



State Biweekly Active Group
Biweekly Rates
 12/31/2022 to 12/29/2023

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$390.18
Member & Spouse/Partner	\$780.36
Family	\$1,115.92
Parent & Child	\$725.73
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$373.83
Member & Spouse/Partner	\$747.67
Family	\$1,069.17
Parent & Child	\$695.33
PRESCRIPTION DRUG PROGRAM #203	
Single	\$64.51
Member & Spouse/Partner	\$129.03
Family	\$184.51
Parent & Child	\$120.00
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$379.25
Member & Spouse/Partner	\$758.51
Family	\$1,084.68
Parent & Child	\$705.42
PRESCRIPTION DRUG PROGRAM #205	
Single	\$58.51
Member & Spouse/Partner	\$117.02
Family	\$167.34
Parent & Child	\$108.83
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	\$294.91
Member & Spouse/Partner	\$589.83
Family	\$843.46
Parent & Child	\$548.54
PRESCRIPTION DRUG PROGRAM #209	
Single	\$54.92
Member & Spouse/Partner	\$109.85
Family	\$157.08
Parent & Child	\$102.15



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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	\$356.62
Member & Spouse/Partner	\$713.24
Family	\$1,019.23
Parent & Child	\$663.31
PRESCRIPTION DRUG PROGRAM #206	
Single	\$59.55
Member & Spouse/Partner	\$119.10
Family	\$170.32
Parent & Child	\$110.77
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$306.69
Member & Spouse/Partner	\$613.39
Family	\$877.15
Parent & Child	\$570.45
PRESCRIPTION DRUG PROGRAM #207	
Single	\$53.60
Member & Spouse/Partner	\$107.20
Family	\$153.30
Parent & Child	\$99.70
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$402.81
Member & Spouse/Partner	\$805.62
Family	\$1,152.04
Parent & Child	\$749.22
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$400.69
Member & Spouse/Partner	\$801.38
Family	\$1,145.97
Parent & Child	\$745.28
PRESCRIPTION DRUG PROGRAM #204	
Single	\$66.21
Member & Spouse/Partner	\$132.43
Family	\$189.38
Parent & Child	\$123.16

* 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	\$238.01
Member & Spouse/Partner	\$476.02
Family	\$680.71
Parent & Child	\$442.70
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$352.99
Member & Spouse/Partner	\$705.98
Family	\$1,009.56
Parent & Child	\$656.56

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