



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$847.67
Member & Spouse/Partner	\$1,695.34
Family	\$2,424.34
Parent & Child	\$1,576.67
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$812.16
Member & Spouse/Partner	\$1,624.32
Family	\$2,322.78
Parent & Child	\$1,510.62
PRESCRIPTION DRUG PROGRAM #203	
Single	\$140.16
Member & Spouse/Partner	\$280.32
Family	\$400.86
Parent & Child	\$260.70
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$875.11
Member & Spouse/Partner	\$1,750.22
Family	\$2,502.81
Parent & Child	\$1,627.70
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$870.50
Member & Spouse/Partner	\$1,741.00
Family	\$2,489.63
Parent & Child	\$1,619.13
PRESCRIPTION DRUG PROGRAM #204	
Single	\$143.86
Member & Spouse/Partner	\$287.72
Family	\$411.44
Parent & Child	\$267.58
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$823.94
Member & Spouse/Partner	\$1,647.88
Family	\$2,356.47
Parent & Child	\$1,532.53
PRESCRIPTION DRUG PROGRAM #205	
Single	\$127.12
Member & Spouse/Partner	\$254.24
Family	\$363.56
Parent & Child	\$236.44

* 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
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$774.76
Member & Spouse/Partner	\$1,549.52
Family	\$2,215.81
Parent & Child	\$1,441.05
PRESCRIPTION DRUG PROGRAM #206	
Single	\$129.38
Member & Spouse/Partner	\$258.76
Family	\$370.03
Parent & Child	\$240.65
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$666.30
Member & Spouse/Partner	\$1,332.60
Family	\$1,905.62
Parent & Child	\$1,239.32
PRESCRIPTION DRUG PROGRAM #207	
Single	\$116.45
Member & Spouse/Partner	\$232.90
Family	\$333.05
Parent & Child	\$216.60
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	\$640.71
Member & Spouse/Partner	\$1,281.42
Family	\$1,832.43
Parent & Child	\$1,191.72
PRESCRIPTION DRUG PROGRAM #209	
Single	\$119.32
Member & Spouse/Partner	\$238.66
Family	\$341.26
Parent & Child	\$221.94



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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	\$517.08
Member & Spouse/Partner	\$1,034.16
Family	\$1,478.85
Parent & Child	\$961.77
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$766.88
Member & Spouse/Partner	\$1,533.76
Family	\$2,193.27
Parent & Child	\$1,426.39

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