



**Local Monthly Active Group —
Local Government Employers
COBRA Monthly Rates – Aetna Plans**
Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #201	
Freedom 10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,882.31
Member & Spouse/Partner	\$3,764.63
Family	\$5,251.66
Parent & Child	\$3,369.34
Freedom 15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,792.45
Member & Spouse/Partner	\$3,584.91
Family	\$5,000.94
Parent & Child	\$3,208.49
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,740.91
Member & Spouse/Partner	\$3,481.83
Family	\$4,857.15
Parent & Child	\$3,116.24
PRESCRIPTION DRUG PROGRAM #201	
Single	\$450.26
Member & Spouse/Partner	\$900.53
Family	\$1,256.25
Parent & Child	\$805.98
Medical Plans Available with Prescription Drug Program #297	
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,675.96
Member & Spouse/Partner	\$3,351.92
Family	\$4,675.93
Parent & Child	\$2,999.97
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,667.12
Member & Spouse/Partner	\$3,334.25
Family	\$4,651.29
Parent & Child	\$2,984.16
PRESCRIPTION DRUG PROGRAM #297	
Single	\$408.70
Member & Spouse/Partner	\$817.40
Family	\$1,140.28
Parent & Child	\$731.58

*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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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
Freedom 1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,738.75
Member & Spouse/Partner	\$3,477.50
Family	\$4,851.12
Parent & Child	\$3,112.36
PRESCRIPTION DRUG PROGRAM #205	
Single	\$408.36
Member & Spouse/Partner	\$816.73
Family	\$1,139.34
Parent & Child	\$730.97
Medical Plans Available with Prescription Drug Program #206	
Freedom 2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,725.33
Member & Spouse/Partner	\$3,450.66
Family	\$4,813.67
Parent & Child	\$3,088.34
PRESCRIPTION DRUG PROGRAM #206	
Single	\$410.94
Member & Spouse/Partner	\$821.89
Family	\$1,146.54
Parent & Child	\$735.59
Medical Plans Available with Prescription Drug Program #207	
Freedom 2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,621.81
Member & Spouse/Partner	\$3,243.62
Family	\$4,524.85
Parent & Child	\$2,903.04
PRESCRIPTION DRUG PROGRAM #207	
Single	\$406.38
Member & Spouse/Partner	\$812.77
Family	\$1,133.82
Parent & Child	\$727.43
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,469.46
Member & Spouse/Partner	\$2,938.92
Family	\$4,099.79
Parent & Child	\$2,630.33
PRESCRIPTION DRUG PROGRAM #209	
Single	\$408.36
Member & Spouse/Partner	\$816.73
Family	\$1,139.34
Parent & Child	\$730.97



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$1,813.40
Member & Spouse/Partner	\$3,626.81
Family	\$5,059.40
Parent & Child	\$3,245.99
Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,974.70
Member & Spouse/Partner	\$3,949.41
Family	\$5,509.44
Parent & Child	\$3,534.73

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



Local Monthly Active Group — Local Government Employers COBRA Monthly Rates – Horizon Plans Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,882.31
Member & Spouse/Partner	\$3,764.63
Family	\$5,251.66
Parent & Child	\$3,369.34
NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,792.45
Member & Spouse/Partner	\$3,584.91
Family	\$5,000.94
Parent & Child	\$3,208.49
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,740.91
Member & Spouse/Partner	\$3,481.83
Family	\$4,857.15
Parent & Child	\$3,116.24
PRESCRIPTION DRUG PROGRAM #201	
Single	\$450.26
Member & Spouse/Partner	\$900.53
Family	\$1,256.25
Parent & Child	\$805.98
Medical Plans Available with Prescription Drug Program #297	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,675.96
Member & Spouse/Partner	\$3,351.92
Family	\$4,675.93
Parent & Child	\$2,999.97
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,667.12
Member & Spouse/Partner	\$3,334.25
Family	\$4,651.29
Parent & Child	\$2,984.16
PRESCRIPTION DRUG PROGRAM #297	
Single	\$408.70
Member & Spouse/Partner	\$817.40
Family	\$1,140.28
Parent & Child	\$731.58

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.



Local Monthly Active Group — Local Government Employers COBRA Monthly Rates – Horizon Plans Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,738.75
Member & Spouse/Partner	\$3,477.50
Family	\$4,851.12
Parent & Child	\$3,112.36
PRESCRIPTION DRUG PROGRAM #205	
Single	\$408.36
Member & Spouse/Partner	\$816.73
Family	\$1,139.34
Parent & Child	\$730.97
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,725.33
Member & Spouse/Partner	\$3,450.66
Family	\$4,813.67
Parent & Child	\$3,088.34
PRESCRIPTION DRUG PROGRAM #206	
Single	\$410.94
Member & Spouse/Partner	\$821.89
Family	\$1,146.54
Parent & Child	\$735.59
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT 2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,621.81
Member & Spouse/Partner	\$3,243.62
Family	\$4,524.85
Parent & Child	\$2,903.04
PRESCRIPTION DRUG PROGRAM #207	
Single	\$406.38
Member & Spouse/Partner	\$812.77
Family	\$1,133.82
Parent & Child	\$727.43
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,469.46
Member & Spouse/Partner	\$2,938.92
Family	\$4,099.79
Parent & Child	\$2,630.33
PRESCRIPTION DRUG PROGRAM #209	
Single	\$408.36
Member & Spouse/Partner	\$816.73
Family	\$1,139.34
Parent & Child	\$730.97



