



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Freedom 10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,302.10
Member & Spouse/Partner	\$4,604.20
Family	\$6,422.86
Parent & Child	\$4,120.76
Freedom 15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,208.31
Member & Spouse/Partner	\$4,416.62
Family	\$6,161.17
Parent & Child	\$3,952.86
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$2,168.26
Member & Spouse/Partner	\$4,336.53
Family	\$6,049.46
Parent & Child	\$3,881.20
Freedom* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,055.78
Member & Spouse/Partner	\$4,111.56
Family	\$5,735.64
Parent & Child	\$3,679.85
Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,046.95
Member & Spouse/Partner	\$4,093.90
Family	\$5,711.00
Parent & Child	\$3,664.04
Freedom 1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$2,118.26
Member & Spouse/Partner	\$4,236.52
Family	\$5,909.95
Parent & Child	\$3,791.68
Freedom 2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$2,098.47
Member & Spouse/Partner	\$4,196.94
Family	\$5,854.73
Parent & Child	\$3,756.27
Freedom 2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,986.27
Member & Spouse/Partner	\$3,972.54
Family	\$5,541.70
Parent & Child	\$3,555.43

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



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,852.00
Member & Spouse/Partner	\$3,704.00
Family	\$5,167.08
Parent & Child	\$3,315.08
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 prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,302.10
Member & Spouse/Partner	\$4,604.20
Family	\$6,422.86
Parent & Child	\$4,120.76
NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,208.31
Member & Spouse/Partner	\$4,416.62
Family	\$6,161.17
Parent & Child	\$3,952.86
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$2,168.26
Member & Spouse/Partner	\$4,336.53
Family	\$6,049.46
Parent & Child	\$3,881.20
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,055.78
Member & Spouse/Partner	\$4,111.56
Family	\$5,735.64
Parent & Child	\$3,679.85
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,046.95
Member & Spouse/Partner	\$4,093.90
Family	\$5,711.00
Parent & Child	\$3,664.04
NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$2,118.26
Member & Spouse/Partner	\$4,236.52
Family	\$5,909.95
Parent & Child	\$3,791.68
NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$2,098.47
Member & Spouse/Partner	\$4,196.94
Family	\$5,854.73
Parent & Child	\$3,756.27
NJ DIRECT 2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,986.27
Member & Spouse/Partner	\$3,972.54
Family	\$5,541.70
Parent & Child	\$3,555.43

* 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 prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,852.00
Member & Spouse/Partner	\$3,704.00
Family	\$5,167.08
Parent & Child	\$3,315.08
NJ DIRECT HDHigh #090 — 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
NJ DIRECT HDLow #091 — 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 – 26 Aetna Plans Effective 1/1/2027 to 12/31/2027

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
26 Freedom 10 #01H — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,266.29
Member & Spouse/Partner	\$4,532.57
Family	\$6,322.93
Parent & Child	\$4,056.65
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,170.47
Member & Spouse/Partner	\$4,340.96
Family	\$6,055.63
Parent & Child	\$3,885.15
26 Aetna HMO #01I — HMO Plan with \$10 Primary Care Copayment	
Single	\$2,121.83
Member & Spouse/Partner	\$4,243.66
Family	\$5,919.91
Parent & Child	\$3,798.07
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,020.74
Member & Spouse/Partner	\$4,041.45
Family	\$5,637.83
Parent & Child	\$3,617.09
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$2,082.25
Member & Spouse/Partner	\$4,164.51
Family	\$5,809.51
Parent & Child	\$3,727.25
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$2,063.04
Member & Spouse/Partner	\$4,126.05
Family	\$5,755.84
Parent & Child	\$3,692.82
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,963.69
Member & Spouse/Partner	\$3,927.37
Family	\$5,478.69
Parent & Child	\$3,515.01
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,817.52
Member & Spouse/Partner	\$3,635.03
Family	\$5,070.86
Parent & Child	\$3,253.34



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
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

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 – 26 Horizon Plans Effective 1/1/2027 to 12/31/2027

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
26 NJ DIRECT 10 #05A — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,266.29
Member & Spouse/Partner	\$4,532.57
Family	\$6,322.93
Parent & Child	\$4,056.65
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,170.47
Member & Spouse/Partner	\$4,340.96
Family	\$6,055.63
Parent & Child	\$3,885.15
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment	
Single	\$2,121.83
Member & Spouse/Partner	\$4,243.66
Family	\$5,919.91
Parent & Child	\$3,798.07
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,020.74
Member & Spouse/Partner	\$4,041.45
Family	\$5,637.83
Parent & Child	\$3,617.09
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$2,082.25
Member & Spouse/Partner	\$4,164.51
Family	\$5,809.51
Parent & Child	\$3,727.25
26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$2,063.04
Member & Spouse/Partner	\$4,126.05
Family	\$5,755.84
Parent & Child	\$3,692.82
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,963.69
Member & Spouse/Partner	\$3,927.37
Family	\$5,478.69
Parent & Child	\$3,515.01
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$1,817.52
Member & Spouse/Partner	\$3,635.03
Family	\$5,070.86
Parent & Child	\$3,253.34



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

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
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

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