



**Local Monthly Active Group —  
Local Government 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 #201             |             |
| <b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b> |             |
| Single  | \$862.02    |
| Member & Spouse/Partner   | \$1,724.04  |
| Family  | \$2,405.03  |
| Parent & Child  | \$1,543.01  |
| <b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>     |             |
| Single  | \$862.02    |
| Member & Spouse/Partner   | \$1,724.04  |
| Family  | \$2,405.03  |
| Parent & Child  | \$1,543.01  |
| <b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b> |             |
| Single  | \$820.87    |
| Member & Spouse/Partner   | \$1,641.75  |
| Family  | \$2,290.24  |
| Parent & Child  | \$1,469.37  |
| <b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>     |             |
| Single  | \$820.87    |
| Member & Spouse/Partner   | \$1,641.75  |
| Family  | \$2,290.24  |
| Parent & Child  | \$1,469.37  |
| <b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>       |             |
| Single  | \$797.26    |
| Member & Spouse/Partner   | \$1,594.52  |
| Family  | \$2,224.36  |
| Parent & Child  | \$1,427.10  |
| <b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>     |             |
| Single  | \$797.26    |
| Member & Spouse/Partner   | \$1,594.52  |
| Family  | \$2,224.36  |
| Parent & Child  | \$1,427.10  |
| <b>PRESCRIPTION DRUG PROGRAM #201</b>                                   |             |
| Single  | \$165.29    |
| Member & Spouse/Partner   | \$330.58    |
| Family  | \$461.16    |
| Parent & Child  | \$295.87    |



**Local Monthly Active Group —  
Local Government 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 #205  |             |
| <b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary / \$25 Specialist Care Copayment</b>                    |             |
| Single   | \$796.27    |
| Member & Spouse/Partner  | \$1,592.54  |
| Family   | \$2,221.60  |
| Parent & Child   | \$1,425.32  |
| <b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>                   |             |
| Single   | \$796.27    |
| Member & Spouse/Partner  | \$1,592.54  |
| Family   | \$2,221.60  |
| Parent & Child   | \$1,425.32  |
| <b>PRESCRIPTION DRUG PROGRAM #205</b>  |             |
| Single   | \$149.91    |
| Member & Spouse/Partner  | \$299.83    |
| Family   | \$418.27    |
| Parent & Child   | \$268.35    |
| Medical Plans Available with Prescription Drug Program #209  |             |
| <b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b> |             |
| Single   | \$615.65    |
| Member & Spouse/Partner  | \$1,231.30  |
| Family   | \$1,717.66  |
| Parent & Child   | \$1,102.01  |
| <b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>  |             |
| Single   | \$615.65    |
| Member & Spouse/Partner  | \$1,231.30  |
| Family   | \$1,717.66  |
| Parent & Child   | \$1,102.01  |
| <b>PRESCRIPTION DRUG PROGRAM #209</b>  |             |
| Single   | \$149.91    |
| Member & Spouse/Partner  | \$299.83    |
| Family   | \$418.27    |
| Parent & Child   | \$268.35    |



**Local Monthly Active Group —  
Local Government 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 #206                                      |             |
| <b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b> |             |
| Single   | \$748.46    |
| Member & Spouse/Partner  | \$1,496.93  |
| Family   | \$2,088.21  |
| Parent & Child   | \$1,339.74  |
| <b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>     |             |
| Single   | \$748.46    |
| Member & Spouse/Partner  | \$1,496.93  |
| Family   | \$2,088.21  |
| Parent & Child   | \$1,339.74  |
| <b>PRESCRIPTION DRUG PROGRAM #206</b>  |             |
| Single   | \$152.58    |
| Member & Spouse/Partner  | \$305.16    |
| Family   | \$425.70    |
| Parent & Child   | \$273.12    |
| Medical Plans Available with Prescription Drug Program #207                                      |             |
| <b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary / \$35 Specialist Care Copayment</b>      |             |
| Single   | \$643.68    |
| Member & Spouse/Partner  | \$1,287.36  |
| Family   | \$1,795.87  |
| Parent & Child   | \$1,152.19  |
| <b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>     |             |
| Single   | \$643.68    |
| Member & Spouse/Partner  | \$1,287.36  |
| Family   | \$1,795.87  |
| Parent & Child   | \$1,152.19  |
| <b>PRESCRIPTION DRUG PROGRAM #207</b>  |             |
| Single   | \$137.32    |
| Member & Spouse/Partner  | \$274.64    |
| Family   | \$383.13    |
| Parent & Child   | \$245.80    |



