



**Local Monthly Active Group —
Education Employers
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 | EMPLOYEE SINGLE COST | DEPENDENT COST | TOTAL |
|---|----------------------|----------------|------------|
| Medical Plans Available with Prescription Drug Program #208 | | | |
| NJ DIRECT ZERO #021— PPO Plan with \$0 Primary Care Copayment | | | |
| Single | \$743.11 | | \$743.11 |
| Member & Spouse/Partner | \$744.63 | \$741.59 | \$1,486.22 |
| Family | \$745.18 | \$1,380.11 | \$2,125.29 |
| Parent & Child | \$743.78 | \$638.40 | \$1,382.18 |
| PRESCRIPTION DRUG PROGRAM #208 | | | |
| Single | \$156.49 | | \$156.49 |
| Member & Spouse/Partner | \$156.49 | \$156.49 | \$312.98 |
| Family | \$156.49 | \$291.07 | \$447.56 |
| Parent & Child | \$156.49 | \$134.58 | \$291.07 |
| Medical Plans Available with Prescription Drug Program #201 | | | |
| NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment | | | |
| Single | \$928.03 | | \$928.03 |
| Member & Spouse/Partner | \$929.55 | \$926.51 | \$1,856.06 |
| Family | \$930.10 | \$1,724.07 | \$2,654.17 |
| Parent & Child | \$928.70 | \$797.44 | \$1,726.14 |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment\$ | | | |
| Single | \$883.46 | | \$883.46 |
| Member & Spouse/Partner | \$884.98 | \$881.94 | \$1,766.92 |
| Family | \$885.53 | \$1,641.17 | \$2,526.70 |
| Parent & Child | \$884.13 | \$759.11 | \$1,643.24 |
| HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment | | | |
| Single | \$842.45 | | \$842.45 |
| Member & Spouse/Partner | \$843.97 | \$840.93 | \$1,684.90 |
| Family | \$844.52 | \$1,564.89 | \$2,409.41 |
| Parent & Child | \$843.12 | \$723.84 | \$1,566.96 |
| PRESCRIPTION DRUG PROGRAM #201 | | | |
| Single | \$171.50 | | \$171.50 |
| Member & Spouse/Partner | \$171.50 | \$171.50 | \$343.00 |
| Family | \$171.50 | \$318.99 | \$490.49 |
| Parent & Child | \$171.50 | \$147.49 | \$318.99 |



**Local Monthly Active Group —
Education Employers
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 | EMPLOYEE SINGLE COST | DEPENDENT COST | TOTAL |
|--|----------------------|----------------|------------|
| Medical Plans Available with Prescription Drug Program #205 | | | |
| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | | | |
| Single | \$857.42 | | \$857.42 |
| Member & Spouse/Partner | \$858.94 | \$855.90 | \$1,714.84 |
| Family | \$859.49 | \$1,592.73 | \$2,452.22 |
| Parent & Child | \$858.09 | \$736.71 | \$1,594.80 |
| HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | | | |
| Single | \$777.92 | | \$777.92 |
| Member & Spouse/Partner | \$779.44 | \$776.40 | \$1,555.84 |
| Family | \$779.99 | \$1,444.86 | \$2,224.85 |
| Parent & Child | \$778.59 | \$668.34 | \$1,446.93 |
| PRESCRIPTION DRUG PROGRAM #205 | | | |
| Single | \$155.54 | | \$155.54 |
| Member & Spouse/Partner | \$155.54 | \$155.54 | \$311.08 |
| Family | \$155.54 | \$289.30 | \$444.84 |
| Parent & Child | \$155.54 | \$133.76 | \$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 | | \$805.81 |
| Member & Spouse/Partner | \$807.33 | \$804.29 | \$1,611.62 |
| Family | \$807.88 | \$1,496.74 | \$2,304.62 |
| Parent & Child | \$806.48 | \$692.33 | \$1,498.81 |
| HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | | | |
| Single | \$731.51 | | \$731.51 |
| Member & Spouse/Partner | \$733.03 | \$729.99 | \$1,463.02 |
| Family | \$733.58 | \$1,358.54 | \$2,092.12 |
| Parent & Child | \$732.18 | \$628.43 | \$1,360.61 |
| PRESCRIPTION DRUG PROGRAM #206 | | | |
| Single | \$158.29 | | \$158.29 |
| Member & Spouse/Partner | \$158.29 | \$158.29 | \$316.58 |
| Family | \$158.29 | \$294.42 | \$452.71 |
| Parent & Child | \$158.29 | \$136.13 | \$294.42 |



