



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

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 #201	
Freedom10 #018 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,102.39
Member & Spouse/Partner	\$2,204.79
Family	\$3,152.85
Parent & Child	\$2,050.45
Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,049.44
Member & Spouse/Partner	\$2,098.90
Family	\$3,001.43
Parent & Child	\$1,951.97
PRESCRIPTION DRUG PROGRAM #201	
Single	\$226.28
Member & Spouse/Partner	\$452.57
Family	\$647.17
Parent & Child	\$420.89
Medical Plan Available with Prescription Drug Program #298	
New Jersey Educators Health Plan #097 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$926.42
Member & Spouse/Partner	\$1,852.85
Family	\$2,649.57
Parent & Child	\$1,723.14
PRESCRIPTION DRUG PROGRAM #298	
Single	\$148.23
Member & Spouse/Partner	\$296.47
Family	\$423.95
Parent & Child	\$275.71
Medical Plan Available with Prescription Drug Program #299	
Garden State Health Plan #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$799.69
Member & Spouse/Partner	\$1,599.37
Family	\$2,287.10
Parent & Child	\$1,487.41
PRESCRIPTION DRUG PROGRAM #299	
Single	\$148.23
Member & Spouse/Partner	\$296.47
Family	\$423.95
Parent & Child	\$275.71

*The Garden State Health Plan is available 1/1/2024 - 12/31/2024

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



**Local Monthly Active Group —
Education Employers
COBRA Monthly Rates - Horizon Plans**
Effective 1/1/2024 to 12/31/2024

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 #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,102.39
Member & Spouse/Partner	\$2,204.79
Family	\$3,152.85
Parent & Child	\$2,050.45
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,049.44
Member & Spouse/Partner	\$2,098.90
Family	\$3,001.43
Parent & Child	\$1,951.97
PRESCRIPTION DRUG PROGRAM #201	
Single	\$226.28
Member & Spouse/Partner	\$452.57
Family	\$647.17
Parent & Child	\$420.89
Medical Plan Available with Prescription Drug Program #298	
New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$926.42
Member & Spouse/Partner	\$1,852.85
Family	\$2,649.57
Parent & Child	\$1,723.14
PRESCRIPTION DRUG PROGRAM #298	
Single	\$148.23
Member & Spouse/Partner	\$296.47
Family	\$423.95
Parent & Child	\$275.71

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