

PLAN/COVERAGE DESCRIPTION	COBRA RATES
Medical Plans Available with Prescription D	rug Program #203
NJ DIRECT15 #150 —	
Single	\$864.62
Member & Spouse/Partner	\$1,729.24
Family	\$2,472.82
Parent & Child	\$1,608.20
HORIZON HMO #011 —	
Single	\$828.40
Member & Spouse/Partner	\$1,656.80
Family	\$2,369.23
Parent & Child	\$1,540.83
PRESCRIPTION DRUG PROGRAM #203	
Single	\$142.96
Member & Spouse/Partner	\$285.92
Family	\$408.87
Parent & Child	\$265.91
Medical Plans Available with Prescription D	urug Program #204
CWA UNITY DIRECT* #023 —	
Single	\$892.61
Member & Spouse/Partner	\$1,785.22
Family	\$2,552.86
Parent & Child	\$1,660.25
CWA UNITY DIRECT 2019* #024 —	·
Single	\$887.91
Member & Spouse/Partner	\$1,775.82
Family	\$2,539.42
Parent & Child	\$1,651.51
NJ DIRECT** #027 —	·
Single	\$892.61
Member & Spouse/Partner	\$1,785.22
Family	\$2,552.86
Parent & Child	\$1,660.25
NJ DIRECT 2019** #030	·



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PLAN/COVERAGE DESCRIPTION	l	COBRA RATES	
High Deductible Health Plans with E	Built-In Prescrimg (en-B)/MCID 180 BDC	B 0 r001 KS 2 gs/27m € gs	8 0 0 8 202.1831 6