



**Local Monthly Active Group —
Local Government Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$940.60
Member & Spouse/Partner	\$1,881.20
Family	\$2,624.27
Parent & Child	\$1,683.67
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$895.68
Member & Spouse/Partner	\$1,791.36
Family	\$2,498.94
Parent & Child	\$1,603.26
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$911.12
Member & Spouse/Partner	\$1,822.25
Family	\$2,542.04
Parent & Child	\$1,630.91
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$837.75
Member & Spouse/Partner	\$1,675.52
Family	\$2,337.38
Parent & Child	\$1,499.59
NJ DIRECT 2019* #031 — PPO Plan with \$15 Primary Care Copayment	
Single	\$837.75
Member & Spouse/Partner	\$1,675.52
Family	\$2,337.38
Parent & Child	\$1,499.59
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$865.41
Member & Spouse/Partner	\$1,730.83
Family	\$2,414.52
Parent & Child	\$1,549.10
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$819.31
Member & Spouse/Partner	\$1,638.63
Family	\$2,285.89
Parent & Child	\$1,466.57
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$708.51
Member & Spouse/Partner	\$1,417.02
Family	\$1,976.74
Parent & Child	\$1,268.23



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$691.24
Member & Spouse/Partner	\$1,382.48
Family	\$1,928.57
Parent & Child	\$1,237.33
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$491.85
Member & Spouse/Partner	\$983.70
Family	\$1,372.27
Parent & Child	\$880.42
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$729.47
Member & Spouse/Partner	\$1,458.94
Family	\$2,035.22
Parent & Child	\$1,305.75

* 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.

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