

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
 NEW JERSEY STATE HEALTH BENEFITS PROGRAM

CHAPTER 172 PART-TIME STATE MONTHLY COBRA GROUP
 RATES EFFECTIVE 1/1/2009-12/31/02009

PLAN/COVERAGE DESCRIPTION	COBRA EMPLOYEE MONTHLY RATE
<u>NJ DIRECT15 - #150</u> Single Member & Spouse/Partner Family Parent & Child	\$464.99 \$1,046.21 \$1,162.47 \$650.98
<u>PRESCRIPTION DRUG PROGRAM - #203</u> Single Member & Spouse/Partner Family Parent & Child	\$134.78 \$303.27 \$336.96 \$188.70

STATE HEALTH BENEFITS PROGRAM
COBRA BENEFITS CONTINUATION SCHEDULE
RATES EFFECTIVE 1/1/2009 - 12/31/2009

Attached are the monthly COBRA premium rates for continued coverage under the State Health Benefits Program (SHBP) effective January 1, 2009 to December 31, 2009.

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.

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 SHBP 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:

NJ State Health Benefits Program
PO Box 653
Trenton, NJ 08646-0653

To contact the SHBP 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