



**Local Monthly Active Group —
Education 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
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$3,216.32
Member & Spouse/Partner	\$6,432.65
Family	\$9,198.68
Parent & Child	\$5,982.36
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$3,090.03
Member & Spouse/Partner	\$6,180.07
Family	\$8,837.51
Parent & Child	\$5,747.47
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$2,021.97
Member & Spouse/Partner	\$4,043.95
Family	\$5,782.84
Parent & Child	\$3,760.87
Garden State Health Plan #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,805.44
Member & Spouse/Partner	\$3,610.87
Family	\$5,163.54
Parent & Child	\$3,358.11

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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$3,216.32
Member & Spouse/Partner	\$6,432.65
Family	\$9,198.68
Parent & Child	\$5,982.36
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$3,090.03
Member & Spouse/Partner	\$6,180.07
Family	\$8,837.51
Parent & Child	\$5,747.47
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$2,021.97
Member & Spouse/Partner	\$4,043.95
Family	\$5,782.84
Parent & Child	\$3,760.87

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