



**Chapter 172 Part-Time Active Group —  
State Monthly Employers  
COBRA Monthly Rates - Aetna Plans  
Effective 7/1/2024 to 12/31/2024**

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 #203	
<b>Freedom15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$980.04
Member & Spouse/Partner	\$1,960.10
Family	\$2,802.94
Parent & Child	\$1,822.89
<b>Aetna HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$939.00
Member & Spouse/Partner	\$1,878.00
Family	\$2,685.53
Parent & Child	\$1,746.53
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$194.80
Member & Spouse/Partner	\$389.61
Family	\$557.15
Parent & Child	\$362.34
Medical Plans Available with Prescription Drug Program #204	
<b>Freedom* #031 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,000.95
Member & Spouse/Partner	\$2,001.91
Family	\$2,862.73
Parent & Child	\$1,861.77
<b>Freedom 2019* #032 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$995.68
Member & Spouse/Partner	\$1,991.36
Family	\$2,847.65
Parent & Child	\$1,851.97
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$185.80
Member & Spouse/Partner	\$371.60
Family	\$531.39
Parent & Child	\$345.59

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



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #205	
<b>Freedom1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$952.61
Member & Spouse/Partner	\$1,905.23
Family	\$2,724.49
Parent & Child	\$1,771.87
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$176.68
Member & Spouse/Partner	\$353.37
Family	\$505.32
Parent & Child	\$328.64
Medical Plans Available with Prescription Drug Program #206	
<b>Freedom2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$895.75
Member & Spouse/Partner	\$1,791.51
Family	\$2,561.87
Parent & Child	\$1,666.10
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$179.82
Member & Spouse/Partner	\$359.66
Family	\$514.32
Parent & Child	\$334.48
Medical Plans Available with Prescription Drug Program #207	
<b>Freedom2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$770.36
Member & Spouse/Partner	\$1,540.73
Family	\$2,203.24
Parent & Child	\$1,432.87
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$161.85
Member & Spouse/Partner	\$323.71
Family	\$462.90
Parent & Child	\$301.05



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
<b>Aetna Liberty Plus #067 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$736.51
Member & Spouse/Partner	\$1,473.02
Family	\$2,106.42
Parent & Child	\$1,369.91
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$141.27
Member & Spouse/Partner	\$282.56
Family	\$404.03
Parent & Child	\$262.75
High Deductible Health Plans with Built-In Prescription Drug	
<b>Freedom HDHigh #092 — High Deductible Health Plan with \$4,100 In-Network Deductible</b>	
Single	\$617.82
Member & Spouse/Partner	\$1,235.65
Family	\$1,766.98
Parent & Child	\$1,149.16

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: [www.nj.gov/treasury/pensions](http://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	
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$980.04
Member & Spouse/Partner	\$1,960.10
Family	\$2,802.94
Parent & Child	\$1,822.89
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$939.00
Member & Spouse/Partner	\$1,878.00
Family	\$2,685.53
Parent & Child	\$1,746.53
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$194.80
Member & Spouse/Partner	\$389.61
Family	\$557.15
Parent & Child	\$362.34
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,000.95
Member & Spouse/Partner	\$2,001.91
Family	\$2,862.73
Parent & Child	\$1,861.77
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$995.68
Member & Spouse/Partner	\$1,991.36
Family	\$2,847.65
Parent & Child	\$1,851.97
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$185.80
Member & Spouse/Partner	\$371.60
Family	\$531.39
Parent & Child	\$345.59

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Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$952.61
Member & Spouse/Partner	\$1,905.23
Family	\$2,724.49
Parent & Child	\$1,771.87
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$176.68
Member & Spouse/Partner	\$353.37
Family	\$505.32
Parent & Child	\$328.64
Medical Plans Available with Prescription Drug Program #206	
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$895.75
Member & Spouse/Partner	\$1,791.51
Family	\$2,561.87
Parent & Child	\$1,666.10
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$179.82
Member & Spouse/Partner	\$359.66
Family	\$514.32
Parent & Child	\$334.48
Medical Plans Available with Prescription Drug Program #207	
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$770.36
Member & Spouse/Partner	\$1,540.73
Family	\$2,203.24
Parent & Child	\$1,432.87
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$161.85
Member & Spouse/Partner	\$323.71
Family	\$462.90
Parent & Child	\$301.05



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Medical Plans Available with Prescription Drug Program #209	
<b>Horizon OMNIA #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$736.51
Member & Spouse/Partner	\$1,473.02
Family	\$2,106.42
Parent & Child	\$1,369.91
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$141.27
Member & Spouse/Partner	\$282.56
Family	\$404.03
Parent & Child	\$262.75
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Single	\$617.82
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