

State Health Benefits Program

PERCENTAGE OF PREMIUM CALCULATION CHARTS

For Health Benefit Contributions under P.L. 2011, c. 78

State Monthly Employees — Not Paid through Centralized Payroll

Use this worksheet and the attached charts to calculate the percentage of the full cost premium for which you will be responsible.

	Calculate Premium Percentages	Amount
1.	Use the SHBP Premium Rate Chart and enter the premium amount for your SHBP Medical Plan at your selected Level of Coverage.	\$
2.	Use the <i>Percentage of Premium Chart</i> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%
3.	Calculate your Medical Plan Contribution: Multiply the Medical Plan Premium by the Premium Percentage (for example: If NJ DIRECT15, Family coverage is \$1,989.27 per month, and your premium percentage is 10.0%; the calculation is \$1,989.27 x 0.10 = \$198.92 per month).	\$
4.	Use the SHBP Premium Rate Chart and enter the premium amount for the SHBP Prescription Drug Plan associated with your Medical Plan at your selected Level of Coverage.	\$
5.	Use the <i>Percentage of Premium Chart</i> for your Level of Coverage to find your Salary Range and Percentage of Premium amount.	%
6.	Calculate any Prescription Drug Plan Contribution: Multiply the Prescription Drug Plan Premium by the Premium Percentage.	\$
7.	Add line #3 and Line #6. (Medical Plan Contribution + Prescription Drug Plan Contribution)	\$
	Calculate Minimum Required Contribution Employees must pay a minimum of 1.5% of Annual Salary	
8.	Enter your total Annual Salary.	\$
9.	Multiply your Annual Salary by 1.5% (Salary x 0.015).	x 0.015
10.	This is your 1.5 minimum annual percentage of salary.	\$
11.	Divide the annual amount on line #10 by 12 months.	÷ 12
12.	This is the minimum monthly amount you are required to contribute.	\$
	Your Health Contribution	
13.	If the amount on Line #7 is larger than the amount on Line #12, enter it here. Otherwise, enter the amount on Line #12.	\$
	This is your monthly required contribution	



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

HEALTH BENEFITS CONTRIBUTION — PERCENTAGE OF PREMIUM

Note: You must use the active or retired members rate charts to first determine the full cost premium for the plan and coverage level you select. Then, use this chart to determine the percentage of the full cost for which you will be responsible.*

Annual Retirement Allowance Range	Single	Member/Spouse/Partner or Parent/Child	Family
Less than \$20,000	4.5%		
Less than \$25,000		3.5%	3%
\$20,000 - \$24,999.99	5.5%		
\$25,000 - \$29,999.99	7.5%	4.5%	4%
\$30,000 - \$34,999.99	10%	6%	5%
\$35,000 - \$39,999.99	11%	7%	6%
\$40,000 - \$44,999.99	12%	8%	7%
\$45,000 - \$49,999.99	14%	10%	9%
\$50,000 - \$54,999.99	20%	15%	12%
\$55,000 - \$59,999.99	23%	17%	14%
\$60,000 - \$64,999.99	27%	21%	17%
\$65,000 - \$69,999.99	29%	23%	19%
\$70,000 - \$74,999.99	32%	26%	22%
\$75,000 - \$79,999.99	33%	27%	23%
\$80,000 - \$84,999.99		28%	24%
\$80,000 - \$94,999.99	34%		
\$85,000 - \$89,999.99			26%
\$85,000 - \$99,999.99		30%	
\$90,000 - \$94,999.99			28%
\$95,000 and over	35%		
\$95,000 - \$99,999.99			29%
\$100,000 and over		35%	
\$100,000 - \$109,999.99			32%
\$110,000 and over			35%

^{*}Member contribution is a minimum of 1.5% of base salary towards Health Benefits.



State Monthly Active Group Monthly Rates

Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Progran	n #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 Progran	n #205
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copaymen	nt
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
Medical Plans Available with Prescription Drug Progran	n #209
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Co	ppayment for Tier 1
Single	\$554.95
Member & Spouse/Partner	\$1,109.90
Family	\$1,587.16
Parent & Child	\$1,032.21
PRESCRIPTION DRUG PROGRAM #209	
Single	\$128.84
Member & Spouse/Partner	\$257.70
Family	\$369.48
Parent & Child	\$239.64



