



**Local Monthly Active Group —
Local Government Employers
Monthly Rates**
Effective 1/1/2023 to 12/31/2023

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

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #201			
NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment			
Single	\$1,051.11		\$1,051.11
Member & Spouse/Partner	\$1,053.41	\$1,048.81	\$2,102.22
Family	\$1,054.25	\$1,878.35	\$2,932.60
Parent & Child	\$1,052.13	\$829.36	\$1,881.49
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment			
Single	\$1,000.94		\$1,000.94
Member & Spouse/Partner	\$1,003.24	\$998.64	\$2,001.88
Family	\$1,004.08	1,788.54	\$2,792.62
Parent & Child	\$1,001.96	\$789.72	\$1,791.68
HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment			
Single	\$972.16		\$972.16
Member & Spouse/Partner	\$974.46	\$969.86	\$1,944.32
Family	\$975.30	\$1,737.03	\$2,712.33
Parent & Child	\$973.18	\$766.99	\$1,740.17
PRESCRIPTION DRUG PROGRAM #201			
Single	\$153.00		\$153.00
Member & Spouse/Partner	\$153.00	\$153.00	\$306.00
Family	\$153.00	\$273.87	\$426.87
Parent & Child	\$153.00	\$120.87	\$273.87
Medical Plans Available with Prescription Drug Program #205			
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment			
Single	\$970.95		\$970.95
Member & Spouse/Partner	\$973.25	\$968.65	\$1,941.90
Family	\$974.09	\$1,734.86	\$2,708.95
Parent & Child	\$971.97	\$766.03	\$1,738.00
PRESCRIPTION DRUG PROGRAM #205			
Single	\$138.76		\$138.76
Member & Spouse/Partner	\$138.76	\$138.76	\$277.52
Family	\$138.76	\$248.38	\$387.14
Parent & Child	\$138.76	\$109.62	\$248.38



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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	\$744.04		\$744.04
Member & Spouse/Partner	\$746.34	\$741.74	\$1,488.08
Family	\$747.18	\$1,328.69	\$2,075.87
Parent & Child	\$745.06	\$586.77	\$1,331.83
PRESCRIPTION DRUG PROGRAM #209			
Single	\$140.26		\$140.26
Member & Spouse/Partner	\$140.26	\$140.26	\$280.52
Family	\$140.26	\$251.07	\$391.33
Parent & Child	\$140.26	\$110.81	\$251.07
Medical Plans Available with Prescription Drug Program #206			
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment			
Single	\$912.65		\$912.65
Member & Spouse/Partner	\$914.95	\$910.35	\$1,825.30
Family	\$915.79	\$1,630.50	\$2,546.29
Parent & Child	\$913.67	\$719.97	\$1,633.64
PRESCRIPTION DRUG PROGRAM #206			
Single	\$141.24		\$141.24
Member & Spouse/Partner	\$141.24	\$141.24	\$282.48
Family	\$141.24	\$252.82	\$394.06
Parent & Child	\$141.24	\$111.58	\$252.82
Medical Plans Available with Prescription Drug Program #207			
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment			
Single	\$784.89		\$784.89
Member & Spouse/Partner	\$787.19	\$782.59	\$1,569.78
Family	\$788.03	\$1,401.81	\$2,189.84
Parent & Child	\$785.91	\$619.04	\$1,404.95
PRESCRIPTION DRUG PROGRAM #207			
Single	\$127.11		\$127.11
Member & Spouse/Partner	\$127.11	\$127.11	\$254.22
Family	\$127.11	\$227.53	\$354.64
Parent & Child	\$127.11	\$100.42	\$227.53



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PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
Medical Plans Available with Prescription Drug Program #297			
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment			
Single	\$935.89		\$935.89
Member & Spouse/Partner	\$938.19	\$933.59	\$1,871.78
Family	\$939.03	\$1,672.10	\$2,611.13
Parent & Child	\$936.91	\$738.33	\$1,675.24
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment			
Single	\$930.96		\$930.96
Member & Spouse/Partner	\$933.26	\$928.66	\$1,861.92
Family	\$934.10	\$1,663.28	\$2,597.38
Parent & Child	\$931.98	\$734.44	\$1,666.42
PRESCRIPTION DRUG PROGRAM #297			
Single	\$138.87		\$138.87
Member & Spouse/Partner	\$138.87	\$138.87	\$277.74
Family	\$138.87	\$248.58	\$387.45
Parent & Child	\$138.87	\$109.71	\$248.58
High Deductible Health Plans with Built-In Prescription Drug			
NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,000 In-Network Deductible			
Single	\$600.20		\$600.20
Member & Spouse/Partner	\$602.50	\$597.90	\$1,200.40
Family	\$603.34	\$1,071.22	\$1,674.56
Parent & Child	\$601.22	\$473.14	\$1,074.36
NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,500 In-Network Deductible			
Single	\$890.15		\$890.15
Member & Spouse/Partner	\$892.45	\$887.85	\$1,780.30
Family	\$893.29	\$1,590.23	\$2,483.52
Parent & Child	\$891.17	\$702.20	\$1,593.37

* 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