



**Local Monthly Active Group —
Education Employers
Cobra Monthly Rates**
Effective 1/1/2019 to 12/31/2019

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 #208	
Aetna Freedom Zero #022 — PPO Plan with \$0 Primary Care Copayment	
Single	\$788.79
Member & Spouse/Partner	\$1,577.60
Family	\$2,255.88
Parent & Child	\$1,467.08
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$788.79
Member & Spouse/Partner	\$1,577.60
Family	\$2,255.88
Parent & Child	\$1,467.08
PRESCRIPTION DRUG PROGRAM #208	
Single	\$176.79
Member & Spouse/Partner	\$353.60
Family	\$505.73
Parent & Child	\$328.93



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #201	
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$985.08
Member & Spouse/Partner	\$1,970.17
Family	\$2,817.34
Parent & Child	\$1,832.25
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$985.08
Member & Spouse/Partner	\$1,970.17
Family	\$2,817.34
Parent & Child	\$1,832.25
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$937.76
Member & Spouse/Partner	\$1,875.53
Family	\$2,682.01
Parent & Child	\$1,744.25
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$937.76
Member & Spouse/Partner	\$1,875.53
Family	\$2,682.01
Parent & Child	\$1,744.25
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$903.26
Member & Spouse/Partner	1,806.52
Family	\$2,583.32
Parent & Child	\$1,680.06
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$894.24
Member & Spouse/Partner	\$1,788.48
Family	\$2,557.53
Parent & Child	\$1,663.29
PRESCRIPTION DRUG PROGRAM #201	
Single	\$193.75
Member & Spouse/Partner	\$387.51
Family	\$554.15
Parent & Child	\$360.39



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$910.13
Member & Spouse/Partner	\$1,820.27
Family	\$2,602.98
Parent & Child	\$1,692.85
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$910.13
Member & Spouse/Partner	\$1,820.27
Family	\$2,602.98
Parent & Child	\$1,692.85
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$834.07
Member & Spouse/Partner	\$1,668.14
Family	\$2,385.45
Parent & Child	\$1,551.37
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$825.74
Member & Spouse/Partner	\$1,651.48
Family	\$2,361.61
Parent & Child	\$1,535.87
PRESCRIPTION DRUG PROGRAM #205	
Single	\$175.72
Member & Spouse/Partner	\$351.45
Family	\$502.57
Parent & Child	\$326.84



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PLAN/COVERAGE DESCRIPTION	\$COBRA RATES
Medical Plans Available with Prescription Drug Program #206	
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$855.35
Member & Spouse/Partner	\$1,710.70
Family	\$2,446.30
Parent & Child	\$1,590.95
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$855.35
Member & Spouse/Partner	\$1,710.70
Family	\$2,446.30
Parent & Child	\$1,590.95
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$784.32
Member & Spouse/Partner	\$1,568.65
Family	\$2,243.18
Parent & Child	\$1,458.85
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$776.48
Member & Spouse/Partner	\$1,552.97
Family	\$2,220.74
Parent & Child	\$1,444.25
PRESCRIPTION DRUG PROGRAM #206	
Single	\$178.83
Member & Spouse/Partner	\$357.67
Family	\$511.46
Parent & Child	\$332.63



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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	\$735.61
Member & Spouse/Partner	\$1,471.22
Family	\$2,103.85
Parent & Child	\$1,368.23
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$735.61
Member & Spouse/Partner	\$1,471.22
Family	\$2,103.85
Parent & Child	\$1,368.23
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$674.52
Member & Spouse/Partner	\$1,349.05
Family	\$1,929.14
Parent & Child	\$1,254.62
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$667.76
Member & Spouse/Partner	\$1,335.52
Family	\$1,909.80
Parent & Child	\$1,242.04
PRESCRIPTION DRUG PROGRAM #207	
Single	\$160.95
Member & Spouse/Partner	\$321.91
Family	\$460.33
Parent & Child	\$299.38
High Deductible Health Plans with Built-In Prescription Drug	
Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$951.13
Member & Spouse/Partner	\$1,902.27
Family	\$2,720.25
Parent & Child	\$1,769.11
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$951.13
Member & Spouse/Partner	\$1,902.27
Family	\$2,720.25
Parent & Child	\$1,769.11



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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom Zero #022 — PPO Plan with \$0 Primary Care Copayment	
Single	\$930.25
Member & Spouse/Partner	\$1,860.51
Family	\$2,660.43
Parent & Child	\$1,730.18
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$930.25
Member & Spouse/Partner	\$1,860.51
Family	\$2,660.43
Parent & Child	\$1,730.18
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,126.53
Member & Spouse/Partner	\$2,253.07
Family	\$3,221.89
Parent & Child	\$2,095.35
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,126.53
Member & Spouse/Partner	\$2,253.07
Family	\$3,221.89
Parent & Child	\$2,095.35
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,072.41
Member & Spouse/Partner	\$2,144.83
Family	\$3,067.11
Parent & Child	\$1,994.70
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,072.41
Member & Spouse/Partner	\$2,144.83
Family	\$3,067.11
Parent & Child	\$1,994.70
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,089.48
Member & Spouse/Partner	\$2,178.96
Family	\$3,115.91
Parent & Child	\$2,026.43
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,080.46
Member & Spouse/Partner	\$2,160.93
Family	\$3,090.13
Parent & Child	\$2,009.66



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,036.32
Member & Spouse/Partner	\$2,072.64
Family	\$2,963.87
Parent & Child	\$1,927.55
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,036.32
Member & Spouse/Partner	\$2,072.64
Family	\$2,963.87
Parent & Child	\$1,927.55
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,009.80
Member & Spouse/Partner	\$2,019.60
Family	\$2,888.02
Parent & Child	\$1,878.22
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,001.46
Member & Spouse/Partner	\$2,002.93
Family	\$2,864.19
Parent & Child	\$1,862.72
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$981.53
Member & Spouse/Partner	\$1,963.07
Family	\$2,807.19
Parent & Child	\$1,825.65
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$981.53
Member & Spouse/Partner	\$1,963.07
Family	\$2,807.19
Parent & Child	\$1,825.65
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$963.16
Member & Spouse/Partner	\$1,926.33
Family	\$2,754.65
Parent & Child	\$1,791.48
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$955.32
Member & Spouse/Partner	\$1,910.64
Family	\$2,732.21
Parent & Child	\$1,776.89



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$849.19
Member & Spouse/Partner	\$1,698.38
Family	\$2,428.68
Parent & Child	\$1,579.49
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$849.19
Member & Spouse/Partner	\$1,698.38
Family	\$2,428.68
Parent & Child	\$1,579.49
Aetna HMO2035 #065— HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$835.48
Member & Spouse/Partner	\$1,670.96
Family	\$2,389.48
Parent & Child	\$1,554.00
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$828.71
Member & Spouse/Partner	\$1,657.43
Family	\$2,370.14
Parent & Child	\$1,541.42
Aetna Value HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$951.13
Member & Spouse/Partner	\$1,902.27
Family	\$2,720.25
Parent & Child	\$1,769.11
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$951.13
Member & Spouse/Partner	\$1,902.27
Family	\$2,720.25
Parent & Child	\$1,769.11

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