Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates – Aetna Plans
Effective 1/1/2026 to 12/31/2026

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	
Freedom 10 #018 — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,699.76
Member & Spouse/Partner	$3,399.53
Family	$4,742.35
Parent & Child	$3,042.58
Freedom 15 #180 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,618.62
Member & Spouse/Partner	$3,237.25
Family	$4,515.96
Parent & Child	$2,897.34
Aetna HMO #019 — *HMO Plan with $10 Primary Care Copayment*	
Single	$1,572.08
Member & Spouse/Partner	$3,144.17
Family	$4,386.12
Parent & Child	$2,814.03
PRESCRIPTION DRUG PROGRAM #201	
Single	$390.08
Member & Spouse/Partner	$780.17
Family	$1,088.35
Parent & Child	$698.26
Medical Plans Available with Prescription Drug Program #297	
Freedom* #031 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,513.42
Member & Spouse/Partner	$3,026.85
Family	$4,222.45
Parent & Child	$2,709.02
Freedom 2019* #032 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,505.44
Member & Spouse/Partner	$3,010.90
Family	$4,200.21
Parent & Child	$2,694.75
PRESCRIPTION DRUG PROGRAM #297	
Single	$354.08
Member & Spouse/Partner	$708.16
Family	$987.89
Parent & Child	$633.80

**Members hired before July 1, 2019, will be enrolled in Freedom. Members hired after July 1, 2019, will be enrolled in Freedom 2019.*

Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates – Aetna Plans
Effective 1/1/2026 to 12/31/2026

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 #205	
Freedom 1525 #063 — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment*	
Single	$1,570.12
Member & Spouse/Partner	$3,140.25
Family	$4,380.65
Parent & Child	$2,810.52
PRESCRIPTION DRUG PROGRAM #205	
Single	$353.78
Member & Spouse/Partner	$707.57
Family	$987.06
Parent & Child	$633.27
Medical Plans Available with Prescription Drug Program #206	
Freedom 2030 #064 — *PPO Plan with $20 Primary Care / $30 Specialist Care Copayment*	
Single	$1,558.00
Member & Spouse/Partner	$3,116.01
Family	$4,346.84
Parent & Child	$2,788.83
PRESCRIPTION DRUG PROGRAM #206	
Single	$356.02
Member & Spouse/Partner	$712.04
Family	$993.29
Parent & Child	$637.27
Medical Plans Available with Prescription Drug Program #207	
Freedom 2035 #066 — *PPO Plan with $20 Primary Care / $35 Specialist Care Copayment*	
Single	$1,464.52
Member & Spouse/Partner	$2,929.05
Family	$4,086.02
Parent & Child	$2,621.50
PRESCRIPTION DRUG PROGRAM #207	
Single	$352.07
Member & Spouse/Partner	$704.14
Family	$982.28
Parent & Child	$630.20
Medical Plans Available with Prescription Drug Program #209	
Aetna Liberty Plus #067 — *Tiered Plan with $5 Primary Care / $20 Specialist Care Copayment for Tier 1*	
Single	$1,127.75
Member & Spouse/Partner	$2,255.50
Family	$3,146.43
Parent & Child	$2,018.68
PRESCRIPTION DRUG PROGRAM #209	
Single	$307.88
Member & Spouse/Partner	$615.77
Family	$859.00
Parent & Child	$551.11

Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates – Aetna Plans
Effective 1/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
Freedom HDHigh #092 — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$1,055.37
Member & Spouse/Partner	$2,110.74
Family	$2,944.49
Parent & Child	$1,889.12
Freedom HDLow #093 — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,565.24
Member & Spouse/Partner	$3,130.48
Family	$4,367.02
Parent & Child	$2,801.78

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

Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates – Horizon Plans
Effective 1/1/2026 to 12/31/2026

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 DIRECT 10 #050 — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,699.76
Member & Spouse/Partner	$3,399.53
Family	$4,742.35
Parent & Child	$3,042.58
NJ DIRECT 15 #150 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,618.62
Member & Spouse/Partner	$3,237.25
Family	$4,515.96
Parent & Child	$2,897.34
Horizon HMO #011 — *HMO Plan with $10 Primary Care Copayment*	
Single	$1,572.08
Member & Spouse/Partner	$3,144.17
Family	$4,386.12
Parent & Child	$2,814.03
PRESCRIPTION DRUG PROGRAM #201	
Single	$390.08
Member & Spouse/Partner	$780.17
Family	$1,088.35
Parent & Child	$698.26
Medical Plans Available with Prescription Drug Program #297	
NJ DIRECT* #027 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,513.42
Member & Spouse/Partner	$3,026.85
Family	$4,222.45
Parent & Child	$2,709.02
NJ DIRECT 2019* #030 — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,505.44
Member & Spouse/Partner	$3,010.90
Family	$4,200.21
Parent & Child	$2,694.75
PRESCRIPTION DRUG PROGRAM #297	
Single	$354.08
Member & Spouse/Partner	$708.16
Family	$987.89
Parent & Child	$633.80

** Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.*

NJDPB Pensions & Benefits

Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates – Horizon Plans

Effective 1/1/2026 to 12/31/2026

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 #205	
NJ DIRECT 1525 #051 — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment*	
Single	$1,570.12
Member & Spouse/Partner	$3,140.25
Family	$4,380.65
Parent & Child	$2,810.52
PRESCRIPTION DRUG PROGRAM #205	
Single	$353.78
Member & Spouse/Partner	$707.57
Family	$987.06
Parent & Child	$633.27
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT 2030 #052 — *PPO Plan with $20 Primary Care / $30 Specialist Care Copayment*	
Single	$1,558.00
Member & Spouse/Partner	$3,116.01
Family	$4,346.84
Parent & Child	$2,788.83
PRESCRIPTION DRUG PROGRAM #206	
Single	$356.02
Member & Spouse/Partner	$712.04
Family	$993.29
Parent & Child	$637.27
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT 2035 #056 — *PPO Plan with $20 Primary Care / $35 Specialist Care Copayment*	
Single	$1,464.52
Member & Spouse/Partner	$2,929.05
Family	$4,086.02
Parent & Child	$2,621.50
PRESCRIPTION DRUG PROGRAM #207	
Single	$352.07
Member & Spouse/Partner	$704.14
Family	$982.28
Parent & Child	$630.20
Medical Plans Available with Prescription Drug Program #209	
Horizon OMNIA #057 — *Tiered Plan with $5 Primary Care / $20 Specialist Care Copayment for Tier 1*	
Single	$1,127.75
Member & Spouse/Partner	$2,255.50
Family	$3,146.43
Parent & Child	$2,018.68
PRESCRIPTION DRUG PROGRAM #209	
Single	$307.88
Member & Spouse/Partner	$615.77
Family	$859.00
Parent & Child	$551.11

Local Monthly Active Group — Local Government Employers
COBRA Monthly Rates – Horizon Plans
Effective 1/1/2026 to 12/31/2026

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	COBRA RATES
High Deductible Health Plans with Built-In Prescription Drug	
NJ DIRECT HDHigh #090 — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$1,055.37
Member & Spouse/Partner	$2,110.74
Family	$2,944.49
Parent & Child	$1,889.12
NJ DIRECT HDLow #091 — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,565.24
Member & Spouse/Partner	$3,130.48
Family	$4,367.02
Parent & Child	$2,801.78

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

Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates – 26 Aetna Plans

Effective 7/1/2026 to 12/31/2026

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 #2A1	
26 Freedom 10 #01H — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,669.32
Member & Spouse/Partner	$3,338.63
Family	$4,657.40
Parent & Child	$2,988.07
26 Freedom 15 #18A — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,587.16
Member & Spouse/Partner	$3,174.32
Family	$4,428.17
Parent & Child	$2,841.01
26 Aetna HMO #01I — *HMO Plan with $10 Primary Care Copayment*	
Single	$1,552.77
Member & Spouse/Partner	$3,105.55
Family	$4,332.24
Parent & Child	$2,779.46
PRESCRIPTION DRUG PROGRAM #2A1	
Single	$366.09
Member & Spouse/Partner	$732.19
Family	$1,021.41
Parent & Child	$655.31
Medical Plans Available with Prescription Drug Program #29G	
26 Freedom #03A — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,484.55
Member & Spouse/Partner	$2,969.11
Family	$4,141.91
Parent & Child	$2,657.35
PRESCRIPTION DRUG PROGRAM #29G	
Single	$336.06
Member & Spouse/Partner	$672.13
Family	$937.63
Parent & Child	$601.56
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment*	
Single	$1,539.54
Member & Spouse/Partner	$3,079.09
Family	$4,295.34
Parent & Child	$2,755.79
PRESCRIPTION DRUG PROGRAM #2A5	
Single	$337.81
Member & Spouse/Partner	$675.62
Family	$942.50
Parent & Child	$604.68

Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates – 26 Aetna Plans

Effective 7/1/2026 to 12/31/2026

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 #2A6	
26 Freedom 2030 #06E — *PPO Plan with $20 Primary Care / $30 Specialist Care Copayment*	
Single	$1,528.17
Member & Spouse/Partner	$3,056.34
Family	$4,263.60
Parent & Child	$2,735.42
PRESCRIPTION DRUG PROGRAM #2A6	
Single	$338.24
Member & Spouse/Partner	$676.47
Family	$943.68
Parent & Child	$605.44
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — *PPO Plan with $20 Primary Care / $35 Specialist Care Copayment*	
Single	$1,445.14
Member & Spouse/Partner	$2,890.29
Family	$4,031.95
Parent & Child	$2,586.81
PRESCRIPTION DRUG PROGRAM #2A7	
Single	$337.45
Member & Spouse/Partner	$674.92
Family	$941.51
Parent & Child	$604.05
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	$1,113.90
Member & Spouse/Partner	$2,227.80
Family	$3,107.78
Parent & Child	$1,993.88
PRESCRIPTION DRUG PROGRAM #2A9	
Single	$293.98
Member & Spouse/Partner	$587.96
Family	$820.21
Parent & Child	$526.22
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C — *High Deductible Health Plan with $4,100 In-Network Deductible*	
Single	$1,043.56
Member & Spouse/Partner	$2,087.12
Family	$2,911.54
Parent & Child	$1,867.97
26 Freedom HDLow #09D — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,546.81
Member & Spouse/Partner	$3,093.63
Family	$4,315.64
Parent & Child	$2,768.81

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Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates – 26 Horizon Plans

Effective 7/1/2026 to 12/31/2026

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 #2A1	
26 NJ DIRECT10 #05A — *PPO Plan with $10 Primary Care Copayment*	
Single	$1,669.32
Member & Spouse/Partner	$3,338.63
Family	$4,657.40
Parent & Child	$2,988.07
26 NJ DIRECT 15 #15A — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,587.16
Member & Spouse/Partner	$3,174.32
Family	$4,428.17
Parent & Child	$2,841.01
26 Horizon HMO #01A — *HMO Plan with $10 Primary Care Copayment*	
Single	$1,552.77
Member & Spouse/Partner	$3,105.55
Family	$4,332.24
Parent & Child	$2,779.46
PRESCRIPTION DRUG PROGRAM #2A1	
Single	$366.09
Member & Spouse/Partner	$732.19
Family	$1,021.41
Parent & Child	$655.31
Medical Plans Available with Prescription Drug Program #29G	
26 NJ DIRECT #02E — *PPO Plan with $15 Primary Care Copayment*	
Single	$1,484.55
Member & Spouse/Partner	$2,969.11
Family	$4,141.91
Parent & Child	$2,657.35
PRESCRIPTION DRUG PROGRAM #29G	
Single	$336.06
Member & Spouse/Partner	$672.13
Family	$937.63
Parent & Child	$601.56
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — *PPO Plan with $15 Primary Care / $25 Specialist Care Copayment*	
Single	$1,539.54
Member & Spouse/Partner	$3,079.09
Family	$4,295.34
Parent & Child	$2,755.79
PRESCRIPTION DRUG PROGRAM #2A5	
Single	$337.81
Member & Spouse/Partner	$675.62
Family	$942.50
Parent & Child	$604.68

NJDPB Pensions & Benefits

Local Monthly Active Group — Local Government Employers

COBRA Monthly Rates – 26 Horizon Plans

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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 #2A6	
26 NJ DIRECT 2030 #05C — *PPO Plan with $20 Primary Care / $30 Specialist Care Copayment*	
Single	$1,528.17
Member & Spouse/Partner	$3,056.34
Family	$4,263.60
Parent & Child	$2,735.42
PRESCRIPTION DRUG PROGRAM #2A6	
Single	$338.24
Member & Spouse/Partner	$676.47
Family	$943.68
Parent & Child	$605.44
Medical Plans Available with Prescription Drug Program #2A7	
26 NJ DIRECT 2035 #05D — *PPO Plan with $20 Primary Care / $35 Specialist Care Copayment*	
Single	$1,445.14
Member & Spouse/Partner	$2,890.29
Family	$4,031.95
Parent & Child	$2,586.81
PRESCRIPTION DRUG PROGRAM #2A7	
Single	$337.45
Member & Spouse/Partner	$674.92
Family	$941.51
Parent & Child	$604.05
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	$1,113.90
Member & Spouse/Partner	$2,227.80
Family	$3,107.78
Parent & Child	$1,993.88
PRESCRIPTION DRUG PROGRAM #2A9	
Single	$293.98
Member & Spouse/Partner	$587.96
Family	$820.21
Parent & Child	$526.22
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	$1,043.56
Member & Spouse/Partner	$2,087.12
Family	$2,911.54
Parent & Child	$1,867.97
26 NJ DIRECT HDLow #09B — *High Deductible Health Plan with $1,600 In-Network Deductible*	
Single	$1,546.81
Member & Spouse/Partner	$3,093.63
Family	$4,315.64
Parent & Child	$2,768.81

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