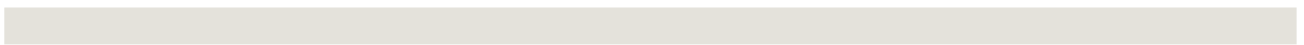
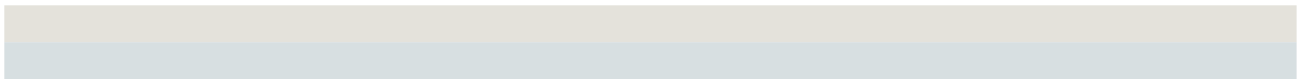
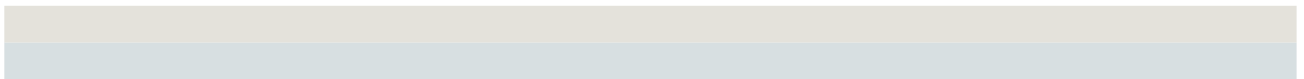
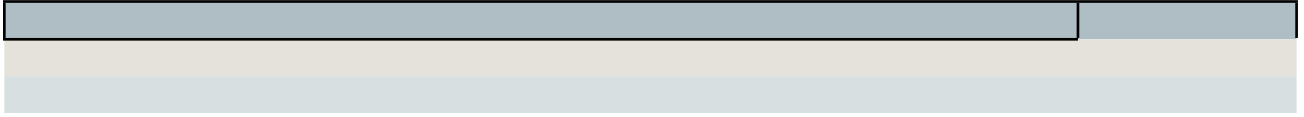




## Chapter 172 Part-Time Active Group —





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

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription Drug Program #209	
<b>OMNIA HEALTH PLAN #057</b> — <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
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$133.87
Member & Spouse/Partner	\$267.77
Family	\$382.88
Parent & Child	\$249.01
High Deductible Health Plans with Built-In Prescription Drug	
<b>NJ DIRECT HD4000 #090</b> — <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](http://www.nj.gov/treasury/pensions)