Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates - Aetna Plans

Effective 1/1/2026 to 12/31/2026

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	$2,063.44
Member & Spouse/Partner	$4,126.90
Family	$5,757.03
Parent & Child	$3,693.58
Freedom15 #180 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,978.90
Member & Spouse/Partner	$3,957.79
Family	$5,521.12
Parent & Child	$3,542.22
Aetna HMO #019 — *HMO Plan with $10 Primary Care Copayment*	
Single	$1,942.31
Member & Spouse/Partner	$3,884.62
Family	$5,419.06
Parent & Child	$3,476.75
Freedom* #031 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,842.48
Member & Spouse/Partner	$3,684.97
Family	$5,140.53
Parent & Child	$3,298.04
Freedom 2019* #032 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,834.51
Member & Spouse/Partner	$3,669.03
Family	$5,118.29
Parent & Child	$3,283.77
Freedom1525 #063 — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment*	
Single	$1,898.91
Member & Spouse/Partner	$3,797.83
Family	$5,297.98
Parent & Child	$3,399.05
Freedom2030 #064 — *PPO Plan with $20 Primary Care / $30 Specialist Care Copayment*	
Single	$1,881.27
Member & Spouse/Partner	$3,762.56
Family	$5,248.76
Parent & Child	$3,367.48
Freedom2035 #066 — *PPO Plan with $20 Primary Care / $35 Specialist Care Copayment*	
Single	$1,780.27
Member & Spouse/Partner	$3,560.55
Family	$4,966.97
Parent & Child	$3,186.69

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

Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates - Aetna Plans
Effective 1/1/2026 to 12/31/2026

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Liberty Plus #067 — *Tiered Plan with $5 Primary Care / $20 Specialist Care Copayment for Tier 1*	
Single	$1,413.88
Member & Spouse/Partner	$2,827.77
Family	$3,944.74
Parent & Child	$2,530.86
Freedom HDHigh #092 — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$1,055.37
Member & Spouse/Partner	$2,110.74
Family	$2,944.49
Parent & Child	$1,889.12
Freedom HDLow #093 — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,565.24
Member & Spouse/Partner	$3,130.48
Family	$4,367.02
Parent & Child	$2,801.78

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

Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates - Horizon Plans

Effective 1/1/2026 to 12/31/2026

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	$2,063.44
Member & Spouse/Partner	$4,126.90
Family	$5,757.03
Parent & Child	$3,693.58
NJ DIRECT15 #150 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,978.90
Member & Spouse/Partner	$3,957.79
Family	$5,521.12
Parent & Child	$3,542.22
Horizon HMO #011 — *HMO Plan with $10 Primary Care Copayment*	
Single	$1,942.31
Member & Spouse/Partner	$3,884.62
Family	$5,419.06
Parent & Child	$3,476.75
NJ DIRECT* #027 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,842.48
Member & Spouse/Partner	$3,684.97
Family	$5,140.53
Parent & Child	$3,298.04
NJ DIRECT 2019* #030 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,834.51
Member & Spouse/Partner	$3,669.03
Family	$5,118.29
Parent & Child	$3,283.77
NJ DIRECT1525 #051 — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment*	
Single	$1,898.91
Member & Spouse/Partner	$3,797.83
Family	$5,297.98
Parent & Child	$3,399.05
NJ DIRECT2030 #052 — *PPO Plan with $20 Primary Care / $30 Specialist Care Copayment*	
Single	$1,881.27
Member & Spouse/Partner	$3,762.56
Family	$5,248.76
Parent & Child	$3,367.48
NJ DIRECT2035 #056 — *PPO Plan with $20 Primary Care / $35 Specialist Care Copayment*	
Single	$1,780.27
Member & Spouse/Partner	$3,560.55
Family	$4,966.97
Parent & Child	$3,186.69

** Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.*

Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates - Horizon Plans
Effective 1/1/2026 to 12/31/2026

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Horizon OMNIA #057 — *Tiered Plan with $5 Primary Care / $20 Specialist Care Copayment for Tier 1*	
Single	$1,413.88
Member & Spouse/Partner	$2,827.77
Family	$3,944.74
Parent & Child	$2,530.86
NJ DIRECT HDHigh #090 — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$1,055.37
Member & Spouse/Partner	$2,110.74
Family	$2,944.49
Parent & Child	$1,889.12
NJ DIRECT HDLow #091 — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,565.24
Member & Spouse/Partner	$3,130.48
Family	$4,367.02
Parent & Child	$2,801.78

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