



Chapter 172 Part-Time Local Education Monthly Active Group
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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #208	
NJ DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment	
Single	\$743.11
Member & Spouse/Partner	\$1,486.22
Family	\$2,125.29
Parent & Child	\$1,382.18
PRESCRIPTION DRUG PROGRAM #208	
Single	\$156.49
Member & Spouse/Partner	\$312.98
Family	\$447.56
Parent & Child	\$291.07
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$928.03
Member & Spouse/Partner	\$1,856.06
Family	\$2,654.17
Parent & Child	\$1,726.14
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$883.46
Member & Spouse/Partner	\$1,766.92
Family	\$2,526.70
Parent & Child	\$1,643.24
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment	
Single	\$842.45
Member & Spouse/Partner	\$1,684.90
Family	\$2,409.41
Parent & Child	\$1,566.96
PRESCRIPTION DRUG PROGRAM #201	
Single	\$171.50
Member & Spouse/Partner	\$343.00
Family	\$490.49
Parent & Child	\$318.99



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$857.42
Member & Spouse/Partner	\$1,714.84
Family	\$2,452.22
Parent & Child	\$1,594.80
HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$777.92
Member & Spouse/Partner	\$1,555.84
Family	\$2,224.85
Parent & Child	\$1,446.93
PRESCRIPTION DRUG PROGRAM #205	
Single	\$155.54
Member & Spouse/Partner	\$311.08
Family	\$444.84
Parent & Child	\$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
Member & Spouse/Partner	\$1,611.62
Family	\$2,304.62
Parent & Child	\$1,498.81
HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$731.51
Member & Spouse/Partner	\$1,463.02
Family	\$2,092.12
Parent & Child	\$1,360.61
PRESCRIPTION DRUG PROGRAM #206	
Single	\$158.29
Member & Spouse/Partner	\$316.58
Family	\$452.71
Parent & Child	\$294.42



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<i>Medical Plans Available with Prescription Drug Program #207</i>	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$693.01
Member & Spouse/Partner	\$1,386.02
Family	\$1,982.01
Parent & Child	\$1,289.00
HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$629.09
Member & Spouse/Partner	\$1,258.18
Family	\$1,799.20
Parent & Child	\$1,170.11
PRESCRIPTION DRUG PROGRAM #207	
Single	\$142.47
Member & Spouse/Partner	\$284.94
Family	\$407.46
Parent & Child	\$264.99

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