



Chapter 172 Part-Time Local Education Monthly Active Group
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	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment	
Single	\$921.73
Member & Spouse/Partner	\$1,843.46
Family	\$2,636.15
Parent & Child	\$1,714.42
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$877.46
Member & Spouse/Partner	\$1,754.93
Family	\$2,509.56
Parent & Child	\$1,632.09
PRESCRIPTION DRUG PROGRAM #201	
Single	\$199.73
Member & Spouse/Partner	\$399.46
Family	\$571.23
Parent & Child	\$371.49
Medical Plan Available with Prescription Drug Program #298	
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment	
Single	\$836.20
Member & Spouse/Partner	\$1,672.40
Family	\$2,391.52
Parent & Child	\$1,555.33
PRESCRIPTION DRUG PROGRAM #298	
Single	\$136.44
Member & Spouse/Partner	\$272.89
Family	\$390.23
Parent & Child	\$253.79

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