



**Chapter 172 Part-Time Active Group —  
State Monthly Employers  
COBRA Monthly Rates - Aetna Plans  
Effective 1/1/2025 to 12/31/2025**

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>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,100.94
Member & Spouse/Partner	\$2,201.89
Family	\$3,148.71
Parent & Child	\$2,047.77
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,054.82
Member & Spouse/Partner	\$2,109.64
Family	\$3,016.79
Parent & Child	\$1,961.97
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$243.64
Member & Spouse/Partner	\$487.30
Family	\$696.84
Parent & Child	\$453.19
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,076.64
Member & Spouse/Partner	\$2,153.29
Family	\$3,079.21
Parent & Child	\$2,002.56
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,070.97
Member & Spouse/Partner	\$2,141.95
Family	\$3,063.00
Parent & Child	\$1,992.02
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$229.97
Member & Spouse/Partner	\$459.96
Family	\$657.75
Parent & Child	\$427.76

\*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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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
<b>Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,070.12
Member & Spouse/Partner	\$2,140.25
Family	\$3,060.56
Parent & Child	\$1,990.43
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$220.98
Member & Spouse/Partner	\$441.97
Family	\$632.03
Parent & Child	\$411.03
Medical Plans Available with Prescription Drug Program #206	
<b>Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$1,006.25
Member & Spouse/Partner	\$2,012.50
Family	\$2,877.87
Parent & Child	\$1,871.62
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$224.91
Member & Spouse/Partner	\$449.83
Family	\$643.26
Parent & Child	\$418.34
Medical Plans Available with Prescription Drug Program #207	
<b>Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$865.37
Member & Spouse/Partner	\$1,730.76
Family	\$2,474.99
Parent & Child	\$1,609.62
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$202.43
Member & Spouse/Partner	\$404.87
Family	\$578.98
Parent & Child	\$376.54



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$743.74
Member & Spouse/Partner	\$1,487.49
Family	\$2,127.12
Parent & Child	\$1,383.37
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$165.95
Member & Spouse/Partner	\$331.92
Family	\$474.62
Parent & Child	\$308.67
High Deductible Health Plans with Built-In Prescription Drug	
<b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$709.16
Member & Spouse/Partner	\$1,418.34
Family	\$2,028.21
Parent & Child	\$1,319.05

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 —  
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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,100.94
Member & Spouse/Partner	\$2,201.89
Family	\$3,148.71
Parent & Child	\$2,047.77
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,054.82
Member & Spouse/Partner	\$2,109.64
Family	\$3,016.79
Parent & Child	\$1,961.97
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$243.64
Member & Spouse/Partner	\$487.30
Family	\$696.84
Parent & Child	\$453.19
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,076.64
Member & Spouse/Partner	\$2,153.29
Family	\$3,079.21
Parent & Child	\$2,002.56
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,070.97
Member & Spouse/Partner	\$2,141.95
Family	\$3,063.00
Parent & Child	\$1,992.02
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$229.97
Member & Spouse/Partner	\$459.96
Family	\$657.75
Parent & Child	\$427.76

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Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,070.12
Member & Spouse/Partner	\$2,140.25
Family	\$3,060.56
Parent & Child	\$1,990.43
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$220.98
Member & Spouse/Partner	\$441.97
Family	\$632.03
Parent & Child	\$411.03
Medical Plans Available with Prescription Drug Program #206	
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$1,006.25
Member & Spouse/Partner	\$2,012.50
Family	\$2,877.87
Parent & Child	\$1,871.62
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$224.91
Member & Spouse/Partner	\$449.83
Family	\$643.26
Parent & Child	\$418.34
Medical Plans Available with Prescription Drug Program #207	
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$865.37
Member & Spouse/Partner	\$1,730.76
Family	\$2,474.99
Parent & Child	\$1,609.62
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$202.43
Member & Spouse/Partner	\$404.87
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Medical Plans Available with Prescription Drug Program #209	
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$743.74
Member & Spouse/Partner	\$1,487.49
Family	\$2,127.12
Parent & Child	\$1,383.37
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$165.95
Member & Spouse/Partner	\$331.92
Family	\$474.62
Parent & Child	\$308.67
High Deductible Health Plans with Built-In Prescription Drug	
<b>NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$709.16
Member & Spouse/Partner	\$1,418.34
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