



**State Retired Group
Cobra Monthly Rates**
Effective 1/1/2019 to 12/31/2019

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$982.55
Member & Spouse/Partner	\$1,965.11
Family	\$2,741.32
Parent & Child	\$1,758.76
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$982.55
Member & Spouse/Partner	\$1,965.11
Family	\$2,741.32
Parent & Child	\$1,758.76
Aetna Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$935.62
Member & Spouse/Partner	\$1,871.25
Family	\$2,610.40
Parent & Child	\$1,674.77
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$935.62
Member & Spouse/Partner	\$1,871.25
Family	\$2,610.40
Parent & Child	\$1,674.77
Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment	
Single	\$954.13
Member & Spouse/Partner	\$1,908.27
Family	\$2,662.04
Parent & Child	\$1,707.90
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$954.13
Member & Spouse/Partner	\$1,908.27
Family	\$2,662.04
Parent & Child	\$1,707.90
Aetna Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$903.81
Member & Spouse/Partner	\$1,807.62
Family	\$2,521.63
Parent & Child	\$1,617.82
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$903.81
Member & Spouse	\$1,807.62
Family	\$2,521.63
Parent & Child	\$1,617.82



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Aetna HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$741.72
Member & Spouse/Partner	\$1,616.97
Family	\$1,839.48
Parent & Child	\$1,038.42
Horizon HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$735.76
Member & Spouse/Partner	\$1,604.00
Family	\$1,824.71
Parent & Child	\$1,030.08
Aetna Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$856.00
Member & Spouse/Partner	\$1,712.00
Family	\$2,388.24
Parent & Child	\$1,532.24
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$856.00
Member & Spouse/Partner	\$1,712.00
Family	\$2,388.24
Parent & Child	\$1,532.24
Aetna HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$706.83
Member & Spouse/Partner	\$1,540.95
Family	\$1,752.99
Parent & Child	\$989.60
Horizon HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment	
Single	\$701.26
Member & Spouse/Partner	\$1,528.78
Family	\$1,739.15
Parent & Child	\$981.79
Aetna Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$740.45
Member & Spouse/Partner	\$1,480.91
Family	\$2,065.88
Parent & Child	\$1,325.42
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$740.45
Member & Spouse/Partner	\$1,480.91
Family	\$2,065.88
Parent & Child	\$1,325.42



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Aetna Liberty Plan #067	
Single	\$723.19
Member & Spouse/Partner	\$1,446.38
Family	\$2,017.70
Parent & Child	\$1,294.51
Omnia Health Plan #057	
Single	\$723.19
Member & Spouse/Partner	\$1,446.38
Family	\$2,017.70
Parent & Child	\$1,294.51
Aetna Value HD4000 #092 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$515.88
Member & Spouse/Partner	\$1,031.77
Family	\$1,439.32
Parent & Child	\$923.43
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$515.88
Member & Spouse/Partner	\$1,031.77
Family	\$1,439.32
Parent & Child	\$923.43

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