



**State Biweekly Active Group**  
**Biweekly Rates**  
 Effective 12/19/20 to 12/17/2021

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$341.52
Member & Spouse/Partner	\$683.04
Family	\$976.75
Parent & Child	\$635.23
<b>HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$327.21
Member & Spouse/Partner	\$654.43
Family	\$935.84
Parent & Child	\$608.62
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$62.02
Member & Spouse/Partner	\$124.05
Family	\$177.39
Parent & Child	\$115.36
Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$331.96
Member & Spouse/Partner	\$663.92
Family	\$949.41
Parent & Child	\$617.44
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$56.25
Member & Spouse/Partner	\$112.50
Family	\$160.88
Parent & Child	\$104.63
Medical Plans Available with Prescription Drug Program #209	
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$248.37
Member & Spouse/Partner	\$496.74
Family	\$710.34
Parent & Child	\$461.97
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$58.70
Member & Spouse/Partner	\$117.42
Family	\$167.89
Parent & Child	\$109.19



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PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #206	
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$312.15
Member & Spouse/Partner	\$624.30
Family	\$892.75
Parent & Child	\$580.60
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$57.25
Member & Spouse/Partner	\$114.51
Family	\$163.75
Parent & Child	\$106.49
Medical Plans Available with Prescription Drug Program #207	
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$268.45
Member & Spouse/Partner	\$536.90
Family	\$767.76
Parent & Child	\$499.31
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$51.53
Member & Spouse/Partner	\$103.06
Family	\$147.37
Parent & Child	\$95.84
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$319.02
Member & Spouse/Partner	\$638.05
Family	\$912.42
Parent & Child	\$593.39
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$317.34
Member & Spouse/Partner	\$634.69
Family	\$907.61
Parent & Child	\$590.26
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$55.18
Member & Spouse/Partner	\$110.36
Family	\$157.81
Parent & Child	\$102.63

\* 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	
<b>NJ DIRECT HD4000 #090</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$211.71
Member & Spouse/Partner	\$423.43
Family	\$605.51
Parent & Child	\$393.79
<b>NJ DIRECT HD1500 #091</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$313.99
Member & Spouse/Partner	\$627.99
Family	\$898.03
Parent & Child	\$584.03

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