



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

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
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>			
Single	\$1,001.62		\$1,001.62
Member & Spouse/Partner	\$1,003.92	\$999.33	\$2,003.25
Family	\$1,004.76	\$1,859.89	\$2,864.65
Parent & Child	\$1,002.64	\$860.38	\$1,863.02
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>			
Single	\$957.58		\$957.58
Member & Spouse/Partner	\$959.88	\$955.28	\$1,915.16
Family	\$960.72	\$1,777.96	\$2,738.68
Parent & Child	\$958.60	\$822.51	\$1,781.11
<b>New Jersey Educators Health Plan #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment</b>			
Single	\$891.46		\$891.46
Member & Spouse/Partner	\$893.76	\$889.16	\$1,782.92
Family	\$894.60	\$1,654.97	\$2,549.57
Parent & Child	\$892.48	\$765.63	\$1,658.11

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)