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
NJ DIRECT HDHigh #090 — <i>High Deductible Health Plan with \$4,100 In-Network Deductible</i>	
Single	\$1,813.40
Member & Spouse/Partner	\$3,626.81
Family	\$5,059.40
Parent & Child	\$3,245.99
NJ DIRECT HDLow #091 — <i>High Deductible Health Plan with \$1,600 In-Network Deductible</i>	
Single	\$1,974.70
Member & Spouse/Partner	\$3,949.41
Family	\$5,509.44
Parent & Child	\$3,534.73

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



**Local Monthly Active Group —
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COBRA Monthly Rates – 26 Aetna Plans
Effective 1/1/2027 to 12/31/2027**

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #2A1	
26 Freedom 10 #01H — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,848.59
Member & Spouse/Partner	\$3,697.19
Family	\$5,157.58
Parent & Child	\$3,308.98
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,757.61
Member & Spouse/Partner	\$3,515.21
Family	\$4,903.73
Parent & Child	\$3,146.11
26 Aetna HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,719.53
Member & Spouse/Partner	\$3,439.06
Family	\$4,797.49
Parent & Child	\$3,077.96
PRESCRIPTION DRUG PROGRAM #2A1	
Single	\$422.57
Member & Spouse/Partner	\$845.15
Family	\$1,178.99
Parent & Child	\$756.42
Medical Plans Available with Prescription Drug Program #29G	
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,643.99
Member & Spouse/Partner	\$3,287.99
Family	\$4,586.74
Parent & Child	\$2,942.75
PRESCRIPTION DRUG PROGRAM #29G	
Single	\$387.91
Member & Spouse/Partner	\$775.82
Family	\$1,082.28
Parent & Child	\$694.36
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,704.88
Member & Spouse/Partner	\$3,409.77
Family	\$4,756.64
Parent & Child	\$3,051.75
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$389.92
Member & Spouse/Partner	\$779.86
Family	\$1,087.90
Parent & Child	\$697.97



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #2A6	
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,692.29
Member & Spouse/Partner	\$3,384.58
Family	\$4,721.49
Parent & Child	\$3,029.20
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$390.42
Member & Spouse/Partner	\$780.84
Family	\$1,089.27
Parent & Child	\$698.84
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,600.34
Member & Spouse/Partner	\$3,200.69
Family	\$4,464.97
Parent & Child	\$2,864.62
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$389.51
Member & Spouse/Partner	\$779.04
Family	\$1,086.75
Parent & Child	\$697.24
Medical Plans Available with Prescription Drug Program #2A9	
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,451.41
Member & Spouse/Partner	\$2,902.82
Family	\$4,049.44
Parent & Child	\$2,598.02
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$389.92
Member & Spouse/Partner	\$779.85
Family	\$1,087.89
Parent & Child	\$697.96
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$1,792.70
Member & Spouse/Partner	\$3,585.39
Family	\$5,001.63
Parent & Child	\$3,208.92
26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,951.16
Member & Spouse/Partner	\$3,902.34
Family	\$5,443.79
Parent & Child	\$3,492.60

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Medical Plans Available with Prescription Drug Program #2A1	
26 NJ DIRECT10 #05A — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,848.59
Member & Spouse/Partner	\$3,697.19
Family	\$5,157.58
Parent & Child	\$3,308.98
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,757.61
Member & Spouse/Partner	\$3,515.21
Family	\$4,903.73
Parent & Child	\$3,146.11
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,719.53
Member & Spouse/Partner	\$3,439.06
Family	\$4,797.49
Parent & Child	\$3,077.96
PRESCRIPTION DRUG PROGRAM #2A1	
Single	\$422.57
Member & Spouse/Partner	\$845.15
Family	\$1,178.99
Parent & Child	\$756.42
Medical Plans Available with Prescription Drug Program #29G	
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,643.99
Member & Spouse/Partner	\$3,287.99
Family	\$4,586.74
Parent & Child	\$2,942.75
PRESCRIPTION DRUG PROGRAM #29G	
Single	\$387.91
Member & Spouse/Partner	\$775.82
Family	\$1,082.28
Parent & Child	\$694.36
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,704.88
Member & Spouse/Partner	\$3,409.77
Family	\$4,756.64
Parent & Child	\$3,051.75
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$389.92
Member & Spouse/Partner	\$779.86
Family	\$1,087.90
Parent & Child	\$697.97



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Medical Plans Available with Prescription Drug Program #2A6	
26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,692.29
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Member & Spouse/Partner	\$780.84
Family	\$1,089.27
Parent & Child	\$698.84
Medical Plans Available with Prescription Drug Program #2A7	
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,600.34
Member & Spouse/Partner	\$3,200.69
Family	\$4,464.97
Parent & Child	\$2,864.62
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$389.51
Member & Spouse/Partner	\$779.04
Family	\$1,086.75
Parent & Child	\$697.24
Medical Plans Available with Prescription Drug Program #2A9	
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,451.41
Member & Spouse/Partner	\$2,902.82
Family	\$4,049.44
Parent & Child	\$2,598.02
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$389.92
Member & Spouse/Partner	\$779.85
Family	\$1,087.89
Parent & Child	\$697.96
High Deductible Health Plans with Built-In Prescription Drug	
26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$1,792.70
Member & Spouse/Partner	\$3,585.39
Family	\$5,001.63
Parent & Child	\$3,208.92
26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,951.16
Member & Spouse/Partner	\$3,902.34
Family	\$5,443.79
Parent & Child	\$3,492.60

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