



Chapter 172 Part-Time Active Group — Local 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	\$3,537.95
Member & Spouse/Partner	\$7,075.91
Family	\$10,118.55
Parent & Child	\$6,580.59
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$3,399.03
Member & Spouse/Partner	\$6,798.08
Family	\$9,721.26
Parent & Child	\$6,322.21
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$2,224.17
Member & Spouse/Partner	\$4,448.34
Family	\$6,361.12
Parent & Child	\$4,136.95
Garden State Health Plan #099 - PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,985.98
Member & Spouse/Partner	\$3,971.95
Family	\$5,679.90
Parent & Child	\$3,693.91

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 — Local 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	\$3,537.95
Member & Spouse/Partner	\$7,075.91
Family	\$10,118.55
Parent & Child	\$6,580.59
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$3,399.03
Member & Spouse/Partner	\$6,798.08
Family	\$9,721.26
Parent & Child	\$6,322.21
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$2,224.17
Member & Spouse/Partner	\$4,448.34
Family	\$6,361.12
Parent & Child	\$4,136.95

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