



**Chapter 172 Part-Time Active Group —
State Monthly Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$782.62
Member & Spouse/Partner	\$1,565.25
Family	\$2,238.30
Parent & Child	\$1,455.68
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$749.84
Member & Spouse/Partner	\$1,499.68
Family	\$2,144.55
Parent & Child	\$1,394.70
PRESCRIPTION DRUG PROGRAM #203	
Single	\$138.16
Member & Spouse/Partner	\$276.33
Family	\$395.16
Parent & Child	\$256.99
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$679.19
Member & Spouse/Partner	\$1,359.59
Family	\$1,944.22
Parent & Child	\$1,264.43
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$676.21
Member & Spouse/Partner	\$1,352.44
Family	\$1,933.99
Parent & Child	\$1,257.77
PRESCRIPTION DRUG PROGRAM #204	
Single	\$116.97
Member & Spouse/Partner	\$233.93
Family	\$334.52
Parent & Child	\$217.56



**Chapter 172 Part-Time Active Group —
State Monthly Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$760.71
Member & Spouse/Partner	\$1,521.43
Family	\$2,175.64
Parent & Child	\$1,414.93
PRESCRIPTION DRUG PROGRAM #205	
Single	\$125.30
Member & Spouse/Partner	\$250.61
Family	\$358.37
Parent & Child	\$233.07
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$715.31
Member & Spouse/Partner	\$1,430.63
Family	\$2,045.80
Parent & Child	\$1,330.48
PRESCRIPTION DRUG PROGRAM #206	
Single	\$127.54
Member & Spouse/Partner	\$255.08
Family	\$364.76
Parent & Child	\$237.22
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$615.17
Member & Spouse/Partner	\$1,230.34
Family	\$1,759.38
Parent & Child	\$1,144.21
PRESCRIPTION DRUG PROGRAM #207	
Single	\$114.79
Member & Spouse/Partner	\$229.58
Family	\$328.29
Parent & Child	\$213.50



**Chapter 172 Part-Time Active Group —
State Monthly Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 #209	
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$566.04
Member & Spouse/Partner	\$1,132.09
Family	\$1,618.90
Parent & Child	\$1,052.82
PRESCRIPTION DRUG PROGRAM #209	
Single	\$131.41
Member & Spouse/Partner	\$262.85
Family	\$375.84
Parent & Child	\$244.43
High Deductible Health Plans with Built-In Prescription Drug	
NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$482.74
Member & Spouse/Partner	\$965.49
Family	\$1,380.65
Parent & Child	\$897.90

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