



**Local Monthly Active Group —
Education Employers
COBRA Monthly Rates**
Effective 1/1/2021 to 12/31/2021

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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,027.26
Member & Spouse/Partner	\$2,054.52
Family	\$2,937.95
Parent & Child	\$1,910.70
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$977.91
Member & Spouse/Partner	\$1,955.82
Family	\$2,796.85
Parent & Child	\$1,818.92
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$900.49
Member & Spouse/Partner	\$1,800.99
Family	\$2,575.41
Parent & Child	\$1,674.93

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