



**State Monthly Active Group
Cobra Monthly Rates**
Effective 1/1/2018 to 12/31/2018

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$709.46
Member & Spouse/Partner	\$1,418.92
Family	\$2,029.05
Parent & Child	\$1,319.59
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$709.46
Member & Spouse/Partner	\$1,418.92
Family	\$2,029.05
Parent & Child	\$1,319.59
AETNA HMO #005 — HMO Plan with \$10 Primary Care Copayment	
Single	\$686.61
Member & Spouse/Partner	\$1,373.22
Family	\$1,963.71
Parent & Child	\$1,277.10
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$679.73
Member & Spouse/Partner	\$1,359.47
Family	\$1,944.04
Parent & Child	\$1,264.31
PRESCRIPTION DRUG PROGRAM #203	
Single	\$194.52
Member & Spouse/Partner	\$389.05
Family	\$556.33
Parent & Child	\$361.81
Medical Plans Available with Prescription Drug Program #205	
AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$689.59
Member & Spouse/Partner	\$1,379.18
Family	\$1,972.23
Parent & Child	\$1,282.63
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$689.59
Member & Spouse/Partner	\$1,379.18
Family	\$1,972.23
Parent & Child	\$1,282.63



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
AETNA LIBERTY PLAN #067 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$532.09
Member & Spouse/Partner	\$1,064.18
Family	\$1,521.78
Parent & Child	\$989.69
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$532.09
Member & Spouse/Partner	\$1,064.18
Family	\$1,521.78
Parent & Child	\$989.69
PRESCRIPTION DRUG PROGRAM #205	
Single	\$176.42
Member & Spouse/Partner	\$352.87
Family	\$504.58
Parent & Child	\$328.15
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$648.44
Member & Spouse/Partner	\$1,296.88
Family	\$1,854.55
Parent & Child	\$1,206.10
NJ DIRECT2030 #052 — <i>PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</i>	
Single	\$648.44
Member & Spouse/Partner	\$1,296.88
Family	\$1,854.55
Parent & Child	\$1,206.10
PRESCRIPTION DRUG PROGRAM #206	
Single	\$179.56
Member & Spouse/Partner	\$359.10
Family	\$513.53
Parent & Child	\$333.97



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$557.65
Member & Spouse/Partner	\$1,115.30
Family	\$1,594.89
Parent & Child	\$1,037.23
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$557.65
Member & Spouse/Partner	\$1,115.30
Family	\$1,594.89
Parent & Child	\$1,037.23
PRESCRIPTION DRUG PROGRAM #207	
Single	\$161.61
Member & Spouse/Partner	\$323.21
Family	\$462.23
Parent & Child	\$300.61
High Deductible Health Plans with Built-In Prescription Drug	
AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$479.85
Member & Spouse/Partner	\$959.72
Family	\$1,372.39
Parent & Child	\$892.54
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$479.85
Member & Spouse/Partner	\$959.72
Family	\$1,372.39
Parent & Child	\$892.54
AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$711.68
Member & Spouse/Partner	\$1,423.35
Family	\$2,035.42
Parent & Child	\$1,323.73
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$711.68
Member & Spouse/Partner	\$1,423.35
Family	\$2,035.42
Parent & Child	\$1,323.73