



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2021 to 12/31/2021

| PLAN/COVERAGE DESCRIPTION | TOTAL |
|--|------------|
| Medical Plans Available with Prescription Drug Program #203 | |
| NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$741.96 |
| Member & Spouse/Partner | \$1,483.92 |
| Family | \$2,122.01 |
| Parent & Child | \$1,380.05 |
| HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment | |
| Single | \$710.88 |
| Member & Spouse/Partner | \$1,421.76 |
| Family | \$2,033.12 |
| Parent & Child | \$1,322.24 |
| PRESCRIPTION DRUG PROGRAM #203 | |
| Single | \$134.75 |
| Member & Spouse/Partner | \$269.50 |
| Family | \$385.39 |
| Parent & Child | \$250.64 |
| Medical Plans Available with Prescription Drug Program #204 | |
| NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$693.09 |
| Member & Spouse/Partner | \$1,386.18 |
| Family | \$1,982.24 |
| Parent & Child | \$1,289.15 |
| NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment | |
| Single | \$689.44 |
| Member & Spouse/Partner | \$1,378.88 |
| Family | \$1,971.80 |
| Parent & Child | \$1,282.36 |
| PRESCRIPTION DRUG PROGRAM #204 | |
| Single | \$119.88 |
| Member & Spouse/Partner | \$239.76 |
| Family | \$342.86 |
| Parent & Child | \$222.98 |
| Medical Plans Available with Prescription Drug Program #205 | |
| NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment | |
| Single | \$721.19 |
| Member & Spouse/Partner | \$1,442.38 |
| Family | \$2,062.60 |
| Parent & Child | \$1,341.41 |
| PRESCRIPTION DRUG PROGRAM #205 | |
| Single | \$122.21 |
| Member & Spouse/Partner | \$244.42 |
| Family | \$349.52 |
| Parent & Child | \$227.31 |



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| Medical Plans Available with Prescription Drug Program #206 | |
| NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment | |
| Single | \$678.15 |
| Member & Spouse/Partner | \$1,356.30 |
| Family | \$1,939.51 |
| Parent & Child | \$1,261.36 |
| PRESCRIPTION DRUG PROGRAM #206 | |
| Single | \$124.39 |
| Member & Spouse/Partner | \$248.78 |
| Family | \$355.76 |
| Parent & Child | \$231.37 |
| Medical Plans Available with Prescription Drug Program #207 | |
| NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment | |
| Single | \$583.21 |
| Member & Spouse/Partner | \$1,166.42 |
| Family | \$1,667.98 |
| Parent & Child | \$1,084.77 |
| PRESCRIPTION DRUG PROGRAM #207 | |
| Single | \$111.95 |
| Member & Spouse/Partner | \$223.90 |
| Family | \$320.18 |
| Parent & Child | \$208.23 |
| 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 | \$539.59 |
| Member & Spouse/Partner | \$1,079.18 |
| Family | \$1,543.23 |
| Parent & Child | \$1,003.64 |
| PRESCRIPTION DRUG PROGRAM #209 | |
| Single | \$127.54 |
| Member & Spouse/Partner | \$229.35 |
| Family | \$327.97 |
| Parent & Child | \$213.30 |



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| 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 | \$459.96 |
| Member & Spouse/Partner | \$919.92 |
| Family | \$1,315.48 |
| Parent & Child | \$855.52 |
| NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i> | |
| Single | \$682.16 |
| Member & Spouse/Partner | \$1,364.32 |
| Family | \$1,950.98 |
| Parent & Child | \$1,268.82 |

* 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