



**Chapter 172 Part-Time Active Group —
State Monthly 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 #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$757.04
Member & Spouse/Partner	\$1,514.08
Family	\$2,165.14
Parent & Child	\$1,408.09
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$725.33
Member & Spouse/Partner	\$1,450.66
Family	\$2,074.44
Parent & Child	\$1,349.11
PRESCRIPTION DRUG PROGRAM #203	
Single	\$144.89
Member & Spouse/Partner	\$289.78
Family	\$414.38
Parent & Child	\$269.49
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$777.96
Member & Spouse/Partner	\$1,555.92
Family	\$2,224.97
Parent & Child	\$1,447.01
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$773.86
Member & Spouse/Partner	\$1,547.73
Family	\$2,213.26
Parent & Child	\$1,439.39
PRESCRIPTION DRUG PROGRAM #204	
Single	\$143.47
Member & Spouse/Partner	\$286.94
Family	\$410.33
Parent & Child	\$266.85

*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.



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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	\$735.84
Member & Spouse/Partner	\$1,471.70
Family	\$2,104.53
Parent & Child	\$1,368.68
PRESCRIPTION DRUG PROGRAM #205	
Single	\$131.40
Member & Spouse/Partner	\$262.81
Family	\$375.81
Parent & Child	\$244.41
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$691.92
Member & Spouse/Partner	\$1,383.86
Family	\$1,978.92
Parent & Child	\$1,286.99
PRESCRIPTION DRUG PROGRAM #206	
Single	\$133.75
Member & Spouse/Partner	\$267.50
Family	\$382.53
Parent & Child	\$248.77
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$595.06
Member & Spouse/Partner	\$1,190.13
Family	\$1,701.90
Parent & Child	\$1,106.83
PRESCRIPTION DRUG PROGRAM #207	
Single	\$120.38
Member & Spouse/Partner	\$240.76
Family	\$344.28
Parent & Child	\$223.90



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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	\$568.24
Member & Spouse/Partner	\$1,136.48
Family	\$1,625.17
Parent & Child	\$1,056.93
PRESCRIPTION DRUG PROGRAM #209	
Single	\$126.52
Member & Spouse/Partner	\$253.04
Family	\$361.85
Parent & Child	\$235.32
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	\$473.82
Member & Spouse/Partner	\$947.64
Family	\$1,355.14
Parent & Child	881.31

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