



**State Monthly Active Group
Monthly Rates**
Effective 1/1/2021 to 12/31/2021

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$741.96
Member & Spouse/Partner	\$1,483.92
Family	\$2,122.01
Parent & Child	\$1,380.05
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	
Single	\$710.88
Member & Spouse/Partner	\$1,421.76
Family	\$2,033.12
Parent & Child	\$1,322.24
PRESCRIPTION DRUG PROGRAM #203	
Single	\$134.75
Member & Spouse/Partner	\$269.50
Family	\$385.39
Parent & Child	\$250.64
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$693.09
Member & Spouse/Partner	\$1,386.18
Family	\$1,982.24
Parent & Child	\$1,289.15
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$689.44
Member & Spouse/Partner	\$1,378.88
Family	\$1,971.80
Parent & Child	\$1,282.36
PRESCRIPTION DRUG PROGRAM #204	
Single	\$119.88
Member & Spouse/Partner	\$239.76
Family	\$342.86
Parent & Child	\$222.98
Medical Plans Available with Prescription Drug Program #205	
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$721.19
Member & Spouse/Partner	\$1,442.38
Family	\$2,062.60
Parent & Child	\$1,341.41
PRESCRIPTION DRUG PROGRAM #205	
Single	\$122.21
Member & Spouse/Partner	\$244.42
Family	\$349.52
Parent & Child	\$227.31



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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	\$678.15
Member & Spouse/Partner	\$1,356.30
Family	\$1,939.51
Parent & Child	\$1,261.36
PRESCRIPTION DRUG PROGRAM #206	
Single	\$124.39
Member & Spouse/Partner	\$248.78
Family	\$355.76
Parent & Child	\$231.37
Medical Plans Available with Prescription Drug Program #207	
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$583.21
Member & Spouse/Partner	\$1,166.42
Family	\$1,667.98
Parent & Child	\$1,084.77
PRESCRIPTION DRUG PROGRAM #207	
Single	\$111.95
Member & Spouse/Partner	\$223.90
Family	\$320.18
Parent & Child	\$208.23
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	\$539.59
Member & Spouse/Partner	\$1,079.18
Family	\$1,543.23
Parent & Child	\$1,003.64
PRESCRIPTION DRUG PROGRAM #209	
Single	\$127.54
Member & Spouse/Partner	\$229.35
Family	\$327.97
Parent & Child	\$213.30



State Monthly Active Group Monthly Rates Effective 1/1/2021 to 12/31/2021

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	\$459.96
Member & Spouse/Partner	\$919.92
Family	\$1,315.48
Parent & Child	\$855.52
NJ DIRECT HD1500 #091 — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$682.16
Member & Spouse/Partner	\$1,364.32
Family	\$1,950.98
Parent & Child	\$1,268.82

* 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