



State Biweekly Active Group
Biweekly Rates
 Effective 12/21/2019 to 12/20/2020

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$353.17
Member & Spouse/Partner	\$706.35
Family	\$1,010.08
Parent & Child	\$656.91
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$338.38
Member & Spouse/Partner	\$676.76
Family	\$967.77
Parent & Child	\$629.39
PRESCRIPTION DRUG PROGRAM #203	
Single	\$62.35
Member & Spouse/Partner	\$124.70
Family	\$178.32
Parent & Child	\$115.97
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$343.29
Member & Spouse/Partner	\$686.58
Family	\$981.81
Parent & Child	\$638.52
PRESCRIPTION DRUG PROGRAM #205	
Single	\$56.54
Member & Spouse/Partner	\$113.09
Family	\$161.72
Parent & Child	\$105.17
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	\$255.44
Member & Spouse/Partner	\$510.88
Family	\$730.56
Parent & Child	\$475.12
PRESCRIPTION DRUG PROGRAM #209	
Single	\$59.30
Member & Spouse/Partner	\$118.61
Family	\$169.61
Parent & Child	\$110.30



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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	\$322.80
Member & Spouse/Partner	\$645.60
Family	\$923.21
Parent & Child	\$600.41
PRESCRIPTION DRUG PROGRAM #206	
Single	\$57.55
Member & Spouse/Partner	\$115.11
Family	\$164.60
Parent & Child	\$107.05
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$277.61
Member & Spouse/Partner	\$555.22
Family	\$793.96
Parent & Child	\$516.35
PRESCRIPTION DRUG PROGRAM #207	
Single	\$51.80
Member & Spouse/Partner	\$103.60
Family	\$148.15
Parent & Child	\$96.34
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$306.77
Member & Spouse/Partner	\$613.55
Family	\$877.37
Parent & Child	\$570.60
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$305.15
Member & Spouse/Partner	\$610.32
Family	\$872.75
Parent & Child	\$567.59
PRESCRIPTION DRUG PROGRAM #204	
Single	\$52.75
Member & Spouse/Partner	\$105.56
Family	\$150.96
Parent & Child	\$98.18

* 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	\$217.85
Member & Spouse/Partner	\$435.70
Family	\$623.05
Parent & Child	\$405.20
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$323.09
Member & Spouse/Partner	\$646.18
Family	\$924.04
Parent & Child	\$600.95

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