

**Chapter 172 Part-Time State Monthly  
Active Group  
Monthly Rates**  
Effective 1/1/2023 to 12/31/2023

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #203	
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$932.43
Member & Spouse/Partner	\$1,864.87
Family	\$2,666.77
Parent & Child	\$1,734.33
<b>HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$893.37
Member & Spouse/Partner	\$1,786.75
Family	\$2,555.05
Parent & Child	\$1,661.68
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$154.17
Member & Spouse/Partner	\$308.35
Family	\$440.94
Parent & Child	\$286.77
Medical Plans Available with Prescription Drug Program #205	
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$906.33
Member & Spouse/Partner	\$1,812.66
Family	\$2,592.11
Parent & Child	\$1,685.78
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$139.83
Member & Spouse/Partner	\$279.66
Family	\$399.91
Parent & Child	\$260.08
Medical Plans Available with Prescription Drug Program #209	
<b>OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copayment for Tier 1</b>	
Single	\$704.78
Member & Spouse/Partner	\$1,409.56
Family	\$2,015.67
Parent & Child	\$1,310.89
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$131.25
Member & Spouse/Partner	\$262.52
Family	\$375.38
Parent & Child	\$244.13



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



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<b>CWA UNITY DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$957.55
Member & Spouse/Partner	\$1,915.10
Family	\$2,738.59
Parent & Child	\$1,781.04
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$158.24
Member & Spouse/Partner	\$316.49
Family	\$452.58
Parent & Child	\$294.33
High Deductible (Single) 7.28% (Member & Spouse/Partner) 13.028% (Family) 17.2332% (Parent & Child) 429.396% (Heas) 5449 cm 0 7.28% 1 Built In	

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