

COBRA Medical Monthly July 1, 2026 - June 30, 2027 Rates (Includes 2% Admin Fee)

	NJEP Med Only	GSHP Med & Rx**	Choice POS II 1015	Choice POS II 2035	Select 10	Select 1525	Select 2020	Select 2035
Monthly Rates:	Medical Rates & NJEP & GSHP without RX Rates							
Single	\$1,375.94	\$1,219.07	\$1,461.60	\$1,251.45	\$1,530.10	\$1,406.76	\$1,320.63	\$1,134.78
Employee + Spouse	\$2,722.28	\$2,411.92	\$2,891.79	\$2,475.97	\$3,027.30	\$2,783.26	\$2,612.88	\$2,245.85
Employee + Child(ren)	\$2,526.08	\$2,238.09	\$2,683.38	\$2,297.53	\$2,809.11	\$2,582.67	\$2,424.57	\$2,083.34
Family	\$3,883.19	\$3,440.50	\$4,125.00	\$3,531.86	\$4,318.30	\$3,970.20	\$3,727.14	\$3,202.62

*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.

COBRA Prescription Monthly 2026/2027 Rates

	Express Scripts Rx	*Express Scripts Inc Rx (will be added to the medical rates)
Monthly Rates:	\$0/\$20	NJEP & GSHP Rx Plan
Single	\$337.37	\$327.25
Employee + Spouse	\$619.41	\$600.82
Employee + Child(ren)	\$450.72	\$437.20
Family	\$836.67	\$811.57

Aetna NTU Dental 2026/2027 COBRA Rates

Monthly Rates:	Aetna PPO Dental Choice	Aetna DMO Dental
Single	\$29.87	\$29.87
EE and Spouse	\$59.74	\$59.74
EE and Child(ren)	\$53.76	\$53.76
EE and Family	\$83.63	\$83.63

Group Dental 2026 Rates

Monthly Rates:	Group Dental (Closed Plan)
Single	\$34.97
EE and Spouse	\$76.92
EE and Child(ren)	\$69.92
EE and Family	\$108.01

Group Dental 2027 Rates

Monthly Rates:	Group Dental (Closed Plan)
Single	\$36.36
EE and Spouse	\$80.00
EE and Child(ren)	\$72.72
EE and Family	\$112.32

Aetna CASA & Unaffiliated Dental 2026/2027 COBRA Rates

Monthly Rates:	Aetna PPO Dental	Aetna DMO Dental
Single	\$24.15	\$24.15
EE and Spouse	\$48.81	\$48.81
EE and Child(ren)	\$47.64	\$47.64
EE and Family	\$79.00	\$79.00

EAP COBRA 2026/2027 Rates (All unions)

Monthly Rates:	EAP
EE	\$2.00

Aetna Local 1, 3, 32, 617, 68, NTA, & BTC Dental 2026/2027 COBRA Rates

Monthly Rates:	Aetna PPO Dental	Aetna DMO Dental
Single	\$20.90	\$20.90
EE and Spouse	\$42.01	\$42.01
EE and Child(ren)	\$41.03	\$41.03
EE and Family	\$68.29	\$68.29

Aetna Vision 2026/2027 COBRA Rates (All unions)

Monthly Rates:	Vision
EE	\$8.85
EE and Dependents	\$8.85