



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

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	\$1,976.89
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



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Horizon HMO2030 #054 — <i>HMO Plan with \$20 Primary Care / \$30 Specialist Copayment</i>	
Single	\$907.59
Member & Spouse/Partner	\$1,815.19
Family	\$2,595.72
Parent & Child	\$1,688.13
NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$491.85
Member & Spouse/Partner	\$983.70
Family	\$1,372.27
Parent & Child	\$880.42