



**Local Monthly Active Group —
Local Government Employers
COBRA Monthly Rates**
Effective 1/1/2022 to 12/31/2022

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 #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$864.24
Member & Spouse/Partner	\$1,728.49
Family	\$2,411.49
Parent & Child	\$1,547.00
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$822.99
Member & Spouse/Partner	\$1,645.99
Family	\$2,296.16
Parent & Child	\$1,473.16
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$799.33
Member & Spouse/Partner	\$1,598.66
Family	\$2,230.13
Parent & Child	\$1,430.80
PRESCRIPTION DRUG PROGRAM #201	
Single	\$153.14
Member & Spouse/Partner	\$306.28
Family	\$427.26
Parent & Child	\$274.12
Medical Plans Available with Prescription Drug Program #297	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$769.50
Member & Spouse/Partner	\$1,539.01
Family	\$2,146.92
Parent & Child	\$1,377.41
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$769.50
Member & Spouse/Partner	\$1,539.01
Family	\$2,146.92
Parent & Child	\$1,377.41
PRESCRIPTION DRUG PROGRAM #297	
Single	\$138.99
Member & Spouse/Partner	\$277.99
Family	\$387.79
Parent & Child	\$248.79

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.



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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	\$798.33
Member & Spouse/Partner	\$1,596.66
Family	\$2,227.35
Parent & Child	\$1,429.02
PRESCRIPTION DRUG PROGRAM #205	
Single	\$138.89
Member & Spouse/Partner	\$277.78
Family	\$387.50
Parent & Child	\$248.61
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$750.40
Member & Spouse/Partner	\$1,500.80
Family	\$2,093.63
Parent & Child	\$1,343.22
PRESCRIPTION DRUG PROGRAM #206	
Single	\$141.37
Member & Spouse/Partner	\$282.74
Family	\$394.42
Parent & Child	\$253.05
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$645.35
Member & Spouse/Partner	\$1,290.70
Family	\$1,800.53
Parent & Child	\$1,155.18
PRESCRIPTION DRUG PROGRAM #207	
Single	\$127.22
Member & Spouse/Partner	\$254.44
Family	\$354.96
Parent & Child	\$227.73



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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	\$611.14
Member & Spouse/Partner	\$1,222.28
Family	\$1,705.09
Parent & Child	\$1,093.95
PRESCRIPTION DRUG PROGRAM #209	
Single	\$142.61
Member & Spouse/Partner	\$285.23
Family	\$397.90
Parent & Child	\$255.28
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	\$509.74
Member & Spouse/Partner	\$1,019.49
Family	\$1,422.18
Parent & Child	\$912.44
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$756.00
Member & Spouse/Partner	\$1,512.00
Family	\$2,109.24
Parent & Child	\$1,353.24

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