



**Local Monthly Active Group —
Local Government Employers
COBRA Monthly Rates - Aetna Plans
Effective 7/1/2024 to 12/31/2024**

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

| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
|--|-------------|
| Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment | |
| Single | \$1,309.49 |
| Member & Spouse/Partner | \$2,618.98 |
| Family | \$3,653.48 |
| Parent & Child | \$2,343.99 |
| Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,253.69 |
| Member & Spouse/Partner | \$2,507.38 |
| Family | \$3,497.79 |
| Parent & Child | \$2,244.10 |
| Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment | |
| Single | \$1,227.40 |
| Member & Spouse/Partner | \$2,454.81 |
| Family | \$3,424.46 |
| Parent & Child | \$2,197.05 |
| Freedom* #031 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,168.46 |
| Member & Spouse/Partner | \$2,336.92 |
| Family | \$3,260.00 |
| Parent & Child | \$2,091.54 |
| Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,163.13 |
| Member & Spouse/Partner | \$2,326.27 |
| Family | \$3,245.15 |
| Parent & Child | \$2,082.01 |
| Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,206.18 |
| Member & Spouse/Partner | \$2,412.36 |
| Family | \$3,365.24 |
| Parent & Child | \$2,159.06 |
| Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$1,145.53 |
| Member & Spouse/Partner | \$2,291.06 |
| Family | \$3,196.02 |
| Parent & Child | \$2,050.49 |
| Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$991.58 |
| Member & Spouse/Partner | \$1,983.15 |
| Family | \$2,766.50 |
| Parent & Child | \$1,774.93 |

* Members hired before July 1, 2019, will be enrolled in Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019.



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| Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1 | |
| Single | \$917.51 |
| Member & Spouse/Partner | \$1,835.03 |
| Family | \$2,559.86 |
| Parent & Child | \$1,642.35 |
| Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$661.19 |
| Member & Spouse/Partner | \$1,322.38 |
| Family | \$1,844.73 |
| Parent & Child | \$1,183.53 |
| Freedom HDLow #093 — High Deductible Health Plan with \$1,600 In-Network Deductible | |
| Single | \$980.61 |
| Member & Spouse/Partner | \$1,961.23 |
| Family | \$2,735.92 |
| Parent & Child | \$1,755.30 |

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



**Local Monthly Active Group —
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| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
|--|-------------|
| NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment | |
| Single | \$1,309.49 |
| Member & Spouse/Partner | \$2,618.98 |
| Family | \$3,653.48 |
| Parent & Child | \$2,343.99 |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,253.69 |
| Member & Spouse/Partner | \$2,507.38 |
| Family | \$3,497.79 |
| Parent & Child | \$2,244.10 |
| Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment | |
| Single | \$1,227.40 |
| Member & Spouse/Partner | \$2,454.81 |
| Family | \$3,424.46 |
| Parent & Child | \$2,197.05 |
| NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,168.46 |
| Member & Spouse/Partner | \$2,336.92 |
| Family | \$3,260.00 |
| Parent & Child | \$2,091.54 |
| NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$1,163.13 |
| Member & Spouse/Partner | \$2,326.27 |
| Family | \$3,245.15 |
| Parent & Child | \$2,082.01 |
| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,206.18 |
| Member & Spouse/Partner | \$2,412.36 |
| Family | \$3,365.24 |
| Parent & Child | \$2,159.06 |
| NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$1,145.53 |
| Member & Spouse/Partner | \$2,291.06 |
| Family | \$3,196.02 |
| Parent & Child | \$2,050.49 |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$991.58 |
| Member & Spouse/Partner | \$1,983.15 |
| Family | \$2,766.50 |
| Parent & Child | \$1,774.93 |

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| PLAN/COVERAGE DESCRIPTION | COBRA RATES |
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| Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1 | |
| Single | \$917.51 |
| Member & Spouse/Partner | \$1,835.03 |
| Family | \$2,559.86 |
| Parent & Child | \$1,642.35 |
| NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible | |
| Single | \$661.19 |
| Member & Spouse/Partner | \$1,322.38 |
| Family | \$1,844.73 |
| Parent & Child | \$1,183.53 |
| NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible | |
| Single | \$980.61 |
| Member & Spouse/Partner | \$1,961.23 |
| Family | \$2,735.92 |
| Parent & Child | \$1,755.30 |

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