

## UNION NEGOTIATED PLANS State Monthly Active Group Monthly Rates

Effective 1/1/2024 to 12/31/2024

| PLAN/COVERAGE DESCRIPTION  | TOTAL      |
|--|------------|
| Medical Plans Available with Prescription Drug Program #2                                | 204        |
| NJ DIRECT* #027 — PPO Plan with \$15 Primary Care Copayment                              |            |
| Single   | \$892.12   |
| Member & Spouse/Partner  | \$1,784.24 |
| Family   | \$2,551.46 |
| Parent & Child   | \$1,659.34 |
| NJ DIRECT 2019* #030 — PPO Plan with \$15 Primary Care Copayment                         |            |
| Single   | \$887.42   |
| Member & Spouse/Partner  | \$1,774.84 |
| Family   | \$2,538.02 |
| Parent & Child   | \$1,650.60 |
| PRESCRIPTION DRUG PROGRAM #204   | •<br>•     |
| Single   | \$165.60   |
| Member & Spouse/Partner  | \$331.20   |
| Family   | \$473.62   |
| Parent & Child   | \$308.02   |
| Medical Plans Available with Prescription Drug Program #2                                | 203        |
| HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment                             |            |
| Single   | \$836.90   |
| Member & Spouse/Partner  | \$1,673.80 |
| Family   | \$2,393.53 |
| Parent & Child   | \$1,556.63 |
| PRESCRIPTION DRUG PROGRAM #203   |            |
| Single   | \$173.63   |
| Member & Spouse/Partner  | \$347.26   |
| Family   | \$496.58   |
| Parent & Child   | \$322.95   |
| Medical Plans Available with Prescription Drug Program #2                                | 209        |
| OMNIA HEALTH PLAN #057 — Tiered Plan with \$5 Primary Care / \$15 Specialist Care Copay. |            |
| Single   | \$656.43   |
| Member & Spouse/Partner  | \$1,312.86 |
| Family   | \$1,877.39 |
| Parent & Child   | \$1,220.96 |
| PRESCRIPTION DRUG PROGRAM #209   |            |
| Single   | \$125.91   |
| Member & Spouse/Partner  | \$251.84   |
| Family   | \$360.10   |
| Parent & Child   | \$234.19   |

\* 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.



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|--|------------|--|
| High Deductible Health Plans with Built-In Prescription Drug                           |            |  |
| NJ DIRECT HD4000 #090 — High Deductible Health Plan with \$4,100 In-Network Deductible |            |  |
| Single   | \$550.65   |  |
| Member & Spouse/Partner  | \$1,101.30 |  |
| Family   | \$1,574.86 |  |
| Parent & Child   | \$1,024.21 |  |
| NJ DIRECT HD1500 #091 — High Deductible Health Plan with \$1,600 In-Network Deductible |            |  |
| Single   | \$816.65   |  |
| Member & Spouse/Partner  | \$1,633.30 |  |
| Family   | \$2,335.62 |  |
| Parent & Child   | \$1,518.97 |  |

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