



**Chapter 172 Part-Time Active Group —
State Monthly Employers
COBRA Monthly Rates - Aetna Plans
Effective 7/1/2026 to 12/31/2026**

For employers who offer the Employees' Prescription Drug Plan

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	\$1,311.89
Member & Spouse/Partner	\$2,623.79
Family	\$3,752.02
Parent & Child	\$2,440.13
26 Aetna HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,266.12
Member & Spouse/Partner	\$2,532.27
Family	\$3,621.15
Parent & Child	\$2,355.00
PRESCRIPTION DRUG PROGRAM #203	
Single	\$324.72
Member & Spouse/Partner	\$649.45
Family	\$928.72
Parent & Child	\$603.99
Medical Plans Available with Prescription Drug Program #204	
26 Freedom #03A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,186.49
Member & Spouse/Partner	\$2,372.98
Family	\$3,393.38
Parent & Child	\$2,206.88
PRESCRIPTION DRUG PROGRAM #204	
Single	\$296.27
Member & Spouse/Partner	\$592.56
Family	\$847.37
Parent & Child	\$551.08
Medical Plans Available with Prescription Drug Program #2A5	
26 Freedom 1525 #06D — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,274.97
Member & Spouse/Partner	\$2,549.97
Family	\$3,646.45
Parent & Child	\$2,371.46
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$297.84
Member & Spouse/Partner	\$595.70
Family	\$851.84
Parent & Child	\$553.99



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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	\$1,199.13
Member & Spouse/Partner	\$2,398.27
Family	\$3,429.53
Parent & Child	\$2,230.39
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$300.83
Member & Spouse/Partner	\$601.66
Family	\$860.39
Parent & Child	\$559.55
Medical Plans Available with Prescription Drug Program #2A7	
26 Freedom 2035 #06G — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,037.75
Member & Spouse/Partner	\$2,075.51
Family	\$2,967.97
Parent & Child	\$1,930.22
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$275.54
Member & Spouse/Partner	\$551.08
Family	\$788.06
Parent & Child	\$512.50
Medical Plans Available with Prescription Drug Program #2A9	
26 Aetna Liberty Plus #06H — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$883.48
Member & Spouse/Partner	\$1,766.96
Family	\$2,526.77
Parent & Child	\$1,643.29
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$220.16
Member & Spouse/Partner	\$440.33
Family	\$629.68
Parent & Child	\$409.50
High Deductible Health Plans with Built-In Prescription Drug	
26 Freedom HDHigh #09C — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$881.90
Member & Spouse/Partner	\$1,763.78
Family	\$2,522.21
Parent & Child	\$1,640.32

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: 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	
26 NJ DIRECT 15 #15A — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,311.89
Member & Spouse/Partner	\$2,623.79
Family	\$3,752.02
Parent & Child	\$2,440.13
26 Horizon HMO #01A — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,266.12
Member & Spouse/Partner	\$2,532.27
Family	\$3,621.15
Parent & Child	\$2,355.00
PRESCRIPTION DRUG PROGRAM #203	
Single	\$324.72
Member & Spouse/Partner	\$649.45
Family	\$928.72
Parent & Child	\$603.99
Medical Plans Available with Prescription Drug Program #204	
26 NJ DIRECT #02E — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,186.49
Member & Spouse/Partner	\$2,372.98
Family	\$3,393.38
Parent & Child	\$2,206.88
PRESCRIPTION DRUG PROGRAM #204	
Single	\$296.27
Member & Spouse/Partner	\$592.56
Family	\$847.37
Parent & Child	\$551.08
Medical Plans Available with Prescription Drug Program #2A5	
26 NJ DIRECT 1525 #05B — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,274.97
Member & Spouse/Partner	\$2,549.97
Family	\$3,646.45
Parent & Child	\$2,371.46
PRESCRIPTION DRUG PROGRAM #2A5	
Single	\$297.84
Member & Spouse/Partner	\$595.70
Family	\$851.84
Parent & Child	\$553.99



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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	\$1,199.13
Member & Spouse/Partner	\$2,398.27
Family	\$3,429.53
Parent & Child	\$2,230.39
PRESCRIPTION DRUG PROGRAM #2A6	
Single	\$300.83
Member & Spouse/Partner	\$601.66
Family	\$860.39
Parent & Child	\$559.55
Medical Plans Available with Prescription Drug Program #2A7	
26 NJ DIRECT 2035 #05D — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$1,037.75
Member & Spouse/Partner	\$2,075.51
Family	\$2,967.97
Parent & Child	\$1,930.22
PRESCRIPTION DRUG PROGRAM #2A7	
Single	\$275.54
Member & Spouse/Partner	\$551.08
Family	\$788.06
Parent & Child	\$512.50
Medical Plans Available with Prescription Drug Program #2A9	
26 Horizon OMNIA #05E — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$883.48
Member & Spouse/Partner	\$1,766.96
Family	\$2,526.77
Parent & Child	\$1,643.29
PRESCRIPTION DRUG PROGRAM #2A9	
Single	\$220.16
Member & Spouse/Partner	\$440.33
Family	\$629.68
Parent & Child	\$409.50
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	\$881.90
Member & Spouse/Partner	\$1,763.78
Family	\$2,522.21
Parent & Child	\$1,640.32

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