



State Biweekly Active Group
Biweekly Rates
 Effective 1/1/2022 to 12/31/2022

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$322.29
Member & Spouse/Partner	\$644.59
Family	\$921.76
Parent & Child	\$599.47
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$308.79
Member & Spouse/Partner	\$617.59
Family	\$883.15
Parent & Child	\$574.36
PRESCRIPTION DRUG PROGRAM #203	
Single	\$61.68
Member & Spouse/Partner	\$123.36
Family	\$176.41
Parent & Child	\$114.73
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$313.27
Member & Spouse/Partner	\$626.55
Family	\$895.96
Parent & Child	\$582.69
PRESCRIPTION DRUG PROGRAM #205	
Single	\$55.94
Member & Spouse/Partner	\$111.88
Family	\$160.00
Parent & Child	\$104.05
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	\$241.91
Member & Spouse/Partner	\$483.83
Family	\$691.88
Parent & Child	\$449.97
PRESCRIPTION DRUG PROGRAM #209	
Single	\$53.86
Member & Spouse/Partner	\$107.72
Family	\$154.05
Parent & Child	\$100.18



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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$294.57
Member & Spouse/Partner	\$589.15
Family	\$842.49
Parent & Child	\$547.91
PRESCRIPTION DRUG PROGRAM #206	
Single	\$56.94
Member & Spouse/Partner	\$113.88
Family	\$162.85
Parent & Child	\$105.91
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$253.33
Member & Spouse/Partner	\$506.67
Family	\$724.55
Parent & Child	\$471.21
PRESCRIPTION DRUG PROGRAM #207	
Single	\$51.24
Member & Spouse/Partner	\$102.49
Family	\$146.57
Parent & Child	\$95.32
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$331.20
Member & Spouse/Partner	\$662.40
Family	\$947.24
Parent & Child	\$616.03
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$329.45
Member & Spouse/Partner	\$658.91
Family	\$942.25
Parent & Child	\$612.79
PRESCRIPTION DRUG PROGRAM #204	
Single	\$61.08
Member & Spouse/Partner	\$122.16
Family	\$174.69
Parent & Child	\$113.61

* 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	TOTAL
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	\$201.72
Member & Spouse/Partner	\$403.44
Family	\$576.92
Parent & Child	\$375.20
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$299.17
Member & Spouse/Partner	\$598.34
Family	\$855.63
Parent & Child	\$556.46

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