



**Chapter 172 Part-Time Active Group —  
Local Education 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
<b>Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,453.14
Member & Spouse/Partner	\$2,906.29
Family	\$4,156.00
Parent & Child	\$2,702.84
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,393.80
Member & Spouse/Partner	\$2,787.63
Family	\$3,986.32
Parent & Child	\$2,592.50
<b>New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$1,182.11
Member & Spouse/Partner	\$2,364.24
Family	\$3,380.87
Parent & Child	\$2,198.74
<b>Garden State Health Plan #099 - PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$1,042.71
Member & Spouse/Partner	\$2,085.42
Family	\$2,982.16
Parent & Child	\$1,939.43

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)



**Chapter 172 Part-Time Active Group —  
Local Education Employers  
COBRA Monthly Rates - Horizon Plans  
Effective 1/1/2024 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
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,453.14
Member & Spouse/Partner	\$2,906.29
Family	\$4,156.00
Parent & Child	\$2,702.84
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,393.80
Member & Spouse/Partner	\$2,787.63
Family	\$3,986.32
Parent & Child	\$2,592.50
<b>New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$1,182.11
Member & Spouse/Partner	\$2,364.24
Family	\$3,380.87
Parent & Child	\$2,198.74

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