



**Local Monthly Active Group —
Education 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 | \$872.23 |
| Member & Spouse/Partner | \$1,744.45 |
| Family | \$2,494.57 |
| Parent & Child | \$1,622.34 |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$830.34 |
| Member & Spouse/Partner | \$1,660.67 |
| Family | \$2,374.76 |
| Parent & Child | \$1,544.43 |
| PRESCRIPTION DRUG PROGRAM #201 | |
| Single | \$172.74 |
| Member & Spouse/Partner | \$345.49 |
| Family | \$494.05 |
| Parent & Child | \$321.31 |
| Medical Plan Available with Prescription Drug Program #298 | |
| NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment | |
| Single | \$791.28 |
| Member & Spouse/Partner | \$1,582.57 |
| Family | \$2,263.07 |
| Parent & Child | \$1,471.78 |
| PRESCRIPTION DRUG PROGRAM #298 | |
| Single | \$118.00 |
| Member & Spouse/Partner | \$236.00 |
| Family | \$337.48 |
| Parent & Child | \$219.48 |
| Medical Plan Available with Prescription Drug Program #299 | |
| GARDEN STATE HEALTH PLAN #099 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment | |
| Single | \$718.73 |
| Member & Spouse/Partner | \$1,437.45 |
| Family | \$2,055.56 |
| Parent & Child | \$1,336.83 |
| PRESCRIPTION DRUG PROGRAM #299 | |
| Single | \$123.79 |
| Member & Spouse/Partner | \$247.59 |
| Family | \$354.06 |
| Parent & Child | \$230.26 |

*Garden State Health Plan effective 7/1/2022 - 12/31/2022

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