



**State Monthly Active Group  
Monthly Rates**  
Effective 1/1/2022 to 12/31/2022

| PLAN/COVERAGE DESCRIPTION  | TOTAL      |
|--|------------|
| Medical Plans Available with Prescription Drug Program #203                                  |            |
| <b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>                          |            |
| Single   | \$700.19   |
| Member & Spouse/Partner  | \$1,400.38 |
| Family   | \$2,002.54 |
| Parent & Child   | \$1,302.35 |
| <b>HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>                          |            |
| Single   | \$670.86   |
| Member & Spouse/Partner  | \$1,341.72 |
| Family   | \$1,918.66 |
| Parent & Child   | \$1,247.80 |
| <b>PRESCRIPTION DRUG PROGRAM #203</b>  |            |
| Single   | \$134.01   |
| Member & Spouse/Partner  | \$268.02   |
| Family   | \$383.27   |
| Parent & Child   | \$249.26   |
| Medical Plans Available with Prescription Drug Program #204                                  |            |
| <b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>                           |            |
| Single   | \$719.54   |
| Member & Spouse/Partner  | \$1,439.08 |
| Family   | \$2,057.88 |
| Parent & Child   | \$1,338.34 |
| <b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>                      |            |
| Single   | \$715.75   |
| Member & Spouse/Partner  | \$1,431.50 |
| Family   | \$2,047.05 |
| Parent & Child   | \$1,331.30 |
| <b>PRESCRIPTION DRUG PROGRAM #204</b>  |            |
| Single   | \$132.70   |
| Member & Spouse/Partner  | \$265.40   |
| Family   | \$379.52   |
| Parent & Child   | \$246.82   |
| Medical Plans Available with Prescription Drug Program #205                                  |            |
| <b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b> |            |
| Single   | \$680.59   |
| Member & Spouse/Partner  | \$1,361.18 |
| Family   | \$1,946.49 |
| Parent & Child   | \$1,265.90 |
| <b>PRESCRIPTION DRUG PROGRAM #205</b>  |            |
| Single   | \$121.54   |
| Member & Spouse/Partner  | \$243.08   |
| Family   | \$347.60   |
| Parent & Child   | \$226.06   |

\* 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.



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| Medical Plans Available with Prescription Drug Program #206   |            |
| <b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>                  |            |
| Single  | \$639.97   |
| Member & Spouse/Partner   | \$1,279.94 |
| Family  | \$1,830.31 |
| Parent & Child  | \$1,190.34 |
| <b>PRESCRIPTION DRUG PROGRAM #206</b>   |            |
| Single  | \$123.71   |
| Member & Spouse/Partner   | \$247.42   |
| Family  | \$353.81   |
| Parent & Child  | \$230.10   |
| Medical Plans Available with Prescription Drug Program #207   |            |
| <b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>                  |            |
| Single  | \$550.38   |
| Member & Spouse/Partner   | \$1,100.76 |
| Family  | \$1,574.09 |
| Parent & Child  | \$1,023.71 |
| <b>PRESCRIPTION DRUG PROGRAM #207</b>   |            |
| Single  | \$111.34   |
| Member & Spouse/Partner   | \$222.68   |
| Family  | \$318.43   |
| Parent & Child  | \$207.09   |
| Medical Plans Available with Prescription Drug Program #209   |            |
| <b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b> |            |
| Single  | \$525.57   |
| Member & Spouse/Partner   | \$1,051.14 |
| Family  | \$1,503.13 |
| Parent & Child  | \$977.56   |
| <b>PRESCRIPTION DRUG PROGRAM #209</b>   |            |
| Single  | \$117.02   |
| Member & Spouse/Partner   | \$234.04   |
| Family  | \$334.68   |
| Parent & Child  | \$217.66   |



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| High Deductible Health Plans with Built In Prescription Drug   |            |
| <b>NJ DIRECT HD4000 #090</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i> |            |
| Single   | \$438.24   |
| Member & Spouse/Partner  | \$876.48   |
| Family   | \$1,253.37 |
| Parent & Child   | \$815.13   |
| <b>NJ DIRECT HD1500 #091</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i> |            |
| Single   | \$649.95   |
| Member & Spouse/Partner  | \$1,299.90 |
| Family   | \$1,858.86 |
| Parent & Child   | \$1,208.91 |

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)