**Local Monthly Active Group —  
Local Government 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 |
|--|-------------|
| High Deductible Health Plans with Built-In Prescription Drug   |             |
| <b>AETNA VALUE HD4000 #092</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i> |             |
| Single   | \$515.88    |
| Member & Spouse/Partner  | \$1,031.77  |
| Family   | \$1,439.32  |
| Parent & Child   | \$923.43    |
| <b>NJ DIRECT HD4000 #090</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>   |             |
| Single   | \$515.88    |
| Member & Spouse/Partner  | \$1,031.77  |
| Family   | \$1,439.32  |
| Parent & Child   | \$923.43    |
| <b>AETNA VALUE HD1500 #093</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i> |             |
| Single   | \$765.11    |
| Member & Spouse/Partner  | \$1,530.22  |
| Family   | \$2,134.66  |
| Parent & Child   | \$1,369.55  |
| <b>NJ DIRECT HD1500 #091</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>   |             |
| Single   | \$765.11    |
| Member & Spouse/Partner  | \$1,530.22  |
| Family   | \$2,134.66  |
| Parent & Child   | \$1,369.55  |

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 —  
Local Government Employers  
Cobra Monthly Rates**  
Effective 1/1/2019 to 12/31/2019

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

| PLAN/COVERAGE DESCRIPTION  | COBRA RATES |
|--|-------------|
| <b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>                          |             |
| Single   | \$982.55    |
| Member & Spouse/Partner  | \$1,965.11  |
| Family   | \$2,741.32  |
| Parent & Child   | \$1,758.76  |
| <b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>                              |             |
| Single   | \$982.55    |
| Member & Spouse/Partner  | \$1,965.11  |
| Family   | \$2,741.32  |
| Parent & Child   | \$1,758.76  |
| <b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>                          |             |
| Single   | \$935.62    |
| Member & Spouse/Partner  | \$1,871.25  |
| Family   | \$2,610.40  |
| Parent & Child   | \$1,674.77  |
| <b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>                              |             |
| Single   | \$935.62    |
| Member & Spouse/Partner  | \$1,871.25  |
| Family   | \$2,610.40  |
| Parent & Child   | \$1,674.77  |
| <b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>                                |             |
| Single   | \$954.13    |
| Member & Spouse/Partner  | \$1,908.27  |
| Family   | \$2,662.04  |
| Parent & Child   | \$1,707.90  |
| <b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>                              |             |
| Single   | \$954.13    |
| Member & Spouse/Partner  | \$1,908.27  |
| Family   | \$2,662.04  |
| Parent & Child   | \$1,707.90  |
| <b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b> |             |
| Single   | \$903.81    |
| Member & Spouse/Partner  | \$1,807.62  |
| Family   | \$2,521.63  |
| Parent & Child   | \$1,617.82  |
| <b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>     |             |
| Single   | \$903.81    |
| Member & Spouse/Partner  | \$1,807.62  |
| Family   | \$2,521.63  |
| Parent & Child   | \$1,617.82  |



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

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

| PLAN/COVERAGE DESCRIPTION  | COBRA RATES |
|--|-------------|
| <b>AETNA LIBERTY PLAN #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b> |             |
| Single   | \$723.19    |
| Member & Spouse/Partner  | \$1,446.38  |
| Family   | \$2,017.70  |
| Parent & Child   | \$1,294.51  |
| <b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>  |             |
| Single   | \$723.19    |
| Member & Spouse/Partner  | \$1,446.38  |
| Family   | \$2,017.70  |
| Parent & Child   | \$1,294.51  |
| <b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>               |             |
| Single   | \$856.00    |
| Member & Spouse/Partner  | \$1,712.00  |
| Family   | \$2,388.24  |
| Parent & Child   | \$1,532.24  |
| <b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>                   |             |
| Single   | \$856.00    |
| Member & Spouse/Partner  | \$1,712.00  |
| Family   | \$2,388.24  |
| Parent & Child   | \$1,532.24  |
| <b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>               |             |
| Single   | \$740.45    |
| Member & Spouse/Partner  | \$1,480.91  |
| Family   | \$2,065.88  |
| Parent & Child   | \$1,325.42  |
| <b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>                   |             |
| Single   | \$740.45    |
| Member & Spouse/Partner  | \$1,480.91  |
| Family   | \$2,065.88  |
| Parent & Child   | \$1,325.42  |
| <b>AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>                |             |
| Single   | \$515.88    |
| Member & Spouse/Partner  | \$1,031.77  |
| Family   | \$1,439.32  |
| Parent & Child   | \$923.43    |
| <b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>                  |             |
| Single   | \$515.88    |
| Member & Spouse/Partner  | \$1,031.77  |
| Family   | \$1,439.32  |
| Parent & Child   | \$923.43    |



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

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

| PLAN/COVERAGE DESCRIPTION   | COBRA RATES |
|---|-------------|
| <b>AETNA VALUE HD1500 #093 — High Deductible Health Plan with \$1,500 In-Network Deductible</b> |             |
| Single  | \$765.11    |
| Member & Spouse/Partner   | \$1,530.22  |
| Family  | \$2,134.66  |
| Parent & Child  | \$1,369.55  |
| <b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>   |             |
| Single  | \$765.11    |
| Member & Spouse/Partner   | \$1,530.22  |
| Family  | \$2,134.66  |
| Parent & Child  | \$1,369.55  |

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)