# Chapter 172 Part-Time State Monthly

Active Group

Monthly Rates

Effective 1/1/2022 to 12/31/2022

For employers who offer the Employees' Prescription Drug Plan or a private plan

<table>
<thead>
<tr>
<th>PLAN/COVERAGE DESCRIPTION</th>
<th>MONTHLY RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plans Available with Prescription Drug Program #203</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NJ DIRECT15 #150 — PPO Plan with $15 Primary Care Copayment</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$742.20</td>
</tr>
<tr>
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<tr>
<td>Parent &amp; Child</td>
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<tr>
<td><strong>HORIZON HMO #011 — HMO Plan with $15 Primary Care Copayment</strong></td>
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<td>Member &amp; Spouse/Partner</td>
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<td>Parent &amp; Child</td>
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<td><strong>PRESCRIPTION DRUG PROGRAM #203</strong></td>
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<tr>
<td>Family</td>
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<tr>
<td>Parent &amp; Child</td>
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<tr>
<td><strong>Medical Plans Available with Prescription Drug Program #205</strong></td>
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<tr>
<td><strong>NJ DIRECT1525 #051 — PPO Plan with $15 Primary Care / $25 Specialist Care Copayment</strong></td>
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<tr>
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<tr>
<td>Member &amp; Spouse/Partner</td>
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<td>Parent &amp; Child</td>
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<tr>
<td>Family</td>
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<tr>
<td>Parent &amp; Child</td>
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<tr>
<td><strong>Medical Plans Available with Prescription Drug Program #209</strong></td>
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<tr>
<td><strong>OMNIA HEALTH PLAN #057 — Tiered Plan with $5 Primary Care / $15 Specialist Care Copayment for Tier 1</strong></td>
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<td>Single</td>
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<tr>
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<tr>
<td>Family</td>
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<tr>
<td>Parent &amp; Child</td>
<td>$230.71</td>
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</table>

HA-1072-0622
Chapter 172 Part-Time State Monthly
Active Group
Monthly Rates
Effective 1/1/2022 to 12/31/2022

For employers who offer the Employees’ Prescription Drug Plan or a private plan

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<thead>
<tr>
<th>PLAN/COVERAGE DESCRIPTION</th>
<th>MONTHLY RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Plans Available with Prescription Drug Program #206</td>
<td></td>
</tr>
<tr>
<td><strong>NJ DIRECT2030 #052 — PPO Plan with $20 Primary Care / $30 Specialist Care Copayment</strong></td>
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<td>Family</td>
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<td>Parent &amp; Child</td>
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<td>Medical Plans Available with Prescription Drug Program #207</td>
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<td>Parent &amp; Child</td>
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<td>Member &amp; Spouse/Partner</td>
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<td>Family</td>
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<td>Parent &amp; Child</td>
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<td>Member &amp; Spouse/Partner</td>
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<td><em><em>CWA UNITY DIRECT</em> #023 — PPO Plan with $15 Primary Care Copayment</em>*</td>
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<td>Member &amp; Spouse/Partner</td>
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<tr>
<td>Family</td>
<td>$2,181.35</td>
</tr>
<tr>
<td>Parent &amp; Child</td>
<td>$1,418.64</td>
</tr>
</tbody>
</table>

* Members hired before July 1, 2019, will be enrolled in NJ DIRECT or CWA Unity DIRECT. Members hired after July 1, 2019, will be enrolled in NJ DIRECT 2019 or CWA Unity DIRECT 2019.
For employers who offer the Employees’ Prescription Drug Plan or a private plan

<table>
<thead>
<tr>
<th>PLAN/OVERAGE DESCRIPTION</th>
<th>MONTHLY RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>CWA UNITY DIRECT 2019</em> #024 — PPO Plan with $15 Primary Care Copayment</em>*</td>
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<tr>
<td>Member &amp; Spouse/Partner</td>
<td>$1,517.39</td>
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<tr>
<td>Family</td>
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<td>Parent &amp; Child</td>
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<td>Family</td>
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<td><strong>High Deductible Health Plans with Built In Prescription Drug</strong></td>
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<tr>
<td><strong>NJ DIRECT HD4000 #090 — High Deductible Health Plan with $4,000 In-Network Deductible</strong></td>
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<tr>
<td>Parent &amp; Child</td>
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</tr>
</tbody>
</table>

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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)