

COBRA Medical Monthly 2024 Rates (Includes 2% Admin Fee)

	NJEP Med & Rx*	GSHP Med & Rx**	Choice POS II 1015	Choice POS II 2035	Select 10	Select 1525	Select 2020	Select 2035	HD HSA 1500***
Monthly Rates:	Medical Rates & NJEP & GSHP RX Rates								
Single	\$1,293.07	\$1,172.07	\$1,079.55	\$924.32	\$1,130.13	\$1,039.04	\$975.43	\$838.15	\$1,007.97
Employee + Spouse	\$2,525.31	\$2,285.91	\$2,135.89	\$1,828.77	\$2,235.97	\$2,055.74	\$1,929.89	\$1,658.81	\$1,994.28
Employee + Child(ren)	\$2,258.14	\$2,035.99	\$1,981.96	\$1,696.97	\$2,074.82	\$1,907.58	\$1,790.80	\$1,538.77	\$1,850.56
Family	\$3,570.05	\$3,228.56	\$3,046.76	\$2,608.66	\$3,189.52	\$2,932.42	\$2,752.90	\$2,365.47	\$2,844.75

*NJ Educator Plan includes prescription pricing. Medical is with Aetna and Prescription is with Express Scripts.

** Garden State Health Plan includes prescription pricing. Medical is with Aetna and Prescription is with Express Scripts.

***HDHP 1500 Plan rates do not include Rx and is only showing Medical.

COBRA Prescription Monthly 2024 Rates

Express
Scripts Rx

Monthly Rates:	\$0/\$20
Single	\$238.81
Employee + Spouse	\$438.46
Employee + Child(ren)	\$319.06
Family	\$592.25

12.8.2023

COBRA Dental, Vision, and EAP Monthly 2024 Rates

Aetna NTU Dental COBRA 2024 Rates

Monthly Rates:	Aetna PPO Dental Choice	Aetna DMO Dental
Single	\$28.29	\$28.29
EE and Spouse	\$56.59	\$56.59
EE and Child(ren)	\$50.93	\$50.93
EE and Family	\$79.22	\$79.22

Aetna Vision COBRA 2024 Rates (All unions)

Monthly Rates:	Vision
EE	\$8.68
EE and Dependents	\$8.68

Aetna CASA & Unaffiliated Dental COBRA 2024 Rates

Monthly Rates:	Aetna PPO Dental	Aetna DMO Dental
Single	\$22.88	\$22.88
EE and Spouse	\$46.23	\$46.23
EE and Child(ren)	\$45.13	\$45.13
EE and Family	\$74.83	\$74.83

EAP COBRA 2024 Rates (All unions)

Monthly Rates:	EAP
EE	\$2.00

Aetna Local 1, 3, 32, 617, 68, NTA, & BTC Dental COBRA 2024 Rates

Monthly Rates:	Aetna PPO Dental	Aetna DMO Dental
Single	\$19.80	\$19.80
EE and Spouse	\$39.80	\$39.80
EE and Child(ren)	\$38.87	\$38.87
EE and Family	\$64.69	\$64.69

Group Dental Local 1, 3, 32, 617, 68, NTA, & BTC Dental COBRA 2024 Rates

Monthly Rates:	Group Dental
Single	\$32.32
EE and Spouse	\$71.11
EE and Child(ren)	\$64.65
EE and Family	\$99.89

Group Dental subscribers (BTC, CASA, Local 3, 32, 68, 617, NTA, and unaffiliated members) are grandfathered into this plan