



**State Monthly Active Group
COBRA Monthly Rates – Aetna Plans**
Effective 7/1/2026 to 12/31/2026

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #203	
26 Freedom 15 #18A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,192.63
Member & Spouse/Partner	\$2,385.27
Family	\$3,410.94
Parent & Child	\$2,218.30
26 Aetna HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,151.02
Member & Spouse/Partner	\$2,302.06
Family	\$3,291.95
Parent & Child	\$2,140.91
PRESCRIPTION DRUG PROGRAM #203	
Single	\$295.20
Member & Spouse/Partner	\$590.41
Family	\$844.29
Parent & Child	\$549.08
Medical Plans Available with Prescription Drug Program #204	
26 CWA Unity Freedom #02C — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,078.63
Member & Spouse/Partner	\$2,157.26
Family	\$3,084.89
Parent & Child	\$2,006.25
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,078.63
Member & Spouse/Partner	\$2,157.26
Family	\$3,084.89
Parent & Child	\$2,006.25
PRESCRIPTION DRUG PROGRAM #204	
Single	\$269.35
Member & Spouse/Partner	\$538.70
Family	\$770.34
Parent & Child	\$500.99
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,159.07
Member & Spouse/Partner	\$2,318.16
Family	\$3,314.96
Parent & Child	\$2,155.88
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$270.76
Member & Spouse/Partner	\$541.54
Family	\$774.40
Parent & Child	\$503.63



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #2A6	
26 Freedom 2030 #06E — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,090.12
Member & Spouse/Partner	\$2,180.25
Family	\$3,117.76
Parent & Child	\$2,027.63
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$273.49
Member & Spouse/Partner	\$546.97
Family	\$782.17
Parent & Child	\$508.68
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$943.41
Member & Spouse/Partner	\$1,886.83
Family	\$2,698.16
Parent & Child	\$1,754.75
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$250.50
Member & Spouse/Partner	\$500.99
Family	\$716.42
Parent & Child	\$465.92
Medical Plans Available with Prescription Drug Program #2A9	
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$803.16
Member & Spouse/Partner	\$1,606.33
Family	\$2,297.07
Parent & Child	\$1,493.90
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$200.15
Member & Spouse/Partner	\$400.30
Family	\$572.44
Parent & Child	\$372.28
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$801.73
Member & Spouse/Partner	\$1,603.44
Family	\$2,292.92
Parent & Child	\$1,491.20
26 Freedom HDLow #09D — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,188.24
Member & Spouse/Partner	\$2,376.50
Family	\$3,398.39
Parent & Child	\$2,210.15

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



**State Monthly Active Group
COBRA Monthly Rates – Horizon Plans**
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Medical Plans Available with Prescription Drug Program #203	
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,192.63
Member & Spouse/Partner	\$2,385.27
Family	\$3,410.94
Parent & Child	\$2,218.30
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,151.02
Member & Spouse/Partner	\$2,302.06
Family	\$3,291.95
Parent & Child	\$2,140.91
PRESCRIPTION DRUG PROGRAM #203	
Single	\$295.20
Member & Spouse/Partner	\$590.41
Family	\$844.29
Parent & Child	\$549.08
Medical Plans Available with Prescription Drug Program #204	
26 CWA Unity DIRECT #02A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,078.63
Member & Spouse/Partner	\$2,157.26
Family	\$3,084.89
Parent & Child	\$2,006.25
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,078.63
Member & Spouse/Partner	\$2,157.26
Family	\$3,084.89
Parent & Child	\$2,006.25
PRESCRIPTION DRUG PROGRAM #204	
Single	\$269.35
Member & Spouse/Partner	\$538.70
Family	\$770.34
Parent & Child	\$500.99
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,159.07
Member & Spouse/Partner	\$2,318.16
Family	\$3,314.96
Parent & Child	\$2,155.88
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$270.76
Member & Spouse/Partner	\$541.54
Family	\$774.40
Parent & Child	\$503.63



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Medical Plans Available with Prescription Drug Program #2A7	
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Single	\$943.41
Member & Spouse/Partner	\$1,886.83
Family	\$2,698.16
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Single	\$250.50
Member & Spouse/Partner	\$500.99
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Parent & Child	\$465.92
Medical Plans Available with Prescription Drug Program #2A9	
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$20 Specialist Care Copayment for Tier 1	
Single	\$803.16
Member & Spouse/Partner	\$1,606.33
Family	\$2,297.07
Parent & Child	\$1,493.90
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$200.15
Member & Spouse/Partner	\$400.30
Family	\$572.44
Parent & Child	\$372.28
High Deductible Health Plans with Built-In Prescription Drug	
26 NJ DIRECT HDHigh #09A — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$801.73
Member & Spouse/Partner	\$1,603.44
Family	\$2,292.92
Parent & Child	\$1,491.20
26 NJ DIRECT HDLow #09B — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$1,188.24
Member & Spouse/Partner	\$2,376.50
Family	\$3,398.39
Parent & Child	\$2,210.15

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