



**Local Retired Group —
Local Government Employers
COBRA Monthly Rates**
Effective 1/1/2025 to 12/31/2025

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom #031 & Horizon NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,361.29
Member & Spouse/Partner	\$2,722.58
Family	\$3,798.00
Parent & Child	\$2,436.70
Aetna Freedom 2019 #032 & Horizon NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,355.19
Member & Spouse/Partner	\$2,710.38
Family	\$3,780.98
Parent & Child	\$2,425.79
Aetna Freedom 10 #018 & Horizon NJ DIRECT 10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,525.25
Member & Spouse/Partner	\$3,050.51
Family	\$4,255.47
Parent & Child	\$2,730.21
Aetna Freedom 15 #180 & Horizon NJ DIRECT 15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,461.06
Member & Spouse/Partner	\$2,922.13
Family	\$4,076.37
Parent & Child	\$2,615.31
Aetna HMO #019 & Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,431.61
Member & Spouse/Partner	\$2,863.22
Family	\$3,994.19
Parent & Child	\$2,562.58
Aetna Freedom 1525 #063 & Horizon NJ DIRECT 1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,404.49
Member & Spouse	\$2,808.99
Family	\$3,918.56
Parent & Child	\$2,514.05
Aetna HMO 1525 #061 & Horizon HMO 1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,547.42
Member & Spouse	\$3,373.43
Family	\$3,837.65
Parent & Child	\$2,166.43



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Aetna Freedom 2030 #064 & Horizon NJ DIRECT 2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,335.31
Member & Spouse	\$2,670.62
Family	\$3,725.51
Parent & Child	\$2,390.20
Aetna HMO 2030 #062 & Horizon HMO 2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment	
Single	\$1,475.24
Member & Spouse	\$3,216.15
Family	\$3,658.69
Parent & Child	\$2,065.40
Aetna Liberty #067 & Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$1,043.67
Member & Spouse	\$2,087.34
Family	\$2,911.84
Parent & Child	\$1,868.17
Aetna Freedom HDHigh #092 & NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$773.37
Member & Spouse/Partner	\$1,546.74
Family	\$2,157.70
Parent & Child	\$1,384.33
Aetna Freedom HDLow #093 & NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,147.00
Member & Spouse	\$2,294.00
Family	\$3,200.12
Parent & Child	\$2,053.12