



**Chapter 172 Part-Time Active Group —
State Monthly Employers
COBRA Monthly Rates**
Effective 1/1/2021 to 12/31/2021

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 #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$802.19
Member & Spouse/Partner	\$1,604.40
Family	\$2,294.31
Parent & Child	\$1,492.10
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$768.60
Member & Spouse/Partner	\$1,537.20
Family	\$2,198.20
Parent & Child	\$1,429.60
PRESCRIPTION DRUG PROGRAM #203	
Single	\$145.68
Member & Spouse/Partner	\$291.38
Family	\$416.68
Parent & Child	\$270.98
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$749.36
Member & Spouse/Partner	\$1,498.73
Family	\$2,143.19
Parent & Child	\$1,393.81
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$745.41
Member & Spouse/Partner	\$1,490.84
Family	\$2,131.90
Parent & Child	\$1,386.48
PRESCRIPTION DRUG PROGRAM #204	
Single	\$129.61
Member & Spouse/Partner	\$259.22
Family	\$370.69
Parent & Child	\$241.07



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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	\$779.74
Member & Spouse/Partner	\$1,559.49
Family	\$2,230.07
Parent & Child	\$1,450.32
PRESCRIPTION DRUG PROGRAM #205	
Single	\$132.13
Member & Spouse/Partner	\$264.26
Family	\$377.89
Parent & Child	\$245.75
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$733.20
Member & Spouse/Partner	\$1,466.42
Family	\$2,096.99
Parent & Child	\$1,363.78
PRESCRIPTION DRUG PROGRAM #206	
Single	\$134.48
Member & Spouse/Partner	\$268.97
Family	\$384.64
Parent & Child	\$250.15
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$630.56
Member & Spouse/Partner	\$1,261.12
Family	\$1,803.41
Parent & Child	\$1,172.84
PRESCRIPTION DRUG PROGRAM #207	
Single	\$121.03
Member & Spouse/Partner	\$242.07
Family	\$346.17
Parent & Child	\$225.13



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
OMNIA HEALTH PLAN #057 — <i>Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</i>	
Single	\$583.39
Member & Spouse/Partner	\$1,166.80
Family	\$1,668.53
Parent & Child	\$1,085.12
PRESCRIPTION DRUG PROGRAM #209	
Single	\$137.89
Member & Spouse/Partner	\$275.80
Family	\$394.37
Parent & Child	\$256.47
High Deductible Health Plans with Built-In Prescription Drug	
NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$497.30
Member & Spouse/Partner	\$994.61
Family	\$1,422.28
Parent & Child	\$924.98

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