



**Local Monthly Active Group —  
Local Government Employers  
COBRA Monthly Rates – Aetna Plans**  
Effective 7/1/2024 to 12/31/2024

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	
<b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,134.67
Member & Spouse/Partner	\$2,269.35
Family	\$3,165.75
Parent & Child	\$2,031.07
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,080.51
Member & Spouse/Partner	\$2,161.03
Family	\$3,014.64
Parent & Child	\$1,934.12
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,049.44
Member & Spouse/Partner	\$2,098.89
Family	\$2,927.96
Parent & Child	\$1,878.51
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$187.50
Member & Spouse/Partner	\$375.01
Family	\$523.14
Parent & Child	\$335.64
Medical Plans Available with Prescription Drug Program #297	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,010.28
Member & Spouse/Partner	\$2,020.57
Family	\$2,818.70
Parent & Child	\$1,808.41
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,004.96
Member & Spouse/Partner	\$2,009.94
Family	\$2,803.85
Parent & Child	\$1,798.89
<b>PRESCRIPTION DRUG PROGRAM #297</b>	
Single	\$170.19
Member & Spouse/Partner	\$340.39
Family	\$474.85
Parent & Child	\$304.65

\*Members hired before July 1, 2019, will be enrolled in Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019.



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
<b>Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,048.14
Member & Spouse/Partner	\$2,096.28
Family	\$2,924.31
Parent & Child	\$1,876.17
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$170.05
Member & Spouse/Partner	\$340.10
Family	\$474.45
Parent & Child	\$304.39
Medical Plans Available with Prescription Drug Program #206	
<b>Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$985.20
Member & Spouse/Partner	\$1,970.41
Family	\$2,748.72
Parent & Child	\$1,763.51
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$173.09
Member & Spouse/Partner	\$346.18
Family	\$482.92
Parent & Child	\$309.83
Medical Plans Available with Prescription Drug Program #207	
<b>Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$847.29
Member & Spouse/Partner	\$1,694.58
Family	\$2,363.95
Parent & Child	\$1,516.65
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$155.78
Member & Spouse/Partner	\$311.56
Family	\$434.64
Parent & Child	\$278.85



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$769.45
Member & Spouse/Partner	\$1,538.91
Family	\$2,146.78
Parent & Child	\$1,377.32
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$159.31
Member & Spouse/Partner	\$318.62
Family	\$444.48
Parent & Child	\$285.17
High Deductible Health Plans with Built-In Prescription Drug	
<b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$661.19
Member & Spouse/Partner	\$1,322.38
Family	\$1,844.73
Parent & Child	\$1,183.53
<b>Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible</b>	
Single	\$980.61
Member & Spouse/Partner	\$1,961.23
Family	\$2,735.92
Parent & Child	\$1,755.30

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



**Local Monthly Active Group —  
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COBRA Monthly Rates – Horizon Plans**  
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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	
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,134.67
Member & Spouse/Partner	\$2,269.35
Family	\$3,165.75
Parent & Child	\$2,031.07
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,080.51
Member & Spouse/Partner	\$2,161.03
Family	\$3,014.64
Parent & Child	\$1,934.12
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,049.44
Member & Spouse/Partner	\$2,098.89
Family	\$2,927.96
Parent & Child	\$1,878.51
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$187.50
Member & Spouse/Partner	\$375.01
Family	\$523.14
Parent & Child	\$335.64
Medical Plans Available with Prescription Drug Program #297	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,010.28
Member & Spouse/Partner	\$2,020.57
Family	\$2,818.70
Parent & Child	\$1,808.41
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,004.96
Member & Spouse/Partner	\$2,009.94
Family	\$2,803.85
Parent & Child	\$1,798.89
<b>PRESCRIPTION DRUG PROGRAM #297</b>	
Single	\$170.19
Member & Spouse/Partner	\$340.39
Family	\$474.85
Parent & Child	\$304.65

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Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,048.14
Member & Spouse/Partner	\$2,096.28
Family	\$2,924.31
Parent & Child	\$1,876.17
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$170.05
Member & Spouse/Partner	\$340.10
Family	\$474.45
Parent & Child	\$304.39
Medical Plans Available with Prescription Drug Program #206	
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$985.20
Member & Spouse/Partner	\$1,970.41
Family	\$2,748.72
Parent & Child	\$1,763.51
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$173.09
Member & Spouse/Partner	\$346.18
Family	\$482.92
Parent & Child	\$309.83
Medical Plans Available with Prescription Drug Program #207	
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$847.29
Member & Spouse/Partner	\$1,694.58
Family	\$2,363.95
Parent & Child	\$1,516.65
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$155.78
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Medical Plans Available with Prescription Drug Program #209	
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$769.45
Member & Spouse/Partner	\$1,538.91
Family	\$2,146.78
Parent & Child	\$1,377.32
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$159.31
Member & Spouse/Partner	\$318.62
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