



**Chapter 172 Part-Time Active Group —  
State Monthly 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 #203	
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$762.41
Member & Spouse/Partner	\$1,524.83
Family	\$2,180.51
Parent & Child	\$1,418.09
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$762.41
Member & Spouse/Partner	\$1,524.83
Family	\$2,180.51
Parent & Child	\$1,418.09
<b>AETNA HMO #005 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$737.86
Member & Spouse/Partner	\$1,475.73
Family	\$2,110.30
Parent & Child	\$1,372.44
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$730.48
Member & Spouse/Partner	\$1,460.96
Family	\$2,089.17
Parent & Child	\$1,358.69
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$146.16
Member & Spouse/Partner	\$292.34
Family	\$418.05
Parent & Child	\$271.88
Medical Plans Available with Prescription Drug Program #205	
<b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$741.07
Member & Spouse/Partner	\$1,482.14
Family	\$2,119.46
Parent & Child	\$1,378.38
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$741.07
Member & Spouse/Partner	\$1,482.14
Family	\$2,119.46
Parent & Child	\$1,378.38
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$132.56
Member & Spouse/Partner	\$265.14
Family	\$379.16
Parent & Child	\$246.58



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
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	\$557.18
Member & Spouse/Partner	\$1,114.38
Family	\$1,593.56
Parent & Child	\$1,036.38
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$557.18
Member & Spouse/Partner	\$1,114.38
Family	\$1,593.56
Parent & Child	\$1,036.38
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$140.54
Member & Spouse/Partner	\$281.11
Family	\$401.97
Parent & Child	\$261.41
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$696.84
Member & Spouse/Partner	\$1,393.68
Family	\$1,992.97
Parent & Child	\$1,296.13
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$696.84
Member & Spouse/Partner	\$1,393.68
Family	\$1,992.97
Parent & Child	\$1,296.13
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$134.92
Member & Spouse/Partner	\$269.86
Family	\$385.90
Parent & Child	\$250.97



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #207	
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$599.28
Member & Spouse/Partner	\$1,198.57
Family	\$1,713.95
Parent & Child	\$1,114.67
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$599.28
Member & Spouse/Partner	\$1,198.57
Family	\$1,713.95
Parent & Child	\$1,114.67
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$121.44
Member & Spouse/Partner	\$242.89
Family	\$347.35
Parent & Child	\$225.89
High Deductible Health Plans with Built-In Prescription Drug	
<b>AETNA VALUE HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>	
Single	\$477.33
Member & Spouse/Partner	\$954.67
Family	\$1,365.20
Parent & Child	\$887.85
<b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>	
Single	\$477.33
Member & Spouse/Partner	\$954.67
Family	\$1,365.20
Parent & Child	\$887.85

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)