



**Local Monthly Active Group —  
Local Government 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
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$939.22		\$939.22
Member & Spouse/Partner	\$942.77	\$935.67	\$1,878.44
Family	\$944.06	\$1,676.36	\$2,620.42
Parent & Child	\$940.79	\$740.41	\$1,681.20
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$894.36		\$894.36
Member & Spouse/Partner	\$897.91	\$890.81	\$1,788.72
Family	\$899.20	\$1,596.06	\$2,495.26
Parent & Child	\$895.93	\$704.97	\$1,600.90
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>			
Single	\$908.68		\$908.68
Member & Spouse/Partner	\$912.23	\$905.13	\$1,817.36
Family	\$913.52	\$1,621.70	\$2,535.22
Parent & Child	\$910.25	\$716.29	\$1,626.54
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>			
Single	\$864.24		\$864.24
Member & Spouse/Partner	\$867.79	\$860.69	\$1,728.48
Family	\$869.08	\$1,542.15	\$2,411.23
Parent & Child	\$865.81	\$681.18	\$1,546.99
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>			
Single	\$689.70		\$689.70
Member & Spouse/Partner	\$693.25	\$686.15	\$1,379.40
Family	\$694.54	\$1,229.73	\$1,924.27
Parent & Child	\$691.27	\$543.30	\$1,234.57
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>			
Single	\$818.04		\$818.04
Member & Spouse/Partner	\$821.59	\$814.49	\$1,636.08
Family	\$822.88	\$1,459.46	\$2,282.34
Parent & Child	\$819.61	\$644.69	\$1,464.30
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>			
Single	\$707.30		\$707.30
Member & Spouse/Partner	\$710.85	\$703.75	\$1,414.60
Family	\$712.14	\$1,261.23	\$1,973.37
Parent & Child	\$708.87	\$557.20	\$1,266.07
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$836.52		\$836.52
Member & Spouse/Partner	\$840.07	\$832.97	\$1,673.04
Family	\$841.36	\$1,492.53	\$2,333.89
Parent & Child	\$838.09	\$659.28	\$1,497.37



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<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$836.52		\$836.52
Member & Spouse/Partner	\$840.07	\$832.97	\$1,673.04
Family	\$841.36	\$1,492.53	\$2,333.89
Parent & Child	\$838.09	\$659.28	\$1,497.37
<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)