Chapter 172 Part-Time State Monthly Active Group Monthly Rates

Efective 1/1/2023 to 12/31/2023

\$932.43	PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
\$932.43	Medical Plans Available with Prescription Drug Program	#203
Member & Spouse/Partner \$1,864.87 Family \$2,666.77 Parent & Child \$1,734.33 HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment \$893.37 Member & Spouse/Partner \$1,786.75 Family \$2,555.05 Family \$1,661.68 PRESCRIPTION DRUG PROGRAM #203 \$1,661.68 Single \$154.17 Member & Spouse/Partner \$309.35 Family \$440.94 Parent & Child \$266.77 Merct & Child \$266.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 <td>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</td> <td></td>	NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Family \$2,666.77 Parent & Child \$1,734.33 HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment Single \$893.37 Member & Spouse/Partner \$1,766.75 Family \$2,555.05 Parent & Child \$1,661.68 Parent & Child \$31,661.68 Samply \$308.35 Family \$308.35 Family \$308.35 Family \$440.94 Parent & Child \$2,866.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,865.78 Parent & Child \$1,685.78 Parent & Child \$2,792.11 Parent & Child \$2,792.11 Parent & Child \$1,685.78 Parent & Child \$1,685.78 Parent & Child \$2,992.11 Parent & Child \$2,992.11 Parent & Child \$2,992.11 Parent & Child \$1,685.78 Parent & Child \$2,992.11 Parent & Child \$2,092.11 Parent & Child \$1,092.56	Single	\$932.43
Parent & Child	Member & Spouse/Partner	\$1,864.87
Single \$893.37 \$1,786.75 \$1,786.75 \$1,786.75 \$1,786.75 \$1,786.75 \$1,786.75 \$1,786.75 \$2,555.05 \$1,681.68	Family	\$2,666.77
\$893.37	Parent & Child	\$1,734.33
Member & Spouse/Partner \$1,766.75 Family \$2,555.05 Parent & Child \$1,661.88 PRESCRIPTION DRUG PROGRAM #203 Single \$154.17 Member & Spouse/Partner \$306.35 Family \$440.94 Parent & Child \$286.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION	HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	·
Family \$2,556.05 Parent & Child \$1,661.68 PRESCRIPTION DRUG PROGRAM #203 Single \$154.17 Member & Spouse/Partner \$308.35 Family \$440.94 Parent & Child \$286.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$11,812.66 Family \$2,592.11 Parent & Child \$1,865.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$399.91 Parent & Child \$279.66 Family \$200.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,10.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Single	\$893.37
Parent & Child \$1,661.68 PRESCRIPTION DRUG PROGRAM #203 Single \$154.17 Member & Spouse/Partner \$308.35 Family \$440.94 Parent & Child \$2,866.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$299.91 Parent & Child \$2,599.91 Parent & Child \$2,000.88 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,309.56 Family \$2,015.67 Parent & Child \$1,300.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$2,205.22 Family \$2,205.25 Family \$3375.38	Member & Spouse/Partner	\$1,786.75
PRESCRIPTION DRUG PROGRAM #203 Single \$154.17 Member & Spouse/Partner \$308.35 Family \$440.94 Parent & Child \$286.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$3399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 \$131.25 Member & Spouse/Partner \$262.52	Family	\$2,555.05
\$154.17	Parent & Child	\$1,661.68
Member & Spouse/Partner \$308.35 Family \$440.94 Parent & Child \$286.77 Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$339.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	PRESCRIPTION DRUG PROGRAM #203	•
\$440.94	Single	\$154.17
Parent & Child \$286.77	Member & Spouse/Partner	\$308.35
Medical Plans Available with Prescription Drug Program #205 NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Family	\$440.94
NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment \$906.33	Parent & Child	\$286.77
Single \$906.33 Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Medical Plans Available with Prescription Drug Program	#205
Member & Spouse/Partner \$1,812.66 Family \$2,592.11 Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Samily S	Single	\$906.33
Parent & Child \$1,685.78 PRESCRIPTION DRUG PROGRAM #205 Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Member & Spouse/Partner	\$1,812.66
### PRESCRIPTION DRUG PROGRAM #205 Single	Family	\$2,592.11
Single \$139.83 Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Parent & Child	\$1,685.78
Member & Spouse/Partner \$279.66 Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	PRESCRIPTION DRUG PROGRAM #205	·
Family \$399.91 Parent & Child \$260.08 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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Single	\$139.83
Parent & Child	Member & Spouse/Partner	\$279.66
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 \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 \$131.25 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Family	\$399.91
OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1 Single \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Parent & Child	\$260.08
Single \$704.78 Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Medical Plans Available with Prescription Drug Program	#209
Member & Spouse/Partner \$1,409.56 Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Cope	ayment for Tier 1
Family \$2,015.67 Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Single	\$704.78
Parent & Child \$1,310.89 PRESCRIPTION DRUG PROGRAM #209 \$131.25 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Member & Spouse/Partner	\$1,409.56
PRESCRIPTION DRUG PROGRAM #209 Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Family	\$2,015.67
Single \$131.25 Member & Spouse/Partner \$262.52 Family \$375.38	Parent & Child	\$1,310.89
Member & Spouse/Partner \$262.52 Family \$375.38	PRESCRIPTION DRUG PROGRAM #209	
Family \$375.38	Single	\$131.25
	Member & Spouse/Partner	\$262.52
Parent & Child \$244.13	Family	\$375.38
	Parent & Child	\$244.13



Chapter 172 Part-Time State Monthly Active Group Monthly Rates

Efective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	3
NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$852.23
Member & Spouse/Partner	\$1,704.47
Family	\$2,437.39
Parent & Child	\$1,585.15
PRESCRIPTION DRUG PROGRAM #206	
Single	\$142.31
Member & Spouse/Partner	\$284.63
Family	\$407.03
Parent & Child	\$264.71
Medical Plans Available with Prescription Drug Program #207	,
NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment	
Single	\$732.93
Member & Spouse/Partner	\$1,465.86
Family	\$2,096.18
Parent & Child	\$1,363.25
PRESCRIPTION DRUG PROGRAM #207	<u> </u>
Single	\$128.09
Member & Spouse/Partner	\$256.19
Family	\$366.35
Parent & Child	\$238.26
Medical Plans Available with Prescription Drug Program #204	
NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment	
Single	\$962.62
Member & Spouse/Partner	\$1,925.24
Family	\$2,753.09
Parent & Child	\$1,790.47
NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment	
Single	\$957.55
Member & Spouse/Partner	\$1,915.10
Family	\$2,738.59
Parent & Child	\$1,781.04
CWA UNITY DIRECT* #023 — PPO Plan with \$15 Primary Care Copayment	
Single	\$962.62
Member & Spouse/Partner	\$1,925.24
Family	\$2,753.09
Parent & Child	\$1,790.47

^{*} 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.



Chapter 172 Part-Time State Monthly Active Group Monthly Rates

Efective 1	/1/	2023	to 1	2/	/31/	2023
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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES	
CWA UNITY DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment	•	
Single	\$957.55	
Member & Spouse/Partner	\$1,915.10	
Family	\$2,738.59	
Parent & Child	\$1,781.04	
PRESCRIPTION DRUG PROGRAM #204		
Single	\$158.24	
Member & Spouse/Partner	\$316.49	
Family	\$452.58	
Parent & Child	\$294.33	
High DT 7.728 TSingle 3.028 0 T (np4t7.2332 429.396e Hea	as5449 cm0 7.2s/\$TO 1 Built In TolMember	& Spouse/Par

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