



**IFPTE/AFSCME Members**  
**State Monthly Active Group**  
**Monthly Rates**  
**Effective 7/1/2019 to 12/31/2020**

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #204	
<b>NJ DIRECT* #023* — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$666.47
Member & Spouse/Partner	\$1,332.94
Family	\$1,906.10
Parent & Child	\$1,239.64
<b>NJ DIRECT 2019* #024 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$662.96
Member & Spouse/Partner	\$1,325.93
Family	\$1,896.07
Parent & Child	\$1,233.11
<b>PRESCRIPTION DRUG PROGRAM #204</b>	
Single	\$114.68
Member & Spouse/Partner	\$229.35
Family	\$327.97
Parent & Child	\$213.30
Medical Plans Available with Prescription Drug Program #203	
<b>HORIZON HMO #011 — HMO Plan with \$15 Primary Care Copayment</b>	
Single	\$735.14
Member & Spouse/Partner	\$1,470.28
Family	\$2,102.50
Parent & Child	\$1,367.36
<b>PRESCRIPTION DRUG PROGRAM #203</b>	
Single	\$135.46
Member & Spouse/Partner	\$270.92
Family	\$387.42
Parent & Child	\$251.96
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	\$554.95
Member & Spouse/Partner	\$1,109.90
Family	\$1,587.16
Parent & Child	\$1,032.21
<b>PRESCRIPTION DRUG PROGRAM #209</b>	
Single	\$128.84
Member & Spouse/Partner	\$229.35
Family	\$327.97
Parent & Child	\$213.30

\* 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.



**IFPTE/AFSCME Members**  
**State Monthly Active Group**  
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 Effective 7/1/2019 to 12/31/2020

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built-In Prescription Drug	
<b>NJ DIRECT HD4000 #090</b> — <i>High Deductible Health Plan with \$4,000 In-Network Deductible</i>	
Single	\$473.28
Member & Spouse/Partner	\$946.56
Family	\$1,353.58
Parent & Child	\$880.30
<b>NJ DIRECT HD1500 #091</b> — <i>High Deductible Health Plan with \$1,500 In-Network Deductible</i>	
Single	\$701.92
Member & Spouse/Partner	\$1,403.84
Family	\$2,007.49
Parent & Child	\$1,305.57

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)