Local Monthly Active Group — Education Employers

COBRA Monthly Rates - Aetna Plans

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

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	
Freedom10 #018 — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,767.86
Member & Spouse/Partner	$3,535.73
Family	$5,056.10
Parent & Child	$3,288.23
Freedom15 #180 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,682.95
Member & Spouse/Partner	$3,365.91
Family	$4,813.26
Parent & Child	$3,130.30
PRESCRIPTION DRUG PROGRAM #201	
Single	$465.61
Member & Spouse/Partner	$931.23
Family	$1,331.67
Parent & Child	$866.05
Medical Plan Available with Prescription Drug Program #298	
New Jersey Educators Health Plan #097 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*	
Single	$1,226.81
Member & Spouse/Partner	$2,453.63
Family	$3,508.68
Parent & Child	$2,281.87
PRESCRIPTION DRUG PROGRAM #298	
Single	$300.96
Member & Spouse/Partner	$601.92
Family	$860.74
Parent & Child	$559.78
Medical Plan Available with Prescription Drug Program #299	
Garden State Health Plan #099 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*	
Single	$1,058.98
Member & Spouse/Partner	$2,117.95
Family	$3,028.68
Parent & Child	$1,969.70
PRESCRIPTION DRUG PROGRAM #299	
Single	$300.96
Member & Spouse/Partner	$601.92
Family	$860.74
Parent & Child	$559.78

**The Garden State Health Plan is available 1/1/2024 - 12/31/2024*

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

Local Monthly Active Group — Education Employers

COBRA Monthly Rates - Horizon Plans

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

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	
NJ DIRECT10 #050 — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,767.86
Member & Spouse/Partner	$3,535.73
Family	$5,056.10
Parent & Child	$3,288.23
NJ DIRECT15 #150 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,682.95
Member & Spouse/Partner	$3,365.91
Family	$4,813.26
Parent & Child	$3,130.30
PRESCRIPTION DRUG PROGRAM #201	
Single	$465.61
Member & Spouse/Partner	$931.23
Family	$1,331.67
Parent & Child	$866.05
Medical Plan Available with Prescription Drug Program #298	
New Jersey Educators Health Plan #098 — *PPO Plan with $10 Primary Care Copayment/$15 Specialist Care Copayment*	
Single	$1,226.81
Member & Spouse/Partner	$2,453.63
Family	$3,508.68
Parent & Child	$2,281.87
PRESCRIPTION DRUG PROGRAM #298	
Single	$300.96
Member & Spouse/Partner	$601.92
Family	$860.74
Parent & Child	$559.78

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