



Chapter 172 Part-Time Active Group — State Monthly Employers COBRA Monthly Rates - Aetna Plans Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,442.82
Member & Spouse/Partner	\$2,885.64
Family	\$4,126.47
Parent & Child	\$2,683.65
26 Aetna HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,392.48
Member & Spouse/Partner	\$2,784.97
Family	\$3,982.51
Parent & Child	\$2,590.03
PRESCRIPTION DRUG PROGRAM #203	
Single	\$411.99
Member & Spouse/Partner	\$823.99
Family	\$1,178.30
Parent & Child	\$766.30
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,331.23
Member & Spouse/Partner	\$2,662.47
Family	\$3,807.34
Parent & Child	\$2,476.10
PRESCRIPTION DRUG PROGRAM #204	
Single	\$374.81
Member & Spouse/Partner	\$749.64
Family	\$1,071.99
Parent & Child	\$697.17
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,402.22
Member & Spouse/Partner	\$2,804.45
Family	\$4,010.37
Parent & Child	\$2,608.14
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$377.89
Member & Spouse/Partner	\$755.79
Family	\$1,080.79
Parent & Child	\$702.89



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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	\$1,318.80
Member & Spouse/Partner	\$2,637.61
Family	\$3,771.78
Parent & Child	\$2,452.97
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$381.68
Member & Spouse/Partner	\$763.37
Family	\$1,091.63
Parent & Child	\$709.94
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,141.31
Member & Spouse/Partner	\$2,282.63
Family	\$3,264.17
Parent & Child	\$2,122.85
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$349.59
Member & Spouse/Partner	\$699.19
Family	\$999.86
Parent & Child	\$650.26
Medical Plans Available with Prescription Drug Program #2A9	
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$1,018.03
Member & Spouse/Partner	\$2,036.06
Family	\$2,911.56
Parent & Child	\$1,893.53
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$279.89
Member & Spouse/Partner	\$559.80
Family	\$800.51
Parent & Child	\$520.61
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$1,005.32
Member & Spouse/Partner	\$2,010.64
Family	\$2,875.21
Parent & Child	\$1,869.89

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



Chapter 172 Part-Time Active Group — State Monthly Employers COBRA Monthly Rates - Horizon Plans Effective 1/1/2027 to 12/31/2027

For employers who offer the Employees' Prescription Drug Plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,442.82
Member & Spouse/Partner	\$2,885.64
Family	\$4,126.47
Parent & Child	\$2,683.65
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,392.48
Member & Spouse/Partner	\$2,784.97
Family	\$3,982.51
Parent & Child	\$2,590.03
PRESCRIPTION DRUG PROGRAM #203	
Single	\$411.99
Member & Spouse/Partner	\$823.99
Family	\$1,178.30
Parent & Child	\$766.30
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,331.23
Member & Spouse/Partner	\$2,662.47
Family	\$3,807.34
Parent & Child	\$2,476.10
PRESCRIPTION DRUG PROGRAM #204	
Single	\$374.81
Member & Spouse/Partner	\$749.64
Family	\$1,071.99
Parent & Child	\$697.17
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,402.22
Member & Spouse/Partner	\$2,804.45
Family	\$4,010.37
Parent & Child	\$2,608.14
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$377.89
Member & Spouse/Partner	\$755.79
Family	\$1,080.79
Parent & Child	\$702.89



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For employers who offer the Employees' Prescription Drug Plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #2A6	
26 NJ DIRECT 2030 #05C — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,318.80
Member & Spouse/Partner	\$2,637.61
Family	\$3,771.78
Parent & Child	\$2,452.97
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$381.68
Member & Spouse/Partner	\$763.37
Family	\$1,091.63
Parent & Child	\$709.94
Medical Plans Available with Prescription Drug Program #2A7	
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,141.31
Member & Spouse/Partner	\$2,282.63
Family	\$3,264.17
Parent & Child	\$2,122.85
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$349.59
Member & Spouse/Partner	\$699.19
Family	\$999.86
Parent & Child	\$650.26
Medical Plans Available with Prescription Drug Program #2A9	
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$1,018.03
Member & Spouse/Partner	\$2,036.06
Family	\$2,911.56
Parent & Child	\$1,893.53
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$279.89
Member & Spouse/Partner	\$559.80
Family	\$800.51
Parent & Child	\$520.61
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	\$1,005.32
Member & Spouse/Partner	\$2,010.64
Family	\$2,875.21
Parent & Child	\$1,869.89

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