



**Local Monthly Active Group —  
Education Employers  
Monthly Rates**  
Effective 1/1/2022 to 12/31/2022

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	\$855.13		\$855.13
Member & Spouse/Partner	\$857.43	\$852.82	\$1,710.25
Family	\$858.27	\$1,587.39	\$2,445.66
Parent & Child	\$856.15	\$734.38	\$1,590.53
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment\$</b>			
Single	\$814.06		\$814.06
Member & Spouse/Partner	\$816.36	\$811.75	\$1,628.11
Family	\$817.20	\$1,511.00	\$2,328.20
Parent & Child	\$815.08	\$699.07	\$1,514.15

<b>NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>			
Single	\$775.77		\$775.77
Member & Spouse/Partner	\$778.07	\$773.47	\$1,551.54
Family	\$778.91	\$1,439.79	\$2,218.70
Parent & Child	\$776.79	\$666.14	\$1,442.93

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)