



**Local Retired Group —  
Local Government Employers  
COBRA Monthly Rates**  
Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$837.75
Member & Spouse/Partner	\$1,675.52
Family	\$2,337.38
Parent & Child	\$1,499.59
<b>NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$837.75
Member & Spouse/Partner	\$1,675.52
Family	\$2,337.38
Parent & Child	\$1,499.59
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$940.60
Member & Spouse/Partner	\$1,881.20
Family	\$2,624.27
Parent & Child	\$1,683.67
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$895.68
Member & Spouse/Partner	\$1,791.36
Family	\$2,498.94
Parent & Child	\$1,603.26
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$911.12
Member & Spouse/Partner	\$1,822.25
Family	\$2,542.04
Parent & Child	\$1,630.91
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$865.41
Member & Spouse	\$1,730.83
Family	\$2,414.52
Parent & Child	\$1,549.10
<b>Horizon HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$733.92
Member & Spouse	\$1,599.95
Family	\$1,820.11
Parent & Child	\$1,027.49



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$819.31
Member & Spouse	\$1,638.63
Family	\$2,285.89
Parent & Child	\$1,466.57
<b>Horizon HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment</b>	
Single	\$698.65
Member & Spouse	\$1,523.12
Family	\$1,732.71
Parent & Child	\$978.14
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$691.24
Member & Spouse	\$1,382.48
Family	\$1,928.57
Parent & Child	\$1,237.33
<b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>	
Single	\$729.47
Member & Spouse	\$1,458.94
Family	\$2,035.22
Parent & Child	\$1,305.75
<b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>	
Single	\$491.85
Member & Spouse/Partner	\$983.70
Family	\$1,372.27
Parent & Child	\$880.42