



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

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	\$1,021.65
Member & Spouse/Partner	\$2,043.31
Family	\$2,921.94
Parent & Child	\$1,900.28
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.73
Member & Spouse/Partner	\$1,953.46
Family	\$2,793.45
Parent & Child	\$1,816.73
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$909.28
Member & Spouse/Partner	\$1,818.57
Family	\$2,600.56
Parent & Child	\$1,691.27
GARDEN STATE HEALTH PLAN #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$842.53
Member & Spouse/Partner	\$1,685.05
Family	\$2,409.62
Parent & Child	\$1,567.09

*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