



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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$888.85
Member & Spouse/Partner	\$1,777.71
Family	\$2,479.91
Parent & Child	\$1,591.05
NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$888.85
Member & Spouse/Partner	\$1,777.71
Family	\$2,479.91
Parent & Child	\$1,591.05
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$996.66
Member & Spouse/Partner	\$1,993.31
Family	\$2,780.67
Parent & Child	\$1,784.02
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$952.73
Member & Spouse/Partner	\$1,905.45
Family	\$2,658.10
Parent & Child	\$1,705.37
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$944.68
Member & Spouse/Partner	\$1,889.36
Family	\$2,635.66
Parent & Child	\$1,690.98
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$917.60
Member & Spouse	\$1,835.20
Family	\$2,560.10
Parent & Child	\$1,642.50
Horizon HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,081.10
Member & Spouse	\$2,356.84
Family	\$2,681.16
Parent & Child	\$1,513.57



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$870.91
Member & Spouse	\$1,741.82
Family	\$2,429.85
Parent & Child	\$1,558.93
Horizon HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment	
Single	\$1,029.81
Member & Spouse	\$2,245.05
Family	\$2,553.97
Parent & Child	\$1,441.77
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$733.60
Member & Spouse	\$1,467.20
Family	\$2,046.76
Parent & Child	\$1,313.15
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$756.00
Member & Spouse	\$1,512.00
Family	\$2,109.24
Parent & Child	\$1,353.24
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$509.74
Member & Spouse/Partner	\$1,019.49
Family	\$1,422.18
Parent & Child	\$912.44