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

<table>
<thead>
<tr>
<th>PLAN/OVERAGE DESCRIPTION</th>
<th>EMPLOYEE SINGLE COST</th>
<th>DEPENDENT COST</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td><strong>NJ DIRECT ZERO #021 — PPO Plan with $0 Primary Care Copayment</strong></td>
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<td>$134.58</td>
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**Plan/Coverage Description**

**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 | | | |
| 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 —
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For employers who offer the Employees’ Prescription Drug Plan or a private plan

<table>
<thead>
<tr>
<th>PLAN/COVERAGE DESCRIPTION</th>
<th>EMPLOYEE SINGLE COST</th>
<th>DEPENDENT COST</th>
<th>TOTAL COST</th>
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<tr>
<td>NJ DIRECT1525 #051 — PPO Plan with $15 Primary Care / $25 Specialist Care Copayment</td>
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Education Employers
Monthly Rates
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<th>TOTAL</th>
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For copayments and deductibles, please refer to the Plan Design Charts on our website at: www.nj.gov/treasury/pensions