



**Chapter 172 Part-Time Active Group —
Local 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	\$1,082.94
Member & Spouse/Partner	\$2,165.90
Family	\$3,097.25
Parent & Child	\$2,014.29
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,035.33
Member & Spouse/Partner	\$2,070.66
Family	\$2,961.06
Parent & Child	\$1,925.72
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$963.83
Member & Spouse/Partner	\$1,927.68
Family	\$2,756.59
Parent & Child	\$1,792.74
GARDEN STATE HEALTH PLAN #099 - PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$893.08
Member & Spouse/Partner	\$1,786.15
Family	\$2,554.20
Parent & Child	\$1,661.12

*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