State Monthly Active Group Monthly Rates

Effective 1/1/2020 to 12/31/2020

Medical Plans Available with Prescription Drug Program #206 NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	PLAN/COVERAGE DESCRIPTION	TOTAL
Single \$701.29 Member & Spouse/Partner \$1,402.58 Family \$2,005.69 Parent & Child \$1,304.40 Parent & Child Family Parent & Spouse/Partner \$250.08 Sapple \$125.04 Member & Spouse/Partner \$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 Member & Spouse/Partner \$1.26.62 Family \$1.724.89 Parent & Child \$1.12.78 PRESCRIPTION DRUG PROGRAM #207 Single \$112.54 Member & Spouse/Partner \$225.08 Family \$321.86 Parent & Child \$225.08 Family \$321.86 Parent & Child \$225.08 Family \$321.86 Parent & Child \$1.332.94 Member & Spouse/Partner \$1.332.94 Single \$666.47	Medical Plans Available with Prescription Drug Program	#206
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 \$337.61 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 \$1,12.78 PRESCRIPTION DRUG PROGRAM #207 Single \$112.54 Member & Spouse/Partner \$225.08 Family \$12.54 Member & Child \$203.32 Medical Plans Available with Prescription Drug Program #204 NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment Single \$666.49 Member & Spouse/Partner \$1,332.94 Family \$1,299.64 NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayme	NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	t
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 \$1,226.22 Family \$1,226.22 Family \$1,226.22 Family \$1,226.22 Family \$1,226.22 Parent & Child \$1,226.22 Parent & Child \$1,226.22 Parent & Child \$225.08 Parent & Child \$225.08 Parent & Child \$225.08 Parent & Child \$20.32 Parent & Child \$1,332.94 Parent & Child \$1,332.94 Parent & Child	Single	\$701.29
Parent & Child \$1,304.40 PRESCRIPTION DRUG PROGRAM #206 \$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 PESCRIPTION DRUG PROGRAM #207 **112.54 Single \$112.54 Member & Spouse/Partner \$225.08 Family \$225.08 Parent & Child \$225.08 Parent & Child \$209.32 Medical Plans Available with Prescription Drug Program #204 NJ DIRECT #027 — PPO Plan with \$15 Primary Care Copayment Single \$1,332.94 Family \$1,306.10 Parent & Child \$1,329.64 NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment \$1,325.93 Single \$1,325.93	Member & Spouse/Partner	\$1,402.58
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 \$229.32 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 \$1,066.10 Parent & Child \$1,239.6 Member & Spouse/Partner \$1,325.93 Family \$662.96 Member &	Family	\$2,005.69
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 \$112.54 Member & Spouse/Partner \$225.08 Family \$321.86 Parent & Child \$666.47 Member & Spouse/Partner \$1,332.94 Family \$666.47 Member & Spouse/Partner \$1,332.94 Family \$662.96 Member & Spouse/Partner \$1,325.31 Family	Parent & Child	\$1,304.40
Member & Spouse/Partner \$250.08 Family \$357.61 Parent & Child \$232.57 Medical Plans Available with Prescription Drug Program #207 MISTORY OF PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment Single 603.11 Member & Spouse/Partner \$1,26.22 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	PRESCRIPTION DRUG PROGRAM #206	
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 \$1,121.78 PRESCRIPTION DRUG PROGRAM #207 Single \$112.54 Member & Spouse/Partner \$225.08 Family \$321.86 Parent & Child \$329.32 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 \$1,006.10 Parent & Child \$1,239.64 NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment \$1,325.93 Single \$662.96 Member & Spouse/Partner \$1,325.93 Family \$662.96 Member & Spouse/Partner \$1,325.93 Family \$1,325.93	Single	\$125.04
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 \$1,325.93 Family \$1,325.93 Family \$1,896.07 Parent & Child \$1,235.93 Family \$1,896.07 Parent & Child \$1,235.93 Family	Member & Spouse/Partner	\$250.08
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 \$1,12.78 PRESCRIPTION DRUG PROGRAM #207 Single \$112.54 Member & Spouse/Partner \$225.08 Family \$321.86 Parent & Child \$225.08 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 \$1,239.64 NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment \$1,325.93 Family \$1,230.61 Parent & Child \$1,233.11 PRESCRIPTION DRUG PROGRAM #204 Single \$114.68	Family	\$357.61
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 \$299.32 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 \$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 \$114.68	Parent & Child	\$232.57
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 \$1,239.64 NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment \$1,239.64 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	Medical Plans Available with Prescription Drug Program	#207
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 My J DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment \$1,239.64 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	NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	t
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 \$662.96 Member & Spouse/Partner \$1,325.93 Family \$1,233.11 PRESCRIPTION DRUG PROGRAM #204 Single \$114.68 Member & Spouse/Partner \$229.35 Family \$327.97	Single	603.11
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 \$1,239.64 NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment \$1,325.93 Family \$1,233.11 PRESCRIPTION DRUG PROGRAM #204 Single \$114.68 Member & Spouse/Partner \$229.35 Family \$327.97	Member & Spouse/Partner	\$1,206.22
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 \$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	Family	\$1,724.89
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 \$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	\$1,121.78
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 \$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	PRESCRIPTION DRUG PROGRAM #207	
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 \$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 \$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	Single	\$112.54
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 \$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	Member & Spouse/Partner	\$225.08
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 \$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	Family	\$321.86
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 \$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	\$209.32
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	Medical Plans Available with Prescription Drug Program	#204
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 \$662.96 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	NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
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	Single	\$666.47
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	Member & Spouse/Partner	\$1,332.94
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	Family	\$1,906.10
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	\$1,239.64
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	NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Family \$1,896.07 Parent & Child \$1,233.11 PRESCRIPTION DRUG PROGRAM #204 Single \$114.68 Member & Spouse/Partner \$229.35 Family \$327.97	Single	\$662.96
Parent & Child \$1,233.11 PRESCRIPTION DRUG PROGRAM #204 Single \$114.68 Member & Spouse/Partner \$229.35 Family \$327.97	Member & Spouse/Partner	\$1,325.93
PRESCRIPTION DRUG PROGRAM #204 Single \$114.68 Member & Spouse/Partner \$229.35 Family \$327.97	Family	\$1,896.07
Single \$114.68 Member & Spouse/Partner \$229.35 Family \$327.97	Parent & Child	\$1,233.11
Member & Spouse/Partner \$229.35 Family \$327.97	PRESCRIPTION DRUG PROGRAM #204	
Family \$327.97	Single	\$114.68
	Member & Spouse/Partner	\$229.35
Parent & Child \$213.30	Family	\$327.97
	Parent & Child	\$213.30



State Monthly Active Group Monthly Rates

Effective 1/1/2020 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	TOTAL		
High Deductible Health Plans with Built In Prescription Drug			
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible			
Single	\$473.28		
Member & Spouse/Partner	\$946.56		
Family	\$1,353.58		
Parent & Child	\$880.30		
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$701.92		
Member & Spouse/Partner	\$1,403.84		
Family	\$2,007.49		
Parent & Child	\$1,305.57		

^{*} 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