRA RATES |
|--------------------------------------------------------------------------------------------------|-------------|
| Medical Plans Available with Prescription Drug Program #203                                      |             |
| <b>26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment</b>                          |             |
| Single                                                                                           | \$1,311.65  |
| Member & Spouse/Partner                                                                          | \$2,623.31  |
| Family                                                                                           | \$3,751.34  |
| Parent & Child                                                                                   | \$2,439.68  |
| <b>26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment</b>                           |             |
| Single                                                                                           | \$1,265.90  |
| Member & Spouse/Partner                                                                          | \$2,531.80  |
| Family                                                                                           | \$3,620.47  |
| Parent & Child                                                                                   | \$2,354.57  |
| <b>PRESCRIPTION DRUG PROGRAM #203</b>                                                            |             |
| Single                                                                                           | \$374.54    |
| Member & Spouse/Partner                                                                          | \$749.08    |
| Family                                                                                           | \$1,071.19  |
| Parent & Child                                                                                   | \$696.64    |
| Medical Plans Available with Prescription Drug Program #204                                      |             |
| <b>26 CWA Unity DIRECT #02A — PPO Plan with \$15 Primary Care Copayment</b>                      |             |
| Single                                                                                           | \$1,210.21  |
| Member & Spouse/Partner                                                                          | \$2,420.43  |
| Family                                                                                           | \$3,461.22  |
| Parent & Child                                                                                   | \$2,251.00  |
| <b>26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment</b>                             |             |
| Single                                                                                           | \$1,210.21  |
| Member & Spouse/Partner                                                                          | \$2,420.43  |
| Family                                                                                           | \$3,461.22  |
| Parent & Child                                                                                   | \$2,251.00  |
| <b>PRESCRIPTION DRUG PROGRAM #204</b>                                                            |             |
| Single                                                                                           | \$340.75    |
| Member & Spouse/Partner                                                                          | \$681.50    |
| Family                                                                                           | \$974.54    |
| Parent & Child                                                                                   | \$633.79    |
| Medical Plans Available with Prescription Drug Program #2A5                                      |             |
| <b>26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b> |             |
| Single                                                                                           | \$1,274.75  |
| Member & Spouse/Partner                                                                          | \$2,549.51  |
| Family                                                                                           | \$3,645.79  |
| Parent & Child                                                                                   | \$2,371.04  |
| <b>PRESCRIPTION DRUG PROGRAM #2A5</b>                                                            |             |
| Single                                                                                           | \$343.54    |
| Member & Spouse/Partner                                                                          | \$687.09    |
| Family                                                                                           | \$982.54    |
| Parent & Child                                                                                   | \$638.99    |



# State Monthly Active Group COBRA Monthly Rates – Horizon Plans Effective 1/1/2027 to 12/31/2027

| PLAN/COVERAGE DESCRIPTION                                                                                    | COBRA RATES |
|--------------------------------------------------------------------------------------------------------------|-------------|
| Medical Plans Available with Prescription Drug Program #2A6                                                  |             |
| <b>26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>             |             |
| Single                                                                                                       | \$1,198.91  |
| Member & Spouse/Partner                                                                                      | \$2,397.83  |
| Family                                                                                                       | \$3,428.90  |
| Parent & Child                                                                                               | \$2,229.98  |
| <b>PRESCRIPTION DRUG PROGRAM #2A6</b>                                                                        |             |
| Single                                                                                                       | \$346.99    |
| Member & Spouse/Partner                                                                                      | \$693.98    |
| Family                                                                                                       | \$992.39    |
| Parent & Child                                                                                               | \$645.40    |
| Medical Plans Available with Prescription Drug Program #2A7                                                  |             |
| <b>26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>             |             |
| Single                                                                                                       | \$1,037.56  |
| Member & Spouse/Partner                                                                                      | \$2,075.12  |
| Family                                                                                                       | \$2,967.43  |
| Parent & Child                                                                                               | \$1,929.87  |
| <b>PRESCRIPTION DRUG PROGRAM #2A7</b>                                                                        |             |
| Single                                                                                                       | \$317.82    |
| Member & Spouse/Partner                                                                                      | \$635.64    |
| Family                                                                                                       | \$908.97    |
| Parent & Child                                                                                               | \$591.15    |
| Medical Plans Available with Prescription Drug Program #2A9                                                  |             |
| <b>26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1</b> |             |
| Single                                                                                                       | \$925.48    |
| Member & Spouse/Partner                                                                                      | \$1,850.97  |
| Family                                                                                                       | \$2,646.88  |
| Parent & Child                                                                                               | \$1,721.40  |
| <b>PRESCRIPTION DRUG PROGRAM #2A9</b>                                                                        |             |
| Single                                                                                                       | \$254.45    |
| Member & Spouse/Partner                                                                                      | \$508.91    |
| Family                                                                                                       | \$727.74    |
| Parent & Child                                                                                               | \$473.29    |
| High Deductible Health Plans with Built-In Prescription Drug                                                 |             |
| <b>26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible</b>             |             |
| Single                                                                                                       | \$913.93    |
| Member & Spouse/Partner                                                                                      | \$1,827.86  |
| Family                                                                                                       | \$2,613.84  |
| Parent & Child                                                                                               | \$1,699.91  |
| <b>26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible</b>              |             |
| Single                                                                                                       | \$1,354.43  |
| Member & Spouse/Partner                                                                                      | \$2,708.87  |
| Family                                                                                                       | \$3,873.68  |
| Parent & Child                                                                                               | \$2,519.24  |

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

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

HA-1083-0926