**Local Monthly Active Group —
Education Employers
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 | EMPLOYEE SINGLE COST | DEPENDENT COST | TOTAL |
|--|----------------------|----------------|------------|
| Medical Plans Available with Prescription Drug Program #207 | | | |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | | | |
| Single | \$693.01 | | \$693.01 |
| Member & Spouse/Partner | \$694.53 | \$691.49 | \$1,386.02 |
| Family | \$695.08 | \$1,286.93 | \$1,982.01 |
| Parent & Child | \$693.68 | \$595.32 | \$1,289.00 |
| HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | | | |
| Single | \$629.09 | | \$629.09 |
| Member & Spouse/Partner | \$630.61 | \$627.57 | \$1,258.18 |
| Family | \$631.16 | \$1,168.04 | \$1,799.20 |
| Parent & Child | \$629.76 | \$540.35 | \$1,170.11 |
| PRESCRIPTION DRUG PROGRAM #207 | | | |
| Single | \$142.47 | | \$142.47 |
| Member & Spouse/Partner | \$142.47 | \$142.47 | \$284.94 |
| Family | \$142.47 | \$264.99 | \$407.46 |
| Parent & Child | \$142.47 | \$122.52 | \$264.99 |
| High Deductible Health Plans with Built-In Prescription Drug | | | |
| NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible | | | |
| Single | \$885.59 | | \$885.59 |
| Member & Spouse/Partner | \$887.11 | \$884.07 | \$1,771.18 |
| Family | \$887.66 | \$1,645.13 | \$2,532.79 |
| Parent & Child | \$886.26 | \$760.94 | \$1,647.20 |

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



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 DIRECT ZERO #021 — PPO Plan with \$0 Primary Care Copayment | | | |
| Single | \$868.31 | | \$868.31 |
| Member & Spouse/Partner | \$869.83 | \$866.79 | \$1,736.62 |
| Family | \$870.38 | \$1,612.98 | \$2,483.36 |
| Parent & Child | \$868.98 | \$746.07 | \$1,615.05 |
| NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment | | | |
| Single | \$1,053.23 | | \$1,053.23 |
| Member & Spouse/Partner | \$1,054.75 | \$1,051.71 | \$2,106.46 |
| Family | \$1,055.30 | \$1,956.94 | \$3,012.24 |
| Parent & Child | \$1,053.90 | \$905.11 | \$1,959.01 |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | | | |
| Single | \$1,002.64 | | \$1,002.64 |
| Member & Spouse/Partner | \$1,004.16 | \$1,001.12 | \$2,005.28 |
| Family | \$1,004.71 | \$1,862.84 | \$2,867.55 |
| Parent & Child | \$1,003.31 | \$861.60 | \$1,864.91 |
| HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment | | | |
| Single | \$1,007.28 | | \$1,007.28 |
| Member & Spouse/Partner | \$1,008.80 | \$1,005.76 | \$2,014.56 |
| Family | \$1,009.35 | \$1,871.47 | \$2,880.62 |
| Parent & Child | \$1,007.95 | \$865.59 | \$1,873.54 |
| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | | | |
| Single | \$969.11 | | \$969.11 |
| Member & Spouse/Partner | \$970.63 | \$967.59 | \$1,938.22 |
| Family | \$971.18 | \$1,800.47 | \$2,771.65 |
| Parent & Child | \$969.78 | \$832.76 | \$1,802.54 |
| HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | | | |
| Single | \$933.46 | | \$933.46 |
| Member & Spouse/Partner | \$934.98 | \$931.94 | \$1,866.92 |
| Family | \$935.53 | \$1,734.16 | \$2,669.69 |
| Parent & Child | \$934.13 | \$802.10 | \$1,736.23 |
| NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | | | |
| Single | \$917.50 | | \$917.50 |
| Member & Spouse/Partner | \$919.02 | \$915.98 | \$1,835.00 |
| Family | \$919.57 | \$1,704.48 | \$2,624.05 |
| Parent & Child | \$918.17 | \$788.38 | \$1,706.55 |



**Local Monthly Active Group —
Education Employers
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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 |
|--|----------------------|----------------|------------|
| HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | | | |
| Single | \$889.80 | | \$889.80 |
| Member & Spouse/Partner | \$891.32 | \$888.28 | \$1,779.60 |
| Family | \$891.87 | \$1,652.96 | \$2,544.83 |
| Parent & Child | \$890.47 | \$764.56 | \$1,655.03 |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | | | |
| Single | \$793.54 | | \$793.54 |
| Member & Spouse/Partner | \$795.06 | \$792.02 | \$1,587.08 |
| Family | \$795.61 | \$1,473.92 | \$2,269.53 |
| Parent & Child | \$794.21 | \$681.78 | \$1,475.99 |
| HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | | | |
| Single | \$771.56 | | \$771.56 |
| Member & Spouse/Partner | \$773.08 | \$770.04 | \$1,543.12 |
| Family | \$773.63 | \$1,433.03 | \$2,206.66 |
| Parent & Child | \$772.23 | \$662.87 | \$1,435.10 |
| NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible | | | |
| Single | \$885.59 | | \$885.59 |
| Member & Spouse/Partner | \$887.11 | \$884.07 | \$1,771.18 |
| Family | \$887.66 | \$1,645.13 | \$2,532.79 |
| Parent & Child | \$886.26 | \$760.94 | \$1,647.20 |

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