

**DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM**

**STATE MONTHLY ACTIVE GROUP
COBRA MONTHLY RATES EFFECTIVE 1/1/2017 TO 12/31/2017**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180	
Single	\$709.46
Member & Spouse/Partner	\$1,418.92
Family	\$2,029.05
Parent & Child	\$1,319.59
NJ DIRECT15 #150	
Single	\$709.46
Member & Spouse/Partner	\$1,418.92
Family	\$2,029.05
Parent & Child	\$1,319.59
AETNA HMO #005	
Single	\$686.61
Member & Spouse/Partner	\$1,373.22
Family	\$1,963.71
Parent & Child	\$1,277.10
HORIZON HMO #011	
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	
Single	\$689.59
Member & Spouse/Partner	\$1,379.18
Family	\$1,972.23
Parent & Child	\$1,282.63
NJ DIRECT1525 #051	
Single	\$689.59
Member & Spouse/Partner	\$1,379.18
Family	\$1,972.23
Parent & Child	\$1,282.63
AETNA LIBERTY PLAN #067	
Single	\$532.09
Member & Spouse/Partner	\$1,064.18
Family	\$1,521.78
Parent & Child	\$989.69
OMNIA HEALTH PLAN #057	
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

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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #206	
AETNA FREEDOM2030 #064 Single Member & Spouse/Partner Family Parent & Child	\$648.44 \$1,296.88 \$1,854.55 \$1,206.10
NJ DIRECT2030 #052 Single Member & Spouse/Partner Family Parent & Child	\$648.44 \$1,296.88 \$1,854.55 \$1,206.10
PRESCRIPTION DRUG PROGRAM #206 Single Member & Spouse/Partner Family Parent & Child	\$179.56 \$359.10 \$513.53 \$333.97
Medical Plans Available with Prescription Drug Program #207	
AETNA FREEDOM2035 #066 Single Member & Spouse/Partner Family Parent & Child	\$557.65 \$1,115.30 \$1,594.89 \$1,037.23
NJ DIRECT2035 #056 Single Member & Spouse/Partner Family Parent & Child	\$557.65 \$1,115.30 \$1,594.89 \$1,037.23
PRESCRIPTION DRUG PROGRAM #207 Single Member & Spouse/Partner Family Parent & Child	\$161.61 \$323.21 \$462.23 \$300.61

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PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092 Single Member & Spouse/Partner Family Parent & Child	\$479.85 \$959.72 \$1,372.39 \$892.54
NJ DIRECT HD4000 #090 Single Member & Spouse/Partner Family Parent & Child	\$479.85 \$959.72 \$1,372.39 \$892.54
AETNA VALUE HD1500 #093 Single Member & Spouse/Partner Family Parent & Child	\$711.68 \$1,423.35 \$2,035.42 \$1,323.73
NJ DIRECT HD1500 #091 Single Member & Spouse/Partner Family Parent & Child	\$711.68 \$1,423.35 \$2,035.42 \$1,323.73

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