



## Chapter 375 Rates for Local Education Active and Retired Groups

Monthly Rates Effective 1/1/2020 to 12/31/2020

PLAN AND COVERAGE LEVEL	MONTHLY RATE		
	EMPLOYERS WITH SEHBP EMPLOYEE PRESCRIPTION DRUG PLAN	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES
<b>NJ DIRECT ZERO #021</b> Single	\$789.12	\$651.85	\$761.67
<b>NJ DIRECT10 #050</b> Single	\$964.51	\$814.07	\$923.90
<b>NJ DIRECT15 #150</b> Single	\$925.42	\$774.98	\$879.52
<b>HORIZON HMO #011</b> Single	\$889.44	\$739.00	\$883.59
<b>NJ DIRECT1525 #051</b> Single	\$888.57	\$752.13	\$850.10
<b>HORIZON HMO1525 #053</b> Single	\$818.83	\$682.39	\$818.83
<b>NJ DIRECT2030 #052</b> Single	\$845.71	\$706.86	\$804.83
<b>HORIZON HMO2030 #054</b> Single	\$780.53	\$641.68	\$780.53
<b>NJ DIRECT2035 #056</b> Single	\$732.88	\$607.91	\$696.10
<b>HORIZON HMO2035 #055</b> Single	\$676.81	\$551.84	\$676.81
<b>NJ DIRECT HD1500 #091</b> Single	\$776.84	\$776.84	\$776.84

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)