



**Local Monthly Active Group —
Education Employers
COBRA Monthly Rates**
Effective 1/1/2024 to 12/31/2024

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	\$1,321.04
Member & Spouse/Partner	\$2,642.09
Family	\$3,778.18
Parent & Child	\$2,457.13
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,267.10
Member & Spouse/Partner	\$2,534.22
Family	\$3,623.93
Parent & Child	\$2,356.82
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$1,074.66
Member & Spouse/Partner	\$2,149.32
Family	\$3,073.52
Parent & Child	\$1,998.86
GARDEN STATE HEALTH PLAN #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$947.92
Member & Spouse/Partner	\$1,895.84
Family	\$2,711.05
Parent & Child	\$1,763.13

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