



**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



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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