



**Chapter 172 Part-Time Active Group —
Local 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	\$796.68
Member & Spouse/Partner	\$1,593.37
Family	\$2,278.43
Parent & Child	\$1,481.75
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$796.68
Member & Spouse/Partner	\$1,593.37
Family	\$2,278.43
Parent & Child	\$1,481.75
PRESCRIPTION DRUG PROGRAM #208	
Single	\$178.56
Member & Spouse/Partner	\$357.13
Family	\$510.78
Parent & Child	\$332.22



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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	\$994.92
Member & Spouse/Partner	\$1,989.86
Family	\$2,845.51
Parent & Child	\$1,850.57
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$994.92
Member & Spouse/Partner	\$1,989.86
Family	\$2,845.51
Parent & Child	\$1,850.57
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$947.14
Member & Spouse/Partner	\$1,894.28
Family	\$2,708.83
Parent & Child	\$1,761.69
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$947.14
Member & Spouse/Partner	\$1,894.28
Family	\$2,708.83
Parent & Child	\$1,761.69
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$912.28
Member & Spouse/Partner	\$1,824.58
Family	\$2,609.14
Parent & Child	\$1,696.86
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$903.17
Member & Spouse/Partner	\$1,806.36
Family	\$2,583.10
Parent & Child	\$1,679.91
PRESCRIPTION DRUG PROGRAM #201	
Single	\$195.68
Member & Spouse/Partner	\$391.38
Family	\$559.69
Parent & Child	\$363.99



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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	\$919.23
Member & Spouse/Partner	\$1,838.46
Family	\$2,629.00
Parent & Child	\$1,709.77
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$919.23
Member & Spouse/Partner	\$1,838.46
Family	\$2,629.00
Parent & Child	\$1,709.77
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$842.40
Member & Spouse/Partner	\$1,684.82
Family	\$2,409.30
Parent & Child	\$1,566.88
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$833.99
Member & Spouse/Partner	\$1,667.99
Family	\$2,385.22
Parent & Child	\$1,551.22
PRESCRIPTION DRUG PROGRAM #205	
Single	\$177.48
Member & Spouse/Partner	\$354.96
Family	\$507.59
Parent & Child	\$330.11



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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	\$863.89
Member & Spouse/Partner	\$1,727.80
Family	\$2,470.76
Parent & Child	\$1,606.85
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$863.89
Member & Spouse/Partner	\$1,727.80
Family	\$2,470.76
Parent & Child	\$1,606.85
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$792.16
Member & Spouse/Partner	\$1,584.33
Family	\$2,265.61
Parent & Child	\$1,473.44
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$784.24
Member & Spouse/Partner	\$1,568.49
Family	\$2,242.94
Parent & Child	\$1,458.69
PRESCRIPTION DRUG PROGRAM #206	
Single	\$180.62
Member & Spouse/Partner	\$361.24
Family	\$516.57
Parent & Child	\$335.95



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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	\$742.96
Member & Spouse/Partner	\$1,485.93
Family	\$2,124.88
Parent & Child	\$1,381.91
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$742.96
Member & Spouse/Partner	\$1,485.93
Family	\$2,124.88
Parent & Child	\$1,381.91
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$681.26
Member & Spouse/Partner	\$1,362.53
Family	\$1,948.43
Parent & Child	\$1,267.16
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$674.43
Member & Spouse/Partner	\$1,348.87
Family	\$1,928.90
Parent & Child	\$1,254.45
PRESCRIPTION DRUG PROGRAM #207	
Single	\$162.55
Member & Spouse/Partner	\$325.12
Family	\$464.93
Parent & Child	\$302.36

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



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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	\$939.55
Member & Spouse/Partner	\$1,879.11
Family	\$2,687.03
Parent & Child	\$1,747.48
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$939.55
Member & Spouse/Partner	\$1,879.11
Family	\$2,687.03
Parent & Child	\$1,747.48
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,137.79
Member & Spouse/Partner	\$2,275.59
Family	\$3,254.10
Parent & Child	\$2,116.30
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,137.79
Member & Spouse/Partner	\$2,275.59
Family	\$3,254.10
Parent & Child	\$2,116.30
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,083.13
Member & Spouse/Partner	\$2,166.27
Family	\$3,097.78
Parent & Child	\$2,014.64
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,083.13
Member & Spouse/Partner	\$2,166.27
Family	\$3,097.78
Parent & Child	\$2,014.64
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,100.37
Member & Spouse/Partner	\$2,200.75
Family	\$3,147.06
Parent & Child	\$2,046.69
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,091.26
Member & Spouse/Partner	\$2,182.53
Family	\$3,121.02
Parent & Child	\$2,029.75



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,046.68
Member & Spouse/Partner	\$2,093.36
Family	\$2,993.50
Parent & Child	\$1,946.82
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,046.68
Member & Spouse/Partner	\$2,093.36
Family	\$2,993.50
Parent & Child	\$1,946.82
Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,019.89
Member & Spouse/Partner	\$2,039.79
Family	\$2,916.90
Parent & Child	\$1,897.00
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,011.47
Member & Spouse/Partner	\$2,022.95
Family	\$2,892.83
Parent & Child	\$1,881.34
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$991.34
Member & Spouse/Partner	\$1,982.69
Family	\$2,835.26
Parent & Child	\$1,843.90
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$991.34
Member & Spouse/Partner	\$1,982.69
Family	\$2,835.26
Parent & Child	\$1,843.90
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$972.79
Member & Spouse/Partner	\$1,945.58
Family	\$2,782.19
Parent & Child	\$1,809.39
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$964.86
Member & Spouse/Partner	\$1,929.74
Family	\$2,759.52
Parent & Child	\$1,794.65



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Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$857.67
Member & Spouse/Partner	\$1,715.36
Family	\$2,452.96
Parent & Child	\$1,595.28
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$857.67
Member & Spouse/Partner	\$1,715.36
Family	\$2,452.96
Parent & Child	\$1,595.28
Aetna HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$843.83
Member & Spouse/Partner	\$1,687.67
Family	\$2,413.37
Parent & Child	\$1,569.53
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$837.00
Member & Spouse/Partner	\$1,674.00
Family	\$2,393.83
Parent & Child	\$1,556.83

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