



**Local Monthly Active Group —
Education Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 #208	
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$757.97
Member & Spouse/Partner	\$1,515.94
Family	\$2,167.79
Parent & Child	\$1,409.82
PRESCRIPTION DRUG PROGRAM #208	
Single	\$159.61
Member & Spouse/Partner	\$319.23
Family	\$456.51
Parent & Child	\$296.89
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$946.59
Member & Spouse/Partner	\$1,893.18
Family	\$2,707.25
Parent & Child	\$1,760.66
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$901.12
Member & Spouse/Partner	\$1,802.25
Family	\$2,577.23
Parent & Child	\$1,676.10
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$859.29
Member & Spouse/Partner	\$1,718.59
Family	\$2,457.59
Parent & Child	\$1,598.29
PRESCRIPTION DRUG PROGRAM #201	
Single	\$174.93
Member & Spouse/Partner	\$349.86
Family	\$500.29
Parent & Child	\$325.36



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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	\$874.56
Member & Spouse/Partner	\$1,749.13
Family	\$2,501.26
Parent & Child	\$1,626.69
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$793.47
Member & Spouse/Partner	\$1,586.95
Family	\$2,269.34
Parent & Child	\$1,475.86
PRESCRIPTION DRUG PROGRAM #205	
Single	\$158.65
Member & Spouse/Partner	\$317.30
Family	\$453.73
Parent & Child	\$295.08
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$821.92
Member & Spouse/Partner	\$1,643.85
Family	\$2,350.71
Parent & Child	\$1,528.78
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$746.14
Member & Spouse/Partner	\$1,492.28
Family	\$2,133.96
Parent & Child	\$1,387.82
PRESCRIPTION DRUG PROGRAM #206	
Single	\$161.45
Member & Spouse/Partner	\$322.91
Family	\$461.76
Parent & Child	\$300.30



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$706.87
Member & Spouse/Partner	\$1,413.74
Family	\$2,021.65
Parent & Child	\$1,314.78
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$641.67
Member & Spouse/Partner	\$1,283.34
Family	\$1,835.18
Parent & Child	\$1,193.51
PRESCRIPTION DRUG PROGRAM #207	
Single	\$145.31
Member & Spouse/Partner	\$290.63
Family	\$415.60
Parent & Child	\$270.28
High Deductible Health Plans with Built-In Prescription Drug	
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible	
Single	\$903.30
Member & Spouse/Partner	\$1,806.60
Family	\$2,583.44
Parent & Child	\$1,680.14

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