



**Chapter 172 Part-Time Local Education  
Monthly Active Group  
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	MONTHLY RATES
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,061.71
Member & Spouse/Partner	\$2,123.44
Family	\$3,036.52
Parent & Child	\$1,974.80
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,015.03
Member & Spouse/Partner	\$2,030.06
Family	\$2,903.00
Parent & Child	\$1,887.97
<b>NEW JERSEY EDUCATORS HEALTH PLAN #098 — PPO Plan with \$10 Primary Care Copayment /\$15 Specialist Care Copayment</b>	
Single	\$944.94
Member & Spouse/Partner	\$1,889.89
Family	\$2,702.54
Parent & Child	\$1,757.59
<b>GARDEN STATE HEALTH PLAN #099 — PPO plan with \$10 Primary Care Copayment/\$15 Specialist Care Copayment</b>	
Single	\$875.57
Member & Spouse/Partner	\$1,751.13
Family	\$2,504.12
Parent & Child	\$1,628.55

\*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](http://www.nj.gov/treasury/pensions)