



**Chapter 172 Part-Time Active Group —
State Monthly Employers
COBRA Monthly Rates**
Effective 1/1/2023 to 12/31/2023

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	\$951.07
Member & Spouse/Partner	\$1,902.16
Family	\$2,720.10
Parent & Child	\$1,769.01
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$911.23
Member & Spouse/Partner	\$1,822.48
Family	\$2,606.15
Parent & Child	\$1,694.91
PRESCRIPTION DRUG PROGRAM #203	
Single	\$157.25
Member & Spouse/Partner	\$314.51
Family	\$449.75
Parent & Child	\$292.50
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$981.87
Member & Spouse/Partner	\$1,963.74
Family	\$2,808.15
Parent & Child	\$1,826.27
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$976.70
Member & Spouse/Partner	\$1,953.40
Family	\$2,793.36
Parent & Child	\$1,816.66
PRESCRIPTION DRUG PROGRAM #204	
Single	\$161.40
Member & Spouse/Partner	\$322.81
Family	\$461.63
Parent & Child	\$300.21

*Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.



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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	\$924.45
Member & Spouse/Partner	\$1,848.91
Family	\$2,643.95
Parent & Child	\$1,719.49
PRESCRIPTION DRUG PROGRAM #205	
Single	\$142.62
Member & Spouse/Partner	\$285.25
Family	\$407.90
Parent & Child	\$265.28
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$869.27
Member & Spouse/Partner	\$1,738.55
Family	\$2,486.13
Parent & Child	\$1,616.85
PRESCRIPTION DRUG PROGRAM #206	
Single	\$145.15
Member & Spouse/Partner	\$290.32
Family	\$415.17
Parent & Child	\$270.00
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$747.58
Member & Spouse/Partner	\$1,495.17
Family	\$2,138.10
Parent & Child	\$1,390.51
PRESCRIPTION DRUG PROGRAM #207	
Single	\$130.65
Member & Spouse/Partner	\$261.31
Family	\$373.67
Parent & Child	\$243.02



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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	\$718.87
Member & Spouse/Partner	\$1,437.75
Family	\$2,055.98
Parent & Child	\$1,337.10
PRESCRIPTION DRUG PROGRAM #209	
Single	\$133.87
Member & Spouse/Partner	\$267.77
Family	\$382.88
Parent & Child	\$249.01
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	\$580.15
Member & Spouse/Partner	\$1,160.32
Family	\$1,659.26
Parent & Child	\$1,079.09

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