



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates**
Effective 1/1/2022 to 12/31/2022

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$742.20
Member & Spouse/Partner	\$1,484.40
Family	\$2,122.69
Parent & Child	\$1,380.49
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$711.11
Member & Spouse/Partner	\$1,422.22
Family	\$2,033.77
Parent & Child	\$1,322.66
PRESCRIPTION DRUG PROGRAM #203	
Single	\$142.05
Member & Spouse/Partner	\$284.10
Family	\$406.26
Parent & Child	\$264.21
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$721.42
Member & Spouse/Partner	\$1,442.85
Family	\$2,063.27
Parent & Child	\$1,341.85
PRESCRIPTION DRUG PROGRAM #205	
Single	\$128.83
Member & Spouse/Partner	\$257.66
Family	\$368.45
Parent & Child	\$239.62
Medical Plans Available with Prescription Drug Program #209	
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$557.10
Member & Spouse/Partner	\$1,114.20
Family	\$1,593.31
Parent & Child	\$1,036.21
PRESCRIPTION DRUG PROGRAM #209	
Single	\$124.04
Member & Spouse/Partner	\$248.08
Family	\$354.76
Parent & Child	\$230.71



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$678.36
Member & Spouse/Partner	\$1,356.73
Family	\$1,940.12
Parent & Child	\$1,261.76
PRESCRIPTION DRUG PROGRAM #206	
Single	\$131.13
Member & Spouse/Partner	\$262.26
Family	\$375.03
Parent & Child	\$243.90
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$583.40
Member & Spouse/Partner	\$1,166.80
Family	\$1,668.53
Parent & Child	\$1,085.13
PRESCRIPTION DRUG PROGRAM #207	
Single	\$118.02
Member & Spouse/Partner	\$236.04
Family	\$337.53
Parent & Child	\$219.51
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$762.71
Member & Spouse/Partner	\$1,525.42
Family	\$2,181.35
Parent & Child	\$1,418.64
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$758.69
Member & Spouse/Partner	\$1,517.39
Family	\$2,169.87
Parent & Child	\$1,411.17
CWA UNITY DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$719.54
Member & Spouse/Partner	\$1,439.08
Family	\$2,057.88
Parent & Child	\$1,338.34

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CWA UNITY DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	
Single	\$715.75
Member & Spouse/Partner	\$1,431.50
Family	\$2,047.05
Parent & Child	\$1,331.30
PRESCRIPTION DRUG PROGRAM #204	
Single	\$140.66
Member & Spouse/Partner	\$281.32
Family	\$402.29
Parent & Child	\$261.62
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single	\$464.53
Member & Spouse/Partner	\$929.06
Family	\$1,328.57
Parent & Child	\$864.03

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