



**Chapter 172 Part-Time Active Group —
Local 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	\$1,088.89
Member & Spouse/Partner	\$2,177.79
Family	\$3,114.23
Parent & Child	\$2,025.34
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,036.58
Member & Spouse/Partner	\$2,073.17
Family	\$2,964.66
Parent & Child	\$1,928.05
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$954.52
Member & Spouse/Partner	\$1,909.05
Family	\$2,729.93
Parent & Child	\$1,775.42

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