



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #208			
NJ DIRECT ZERO #021— PPO Plan with \$0 Primary Care Copayment			
Single	\$743.11		\$743.11
Member & Spouse/Partner	\$744.63	\$741.59	\$1,486.22
Family	\$745.18	\$1,380.11	\$2,125.29
Parent & Child	\$743.78	\$638.40	\$1,382.18
PRESCRIPTION DRUG PROGRAM #208			
Single	\$156.49		\$156.49
Member & Spouse/Partner	\$156.49	\$156.49	\$312.98
Family	\$156.49	\$291.07	\$447.56
Parent & Child	\$156.49	\$134.58	\$291.07
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$928.03		\$928.03
Member & Spouse/Partner	\$929.55	\$926.51	\$1,856.06
Family	\$930.10	\$1,724.07	\$2,654.17
Parent & Child	\$928.70	\$797.44	\$1,726.14
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment\$			
Single	\$883.46		\$883.46
Member & Spouse/Partner	\$884.98	\$881.94	\$1,766.92
Family	\$885.53	\$1,641.17	\$2,526.70
Parent & Child	\$884.13	\$759.11	\$1,643.24
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$842.45		\$842.45
Member & Spouse/Partner	\$843.97	\$840.93	\$1,684.90
Family	\$844.52	\$1,564.89	\$2,409.41
Parent & Child	\$843.12	\$723.84	\$1,566.96
PRESCRIPTION DRUG PROGRAM #201			
Single	\$171.50		\$171.50
Member & Spouse/Partner	\$171.50	\$171.50	\$343.00
Family	\$171.50	\$318.99	\$490.49
Parent & Child	\$171.50	\$147.49	\$318.99



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Medical Plans Available with Prescription Drug Program #205			
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$857.42		\$857.42
Member & Spouse/Partner	\$858.94	\$855.90	\$1,714.84
Family	\$859.49	\$1,592.73	\$2,452.22
Parent & Child	\$858.09	\$736.71	\$1,594.80
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$777.92		\$777.92
Member & Spouse/Partner	\$779.44	\$776.40	\$1,555.84
Family	\$779.99	\$1,444.86	\$2,224.85
Parent & Child	\$778.59	\$668.34	\$1,446.93
PRESCRIPTION DRUG PROGRAM #205			
Single	\$155.54		\$155.54
Member & Spouse/Partner	\$155.54	\$155.54	\$311.08
Family	\$155.54	\$289.30	\$444.84
Parent & Child	\$155.54	\$133.76	\$289.30
Medical Plans Available with Prescription Drug Program #206			
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$805.81		\$805.81
Member & Spouse/Partner	\$807.33	\$804.29	\$1,611.62
Family	\$807.88	\$1,496.74	\$2,304.62
Parent & Child	\$806.48	\$692.33	\$1,498.81
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$731.51		\$731.51
Member & Spouse/Partner	\$733.03	\$729.99	\$1,463.02
Family	\$733.58	\$1,358.54	\$2,092.12
Parent & Child	\$732.18	\$628.43	\$1,360.61
PRESCRIPTION DRUG PROGRAM #206			
Single	\$158.29		\$158.29
Member & Spouse/Partner	\$158.29	\$158.29	\$316.58
Family	\$158.29	\$294.42	\$452.71
Parent & Child	\$158.29	\$136.13	\$294.42



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Medical Plans Available with Prescription Drug Program #207			
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$693.01		\$693.01
Member & Spouse/Partner	\$694.53	\$691.49	\$1,386.02
Family	\$695.08	\$1,286.93	\$1,982.01
Parent & Child	\$693.68	\$595.32	\$1,289.00
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$629.09		\$629.09
Member & Spouse/Partner	\$630.61	\$627.57	\$1,258.18
Family	\$631.16	\$1,168.04	\$1,799.20
Parent & Child	\$629.76	\$540.35	\$1,170.11
PRESCRIPTION DRUG PROGRAM #207			
Single	\$142.47		\$142.47
Member & Spouse/Partner	\$142.47	\$142.47	\$284.94
Family	\$142.47	\$264.99	\$407.46
Parent & Child	\$142.47	\$122.52	\$264.99
High Deductible Health Plans with Built-In Prescription Drug			
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$885.59		\$885.59
Member & Spouse/Partner	\$887.11	\$884.07	\$1,771.18
Family	\$887.66	\$1,645.13	\$2,532.79
Parent & Child	\$886.26	\$760.94	\$1,647.20

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