



**Local Monthly Active Group —  
Education 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  | \$869.56             |                | \$869.56   |
| Member & Spouse/Partner   | \$873.11             | \$866.01       | \$1,739.12 |
| Family  | \$874.40             | \$1,612.54     | \$2,486.94 |
| Parent & Child  | \$871.13             | \$746.25       | \$1,617.38 |
| <b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment\$</b>   |                      |                |            |
| Single  | \$827.80             |                | \$827.80   |
| Member & Spouse/Partner   | \$831.35             | \$824.25       | \$1,655.60 |
| Family  | \$832.64             | \$1,534.87     | \$2,367.51 |
| Parent & Child  | \$829.37             | \$710.34       | \$1,539.71 |
| <b>PRESCRIPTION DRUG PROGRAM #201</b>   |                      |                |            |
| Single  | \$188.43             |                | \$188.43   |
| Member & Spouse/Partner   | \$188.43             | \$188.42       | \$376.85   |
| Family  | \$188.43             | \$350.47       | \$538.90   |
| Parent & Child  | \$188.43             | \$162.04       | \$350.47   |
| Medical Plan Available with Prescription Drug Program #298  |                      |                |            |
| <b>NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b> |                      |                |            |
| Single  | \$788.87             |                | \$788.87   |
| Member & Spouse/Partner   | \$792.42             | \$785.32       | \$1,577.74 |
| Family  | \$793.71             | \$1,462.45     | \$2,256.16 |
| Parent & Child  | \$790.44             | \$676.86       | \$1,467.30 |
| <b>PRESCRIPTION DRUG PROGRAM #298</b>   |                      |                |            |
| Single  | \$128.72             |                | \$128.72   |
| Member & Spouse/Partner   | \$128.72             | \$128.73       | \$257.45   |
| Family  | \$128.72             | \$239.43       | \$368.15   |
| Parent & Child  | \$128.72             | \$110.71       | \$239.43   |

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)