



**Local Retired Group —  
Local Government Employers  
COBRA Monthly Rates**  
Effective 1/1/2021 to 12/31/2021

PLAN/COVERAGE DESCRIPTION	COBRA RATES
<b>NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$853.25
Member & Spouse/Partner	\$1,706.50
Family	\$2,380.56
Parent & Child	\$1,527.31
<b>NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$853.25
Member & Spouse/Partner	\$1,706.50
Family	\$2,380.56
Parent & Child	\$1,527.31
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$958.00
Member & Spouse/Partner	\$1,916.00
Family	\$2,672.82
Parent & Child	\$1,714.82
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$912.24
Member & Spouse/Partner	\$1,824.49
Family	\$2,545.16
Parent & Child	\$1,632.91
<b>Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$926.85
Member & Spouse/Partner	\$1,853.70
Family	\$2,585.92
Parent & Child	\$1,659.07
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$881.52
Member & Spouse	\$1,763.04
Family	\$2,459.45
Parent & Child	\$1,577.92
<b>Horizon HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$821.78
Member & Spouse	\$1,791.49
Family	\$2,038.02
Parent & Child	\$1,150.50



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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	\$834.40
Member & Spouse	\$1,668.80
Family	\$2,327.98
Parent & Child	\$1,493.58
<b>Horizon HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment</b>	
Single	\$783.47
Member & Spouse	\$1,708.02
Family	\$1,943.04
Parent & Child	\$1,096.88
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$703.49
Member & Spouse	\$1,406.98
Family	\$1,962.75
Parent & Child	\$1,259.26
<b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>	
Single	\$741.49
Member & Spouse	\$1,482.99
Family	\$2,068.78
Parent & Child	\$1,327.28
<b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>	
Single	\$499.96
Member & Spouse/Partner	\$999.92
Family	\$1,394.89
Parent & Child	\$894.92