



**Local Monthly Active Group —
Local Government 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	\$977.12		\$977.12
Member & Spouse/Partner	\$979.42	\$974.81	\$1,954.23
Family	\$980.26	\$1,745.89	\$2,726.15
Parent & Child	\$978.14	\$770.90	\$1,749.04
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$934.05		\$934.05
Member & Spouse/Partner	\$936.35	\$931.74	\$1,868.09
Family	\$937.19	\$1,668.80	\$2,605.99
Parent & Child	\$935.07	\$736.87	\$1,671.94
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$926.16		\$926.16
Member & Spouse/Partner	\$928.46	\$923.86	\$1,852.32
Family	\$929.30	\$1,654.69	\$2,583.99
Parent & Child	\$927.18	\$730.65	\$1,657.83
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$899.61		\$899.61
Member & Spouse/Partner	\$901.91	\$897.31	\$1,799.22
Family	\$902.75	\$1,607.16	\$2,509.91
Parent & Child	\$900.63	\$709.67	\$1,610.30
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1			
Single	\$719.22		\$719.22
Member & Spouse/Partner	\$721.52	\$716.92	\$1,438.44
Family	\$722.36	\$1,284.27	\$2,006.63
Parent & Child	\$720.24	\$567.17	\$1,287.41
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$853.84		\$853.84
Member & Spouse/Partner	\$856.14	\$851.53	\$1,707.67
Family	\$856.98	\$1,525.23	\$2,382.21
Parent & Child	\$854.86	\$673.51	\$1,528.37
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$739.02		\$739.02
Member & Spouse/Partner	\$741.32	\$736.72	\$1,478.04
Family	\$742.16	\$1,319.70	\$2,061.86
Parent & Child	\$740.04	\$582.80	\$1,322.84



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment			
Single	\$871.43		\$871.43
Member & Spouse/Partner	\$873.73	\$869.13	\$1,742.86
Family	\$874.57	\$1,556.72	\$2,431.29
Parent & Child	\$872.45	\$687.41	\$1,559.86
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment			
Single	\$871.43		\$871.43
Member & Spouse/Partner	\$873.73	\$869.13	\$1,742.86
Family	\$874.57	\$1,556.72	\$2,431.29
Parent & Child	\$872.45	\$687.41	\$1,559.86
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible			
Single	\$499.75		\$499.75
Member & Spouse/Partner	\$502.05	\$497.45	\$999.50
Family	\$502.89	\$891.41	\$1,394.30
Parent & Child	\$500.77	\$393.78	\$894.55
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$741.18		\$741.18
Member & Spouse/Partner	\$743.48	\$738.88	\$1,482.36
Family	\$744.32	\$1,323.57	\$2,067.89
Parent & Child	\$742.20	\$584.51	\$1,326.71

* 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