



**Chapter 172 Part-Time State Monthly  
Active Group  
Monthly Rates**  
Effective 1/1/2021 to 12/31/2021

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	
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$786.47
Member & Spouse/Partner	\$1,572.95
Family	\$2,249.33
Parent & Child	\$1,462.85
<b>HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$753.53
Member & Spouse/Partner	\$1,507.06
Family	\$2,155.10
Parent & Child	\$1,401.57
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$142.83
Member & Spouse/Partner	\$285.67
Family	\$408.51
Parent & Child	\$265.67
Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$764.46
Member & Spouse/Partner	\$1,528.92
Family	\$2,186.35
Parent & Child	\$1,421.89
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$129.54
Member & Spouse/Partner	\$259.08
Family	\$370.49
Parent & Child	\$240.94
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	\$571.96
Member & Spouse/Partner	\$1,143.93
Family	\$1,635.82
	\$1,063.85
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$135.19
Member & Spouse/Partner	\$270.40
Family	\$386.64
Parent & Child	\$251.45



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$718.83
Member & Spouse/Partner	\$1,437.67
Family	\$2,055.88
Parent & Child	\$1,337.04
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$131.85
Member & Spouse/Partner	\$263.70
Family	\$377.10
Parent & Child	\$245.25
Medical Plans Available with Prescription Drug Program #207	
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$618.20
Member & Spouse/Partner	\$1,236.40
Family	\$1,768.05
Parent & Child	\$1,149.85
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$118.66
Member & Spouse/Partner	\$237.33
Family	\$339.39
Parent & Child	\$220.72
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$734.67
Member & Spouse/Partner	\$1,469.35
Family	\$2,101.17
Parent & Child	\$1,366.49
<b>NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$730.80
Member & Spouse/Partner	\$1,461.61
Family	\$2,090.10
Parent & Child	\$1,359.30
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$127.07
Member & Spouse/Partner	\$254.14
Family	\$363.43
Parent & Child	\$236.35

\* 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	
<b>NJ DIRECT HD4000 #090</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$487.55
Member & Spouse/Partner	\$975.11
Family	\$1,394.40
Parent & Child	\$906.85

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)