



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2021 to 12/31/2021

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,007.12		\$1,007.12
Member & Spouse/Partner	\$1,010.67	\$1,003.57	\$2,014.24
Family	\$1,011.96	\$1,868.39	\$2,880.35
Parent & Child	\$1,008.69	\$864.55	\$1,873.24
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$958.74		\$958.74
Member & Spouse/Partner	\$962.29	\$955.19	\$1,917.48
Family	\$963.58	\$1,778.43	\$2,742.01
Parent & Child	\$960.31	\$822.95	\$1,783.26
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$882.84		\$882.84
Member & Spouse/Partner	\$886.39	\$879.29	\$1,765.68
Family	\$887.68	\$1,637.24	\$2,524.92
Parent & Child	\$884.41	\$757.68	\$1,642.09

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: www.nj.gov/treasury/pensions