



**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
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
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
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
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
NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment			
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
GARDEN STATE HEALTH PLAN #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment			
Single	\$826.01		\$826.01
Member & Spouse/Partner	\$828.31	\$823.70	\$1,652.01
Family	\$829.15	\$1,533.23	\$2,362.38
Parent & Child	\$827.03	\$709.34	\$1,536.37

*Garden State Health Plan effective 7/1/2022 - 12/31/2022

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