



**Chapter 172 Part-Time Active Group —
Local Education Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$885.67
Member & Spouse/Partner	\$1,771.35
Family	\$2,533.02
Parent & Child	\$1,647.35
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,074.29
Member & Spouse/Partner	\$2,148.58
Family	\$3,072.48
Parent & Child	\$1,998.19
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,022.69
Member & Spouse/Partner	\$2,045.38
Family	\$2,924.90
Parent & Child	\$1,902.20
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,027.42
Member & Spouse/Partner	\$2,054.85
Family	\$2,938.43
Parent & Child	\$1,911.01
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$988.49
Member & Spouse/Partner	\$1,976.98
Family	\$2,827.08
Parent & Child	\$1,838.59
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$952.12
Member & Spouse/Partner	\$1,904.25
Family	\$2,723.08
Parent & Child	\$1,770.95
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$935.85
Member & Spouse/Partner	\$1,871.70
Family	\$2,676.53
Parent & Child	\$1,740.68



**Chapter 172 Part-Time Active Group —
Local Education Employers
COBRA Monthly Rates**
Effective 1/1/2020 to 12/31/2020

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	COBRA RATES
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$907.59
Member & Spouse/Partner	\$1,815.19
Family	\$2,595.72
Parent & Child	\$1,688.13
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$809.41
Member & Spouse/Partner	\$1,618.82
Family	\$2,314.92
Parent & Child	\$1,505.50
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$786.99
Member & Spouse/Partner	\$1,573.98
Family	\$2,250.79
Parent & Child	\$1,463.80

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