



**Local Retired Group —
Local Government Employers
COBRA Monthly Rates
Effective 1/1/2024 to 12/31/2024**

PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,168.46
Member & Spouse/Partner	\$2,336.92
Family	\$3,260.00
Parent & Child	\$2,091.54
NJ DIRECT 2019 #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,163.13
Member & Spouse/Partner	\$2,326.27
Family	\$3,245.15
Parent & Child	\$2,082.01
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$1,309.49
Member & Spouse/Partner	\$2,618.98
Family	\$3,653.48
Parent & Child	\$2,343.99
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$1,253.69
Member & Spouse/Partner	\$2,507.38
Family	\$3,497.79
Parent & Child	\$2,244.10
Horizon HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$1,227.40
Member & Spouse/Partner	\$2,454.81
Family	\$3,424.46
Parent & Child	\$2,197.05
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,206.18
Member & Spouse	\$2,412.36
Family	\$3,365.24
Parent & Child	\$2,159.06
Horizon HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$1,307.54
Member & Spouse	\$2,850.49
Family	\$3,242.75
Parent & Child	\$1,830.60



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PLAN/COVERAGE DESCRIPTION	COBRA RATES
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$1,145.53
Member & Spouse	\$2,291.06
Family	\$3,196.02
Parent & Child	\$2,050.49
Horizon HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Copayment	
Single	\$1,244.46
Member & Spouse	\$2,713.00
Family	\$3,086.32
Parent & Child	\$1,742.29
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$917.51
Member & Spouse	\$1,835.03
Family	\$2,559.86
Parent & Child	\$1,642.35
NJ DIRECT HDHigh #090 — High Deductible Health Plan with \$4,100 In-Network Deductible	
Single	\$661.19
Member & Spouse/Partner	\$1,322.38
Family	\$1,844.73
Parent & Child	\$1,183.53
NJ DIRECT HDLow #091 — High Deductible Health Plan with \$1,600 In-Network Deductible	
Single	\$980.61
Member & Spouse	\$1,961.23
Family	\$2,735.92
Parent & Child	\$1,755.30