



Chapter 375 Rates for Local Education Active and Retired Groups

Monthly Rates Effective 1/1/2020 to 12/31/2020

PLAN AND COVERAGE LEVEL	MONTHLY RATE		
	EMPLOYERS WITH SEHBP EMPLOYEE PRESCRIPTION DRUG PLAN	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES
NJ DIRECT ZERO #021 Single	\$789.12	\$651.85	\$761.67
NJ DIRECT10 #050 Single	\$964.51	\$814.07	\$923.90
NJ DIRECT15 #150 Single	\$925.42	\$774.98	\$879.52
HORIZON HMO #011 Single	\$889.44	\$739.00	\$883.59
NJ DIRECT1525 #051 Single	\$888.57	\$752.13	\$850.10
HORIZON HMO1525 #053 Single	\$818.83	\$682.39	\$818.83
NJ DIRECT2030 #052 Single	\$845.71	\$706.86	\$804.83
HORIZON HMO2030 #054 Single	\$780.53	\$641.68	\$780.53
NJ DIRECT2035 #056 Single	\$732.88	\$607.91	\$696.10
HORIZON HMO2035 #055 Single	\$676.81	\$551.84	\$676.81
NJ DIRECT HD1500 #091 Single	\$776.84	\$776.84	\$776.84

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