

## COBRA RATES

FOR EMPLOYERS WHO OFFER THE EMPLOYEE PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN

### DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

#### LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS RATES EFFECTIVE 1/1/2010 to 12/31/2010

PLAN/COVERAGE DESCRIPTION	COBRA MONTHLY RATES
<b><u>NJ DIRECT15 - #150</u></b>	
Single	\$447.32
Member & Spouse/Partner	\$1,006.44
Family	\$1,118.27
Parent & Child	\$626.22
<b><u>NJ DIRECT10 - #050</u></b>	
Single	\$469.88
Member & Spouse/Partner	\$1,057.21
Family	\$1,174.70
Parent & Child	\$657.80
<b><u>AETNA, INC - #019</u></b>	
Single	\$443.86
Member & Spouse/Partner	\$998.70
Family	\$1,109.67
Parent & Child	\$621.41
<b><u>CIGNA HealthCare HMO - #020</u></b>	
Single	\$448.30
Member & Spouse/Partner	\$1,008.68
Family	\$1,120.75
Parent & Child	\$627.62
<b><u>PRESCRIPTION DRUG PROGRAM - #201</u></b>	
Single	\$132.60
Member & Spouse/Partner	\$298.35
Family	\$331.50
Parent & Child	\$185.64

**COBRA RATES**

FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SEHBP BASED ON THE MEDICAL PLAN IN WHICH THE SUBSCRIBER IS ENROLLED.

**DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM**

**LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS  
RATES EFFECTIVE 1/1/2010 to 12/31/2010**

PLAN/COVERAGE DESCRIPTION	COBRA MONTHLY RATES
<b><u>NJ DIRECT15 - #150 WITH PRESCRIPTION DRUG #211<sup>1</sup></u></b>	
Single	\$536.77
Member & Spouse/Partner	\$1,207.73
Family	\$1,341.92
Parent & Child	\$751.47
<b><u>NJ DIRECT10 - #050 WITH PRESCRIPTION DRUG #210<sup>1</sup></u></b>	
Single	\$563.85
Member & Spouse/Partner	\$1,268.65
Family	\$1,409.62
Parent & Child	\$789.38
<b><u>AETNA, INC. - #019 WITH PRESCRIPTION DRUG #212<sup>2</sup></u></b>	
Single	\$563.71
Member & Spouse/Partner	\$1,268.35
Family	\$1,409.29
Parent & Child	\$789.19
<b><u>CIGNA HealthCare HMO - #020 WITH PRESCRIPTION DRUG #213<sup>2</sup></u></b>	
Single	\$569.34
Member & Spouse/Partner	\$1,281.04
Family	\$1,423.37
Parent & Child	\$797.08

<sup>1</sup> Subscribers in NJ DIRECT10 and NJ DIRECT15 are provided drug reimbursement plan administered by Medco.

<sup>2</sup> Subscribers in Aetna HMO or CIGNA HealthCare HMO are provided a three tier copayment benefit administered by Medco.

**SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM**  
**COBRA BENEFITS CONTINUATION SCHEDULE**  
**RATES EFFECTIVE 1/1/2010 - 12/31/2010**

Attached are the monthly COBRA premium rates for continued coverage under the School Employees' Health Benefits Program (SEHBP) effective January 1, 2010 to December 31, 2010.

To determine your premium:

1. Locate in the left hand column the coverage(s) in which you wish to be enrolled. If you are eligible for health coverage, you may elect any health plan that serves the area in which you live.
2. Once you have identified the plan you desire, select the Contract Type you wish to elect. **YOU MAY NOT ELECT A CONTRACT TYPE WHICH EXCEEDS THAT WHICH YOU HAD ON THE LAST DATE PRIOR TO THE TERMINATION OF YOUR HEALTH CARE COVERAGE.** You may elect the same or a lesser level of coverage. For example, if you had member and spouse coverage as an active employee, you could elect member and spouse or single coverage under COBRA. You could not elect family or parent-child coverage (unless an event occurs during the election period - marriage, birth, etc.).
3. On the *COBRA Application*, check the box associated with the Plan and Contract Type elected. **If you are electing HMO coverage, be sure to list the name and physician ID number of the HMO and Primary Care Physician.**
4. You can elect prescription drug coverage **only if** your employer participates in the Employee Prescription Drug Plan and you were enrolled for prescription coverage while an active employee. Note: if your employer offered a separate prescription drug plan, the medical plans available to you through COBRA do not include prescription drug coverage.

Forward your completed COBRA application without premiums to:

**Division of Pensions & Benefits**  
**COBRA Section**  
**PO Box 299**  
**Trenton, NJ 08625-0299**

Once your COBRA application has been processed, the SEHBP will bill you for premiums you owe for continued coverage. You will be billed on a monthly basis, however your first bill may include an additional billing of retroactive premiums due. Premiums should be sent to:

**School Employees' Health Benefits Program**  
**PO Box 653**  
**Trenton, NJ 08646-0653**

To contact the SEHBP regarding COBRA, please write, or call the Division of Pensions and Benefits' Office of Client Services at (609) 292-7524.

You may also reach us by e-mail at: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us)