



**Local Monthly Active Group —
Education 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	
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,568.30
Member & Spouse/Partner	\$5,136.60
Family	\$7,345.34
Parent & Child	\$4,777.04
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,444.96
Member & Spouse/Partner	\$4,889.91
Family	\$6,992.57
Parent & Child	\$4,547.61
PRESCRIPTION DRUG PROGRAM #201	
Single	\$670.66
Member & Spouse/Partner	\$1,341.32
Family	\$1,918.08
Parent & Child	\$1,247.42
Medical Plan Available with Prescription Drug Program #298	
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,582.86
Member & Spouse/Partner	\$3,165.73
Family	\$4,526.99
Parent & Child	\$2,944.12
PRESCRIPTION DRUG PROGRAM #298	
Single	\$439.11
Member & Spouse/Partner	\$878.22
Family	\$1,255.85
Parent & Child	\$816.74
Medical Plan Available with Prescription Drug Program #299	
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,366.33
Member & Spouse/Partner	\$2,732.65
Family	\$3,907.69
Parent & Child	\$2,541.37
PRESCRIPTION DRUG PROGRAM #299	
Single	\$439.11
Member & Spouse/Partner	\$878.22
Family	\$1,255.85
Parent & Child	\$816.74

*The Garden State Health Plan is available 1/1/2024 - 12/31/2024

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



**Local Monthly Active Group —
Education 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 DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$2,568.30
Member & Spouse/Partner	\$5,136.60
Family	\$7,345.34
Parent & Child	\$4,777.04
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$2,444.96
Member & Spouse/Partner	\$4,889.91
Family	\$6,992.57
Parent & Child	\$4,547.61
PRESCRIPTION DRUG PROGRAM #201	
Single	\$670.66
Member & Spouse/Partner	\$1,341.32
Family	\$1,918.08
Parent & Child	\$1,247.42
Medical Plan Available with Prescription Drug Program #298	
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,582.86
Member & Spouse/Partner	\$3,165.73
Family	\$4,526.99
Parent & Child	\$2,944.12
PRESCRIPTION DRUG PROGRAM #298	
Single	\$439.11
Member & Spouse/Partner	\$878.22
Family	\$1,255.85
Parent & Child	\$816.74

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