



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

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 #201			
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$832.99		\$832.99
Member & Spouse/Partner	\$836.54	\$829.44	\$1,665.98
Family	\$837.83	\$1,486.21	\$2,324.04
Parent & Child	\$834.56	\$656.49	\$1,491.05
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$793.23		\$793.23
Member & Spouse/Partner	\$796.78	\$789.68	\$1,586.46
Family	\$798.07	\$1,415.04	\$2,213.11
Parent & Child	\$794.80	\$625.08	\$1,419.88
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$770.42		\$770.42
Member & Spouse/Partner	\$773.97	\$766.87	\$1,540.84
Family	\$775.26	\$1,374.21	\$2,149.47
Parent & Child	\$771.99	\$607.06	\$1,379.05
<b>PRESCRIPTION DRUG PROGRAM #201</b>			
Single	\$145.67		\$145.67
Member & Spouse/Partner	\$145.67	\$145.67	\$291.34
Family	\$145.67	\$260.75	\$406.42
Parent & Child	\$145.67	\$115.08	\$260.75
Medical Plans Available with Prescription Drug Program #205			
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$769.46		\$769.46
Member & Spouse/Partner	\$773.01	\$765.91	\$1,538.92
Family	\$774.30	\$1,372.49	\$2,146.79
Parent & Child	\$771.03	\$606.30	\$1,377.33
<b>PRESCRIPTION DRUG PROGRAM #205</b>			
Single	\$132.12		\$132.12
Member & Spouse/Partner	\$132.12	\$132.12	\$264.24
Family	\$132.12	\$236.49	\$368.61
Parent & Child	\$132.12	\$104.37	\$236.49



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Medical Plans Available with Prescription Drug Program #209			
<b>OMNIA HEALTH PLAN #057</b> — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$594.92		\$594.92
Member & Spouse/Partner	\$598.47	\$591.37	\$1,189.84
Family	\$599.76	\$1,060.07	\$1,659.83
Parent & Child	\$596.49	\$468.42	\$1,064.91
<b>PRESCRIPTION DRUG PROGRAM #209</b>			
Single	\$132.12		\$132.12
Member & Spouse/Partner	\$132.12	\$132.12	\$264.24
Family	\$132.12	\$236.49	\$368.61
Parent & Child	\$132.12	\$104.37	\$236.49
Medical Plans Available with Prescription Drug Program #206			
<b>NJ DIRECT2030 #052</b> — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$723.26		\$723.26
Member & Spouse/Partner	\$726.81	\$719.71	\$1,446.52
Family	\$728.10	\$1,289.80	\$2,017.90
Parent & Child	\$724.83	\$569.81	\$1,294.64
<b>PRESCRIPTION DRUG PROGRAM #206</b>			
Single	\$134.47		\$134.47
Member & Spouse/Partner	\$134.47	\$134.47	\$268.94
Family	\$134.47	\$240.70	\$375.17
Parent & Child	\$134.47	\$106.23	\$240.70
Medical Plans Available with Prescription Drug Program #207			
<b>NJ DIRECT2035 #056</b> — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$622.01		\$622.01
Member & Spouse/Partner	\$625.56	\$618.46	\$1,244.02
Family	\$626.85	\$1,108.56	\$1,735.41
Parent & Child	\$623.58	\$489.82	\$1,113.40
<b>PRESCRIPTION DRUG PROGRAM #207</b>			
Single	\$121.02		\$121.02
Member & Spouse/Partner	\$121.02	\$121.02	\$242.04
Family	\$121.02	\$216.63	\$337.65
Parent & Child	\$121.02	\$95.61	\$216.63



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #297			
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$741.68		\$741.68
Member & Spouse/Partner	\$745.23	\$738.13	\$1,483.36
Family	\$746.52	\$1,322.77	\$2,069.29
Parent & Child	\$743.25	\$584.36	\$1,327.61
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$741.68		\$741.68
Member & Spouse/Partner	\$745.23	\$738.13	\$1,483.36
Family	\$746.52	\$1,322.77	\$2,069.29
Parent & Child	\$743.25	\$584.36	\$1,327.61
<b>PRESCRIPTION DRUG PROGRAM #297</b>			
Single	\$132.21		\$132.21
Member & Spouse/Partner	\$132.21	\$132.21	\$264.42
Family	\$132.21	\$236.66	\$368.87
Parent & Child	\$132.21	\$104.45	\$236.66
High Deductible Health Plans with Built-In Prescription Drug			
<b>NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible</b>			
Single	\$490.16		\$490.16
Member & Spouse/Partner	\$493.71	\$486.61	\$980.32
Family	\$495.00	\$872.54	\$1,367.54
Parent & Child	\$491.73	\$385.65	\$877.38
<b>NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible</b>			
Single	\$726.96		\$726.96
Member & Spouse/Partner	\$730.51	\$723.41	\$1,453.92
Family	\$731.80	\$1,296.42	\$2,028.22
Parent & Child	\$728.53	\$572.73	\$1,301.26

\* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.

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