



Chapter 375 Rates for Local Government Active and Retired Groups

Monthly Rates Effective 1/1/2020 to 12/31/2020

PLAN AND COVERAGE LEVEL	MONTHLY RATE		
	EMPLOYERS WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN	EMPLOYERS WITH PRIVATELY PROVIDED PRESCRIPTION DRUG PLAN	EMPLOYERS WITHOUT PRESCRIPTION DRUG PLAN AND ALL RETIREES
NJ DIRECT10 #050 Single	\$775.14	\$656.71	\$743.07
NJ DIRECT15 #150 Single	\$743.79	\$625.36	\$707.58
NJ DIRECT* #027 Single	\$692.23	\$584.74	\$661.84
NJ DIRECT 2019* #031 Single	\$692.23	\$584.74	\$661.84
HORIZON HMO #011 Single	\$725.81	\$607.38	\$719.79
NJ DIRECT1525 #051 Single	\$714.04	\$606.62	\$683.69
OMNIA HEALTH PLAN #057 Single	\$576.45	\$469.03	\$546.09
NJ DIRECT2030 #052 Single	\$679.53	\$570.20	\$647.26
NJ DIRECT2035 #056 Single	\$588.78	\$490.38	\$559.73
NJ DIRECT HD4000 #090 Single	\$388.57	\$388.57	\$388.57
NJ DIRECT HD1500 #091 Single	\$576.28	\$576.28	\$576.28

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019.

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