



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2023 to 12/31/2023

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	\$1,158.91		\$1,158.91
Member & Spouse/Partner	\$1,161.21	\$1,156.61	\$2,317.82
Family	\$1,162.05	\$2,152.43	\$3,314.48
Parent & Child	\$1,159.93	\$995.64	\$2,155.57
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,109.83		\$1,109.83
Member & Spouse/Partner	\$1,112.13	\$1,107.52	\$2,219.65
Family	\$1,112.97	\$2,061.14	\$3,174.11
Parent & Child	\$1,110.85	\$953.43	\$2,064.28
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment			
Single	\$1,021.61		\$1,021.61
Member & Spouse/Partner	\$1,023.91	\$1,019.31	\$2,043.22
Family	\$1,024.75	\$1,897.05	\$2,921.80
Parent & Child	\$1,022.63	\$877.56	\$1,900.19
GARDEN STATE HEALTH PLAN #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$826.01		\$826.01
Member & Spouse/Partner	\$828.31	\$823.71	\$1,652.02
Family	\$829.15	\$1,533.24	\$2,362.39
Parent & Child	\$827.03	\$709.35	\$1,536.38

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