Chapter 172 Part-Time State Monthly Active Group Monthly Rates (‡HFWLYH WR

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #2	03
NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment	
Single	\$960.83
Member & Spouse/Partner	\$1,921.67
Family	\$2,747.99
Parent & Child	\$1,787.15
HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment	·
Single	\$920.59
Member & Spouse/Partner	\$1,841.18
Family	\$2,632.88
Parent & Child	\$1,712.29
PRESCRIPTION DRUG PROGRAM #203	•
Single	\$190.99
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PLAN/COVERAGE DESCRIPTION	MONTHLY F
Medical Plans Available with Prescription Drug Program #206	
CT2030 #052	

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
NJ DIRECT2030 #052	
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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES

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