



**Chapter 375 Rates for State
Active and Retired Groups**
Monthly Rates Effective 1/1/2020 to 12/31/2020

PLAN AND COVERAGE LEVEL	MONTHLY RATE	
	EMPLOYEES WITH SHBP EMPLOYEE PRESCRIPTION DRUG PLAN	RETIREEES WITH PRESCRIPTION DRUG PLAN PROVIDED THROUGH MEDICAL PLAN
NJ DIRECT10 #050 Single	N/A	\$743.07
NJ DIRECT15 #150 Single	\$791.89	\$707.58
CWA UNITY DIRECT* #023 Single	\$685.22	\$661.84
CWA UNITY DIRECT 2019* #024 Single	\$682.22	\$661.84
NJ DIRECT** #027 Single	\$685.22	\$661.84
NJ DIRECT 2019** #030 Single	\$682.14	\$661.84
HORIZON HMO #011 Single	\$763.69	\$719.79
NJ DIRECT1525 #051 Single	\$761.98	\$683.69
OMNIA HEALTH PLAN #057 Single	\$599.83	N/A
NJ DIRECT2030 #052 Single	\$724.85	\$647.26
NJ DIRECT2035 #056 Single	\$627.76	\$559.73
NJ DIRECT HD4000 #090 Single	\$415.16	\$388.57
NJ DIRECT HD1500 #091 Single	\$615.73	N/A

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

** 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