



State Retired Group
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 #053 & Horizon HMO 1525 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$1,547.42 |
| Member & Spouse/Partner | \$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/Partner | \$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/Partner | \$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/Partner | \$2,087.34 |
| Family | \$2,911.84 |
| Parent & Child | \$1,868.17 |
| Aetna Freedom HDHigh #092 & Horizon 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 & Horizon NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible | |
| Single | \$1,147.00 |
| Member & Spouse/Partner | \$2,294.00 |
| Family | \$3,200.12 |
| Parent & Child | \$2,053.12 |

Note: Not all plans are available to all members. Plan offerings will be based on eligibility prior to termination of coverage.