



**Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates**
Effective 1/1/2020 to 12/31/2020

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	\$767.28
Member & Spouse/Partner	\$1,534.56
Family	\$2,194.42
Parent & Child	\$1,427.14
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$735.14
Member & Spouse/Partner	\$1,470.28
Family	\$2,102.50
Parent & Child	\$1,367.36
PRESCRIPTION DRUG PROGRAM #203	
Single	\$135.46
Member & Spouse/Partner	\$270.92
Family	\$387.42
Parent & Child	\$251.96
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$745.80
Member & Spouse/Partner	\$1,491.60
Family	\$2,132.99
Parent & Child	\$1,387.19
PRESCRIPTION DRUG PROGRAM #205	
Single	\$122.85
Member & Spouse/Partner	\$245.70
Family	\$351.35
Parent & Child	\$228.50
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1	
Single	\$554.95
Member & Spouse/Partner	\$1,109.90
Family	\$1,587.16
	\$1,032.21
PRESCRIPTION DRUG PROGRAM #209	
Single	\$128.84
Member & Spouse/Partner	\$257.70
Family	\$368.48
Parent & Child	\$239.64



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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	\$701.29
Member & Spouse/Partner	\$1,402.58
Family	\$2,005.69
Parent & Child	\$1,304.40
PRESCRIPTION DRUG PROGRAM #206	
Single	\$125.04
Member & Spouse/Partner	\$250.08
Family	\$357.61
Parent & Child	\$232.57
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$603.11
Member & Spouse/Partner	\$1,206.22
Family	\$1,724.89
Parent & Child	\$1,121.78
PRESCRIPTION DRUG PROGRAM #207	
Single	\$112.54
Member & Spouse/Partner	\$225.08
Family	\$321.86
Parent & Child	\$209.32
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$666.47
Member & Spouse/Partner	\$1,332.94
Family	\$1,906.10
Parent & Child	\$1,239.64
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$662.96
Member & Spouse/Partner	\$1,325.93
Family	\$1,896.07
Parent & Child	\$1,233.11
PRESCRIPTION DRUG PROGRAM #204	
Single	\$114.68
Member & Spouse/Partner	\$229.35
Family	\$327.97
Parent & Child	\$213.30

* 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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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
High Deductible Health Plans with Built In Prescription Drug	
NJ DIRECT HD4000 #090 — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$473.28
Member & Spouse/Partner	\$946.56
Family	\$1,353.58
Parent & Child	\$880.30

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