



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2022 to 12/31/2022

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
Split Vendor NJ DIRECT10 #050 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$455.25
Single — On Medicare	\$90.19
Member & Spouse/Partner — No Medicare	\$992.48
Member & Spouse/Partner — One on Medicare	\$417.94
Member & Spouse/Partner — Both on Medicare	\$181.24
Family — No Medicare	\$1,129.06
Family — One on Medicare	\$493.79
Family — Both on Medicare	\$257.22
Parent & Child — No Medicare	\$637.35
Parent & Child — Retiree on Medicare	\$169.45
Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$391.96
Single — On Medicare	\$72.84
Member & Spouse/Partner — No Medicare	\$854.49
Member & Spouse/Partner — One on Medicare	\$394.28
Member & Spouse/Partner — Both on Medicare	\$146.54
Family — No Medicare	\$972.08
Family — One on Medicare	\$469.27
Family — Both on Medicare	\$217.65
Parent & Child — No Medicare	\$548.74
Parent & Child — Retiree on Medicare	\$147.30
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$357.11
Single — On Medicare	\$272.78
Member & Spouse/Partner — No Medicare	\$778.87
Member & Spouse/Partner — One on Medicare	\$504.47
Member & Spouse/Partner — Both on Medicare	\$546.41
Family — No Medicare	\$886.37
Family — One on Medicare	\$574.00
Family — Both on Medicare	\$674.40
Parent & Child — No Medicare	\$500.37
Parent & Child — Retiree on Medicare	\$395.07
Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$357.11
Single — On Medicare	\$146.46
Member & Spouse/Partner — No Medicare	\$778.87
Member & Spouse/Partner — One on Medicare	\$378.15
Member & Spouse/Partner — Both on Medicare	\$293.78
Family — No Medicare	\$886.37
Family — One on Medicare	\$447.68
Family — Both on Medicare	\$361.89
Parent & Child — No Medicare	\$500.37
Parent & Child — Retiree on Medicare	\$211.60



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2022 to 12/31/2022

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
NJ DIRECT1525 #051 (254) — PPO Plan with \$15 Primary Care /\$25 Specialist Care Copayment	
Single — No Medicare	\$340.95
Single — On Medicare	\$160.88
Member & Spouse/Partner — No Medicare	\$743.31
Member & Spouse/Partner — One on Medicare	\$411.94
Member & Spouse/Partner — Both on Medicare	\$322.63
Family — No Medicare	\$845.59
Family — One on Medicare	\$494.95
Family — Both on Medicare	\$443.40
Parent & Child — No Medicare	\$477.36
Parent & Child — Retiree on Medicare	\$284.21
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$252.21
Single — On Medicare	\$236.12
Member & Spouse/Partner — No Medicare	\$549.81
Member & Spouse/Partner — One on Medicare	\$398.14
Member & Spouse/Partner — Both on Medicare	\$473.09
Family — No Medicare	\$625.47
Family — One on Medicare	\$449.52
Family — Both on Medicare	\$569.51
Parent & Child — No Medicare	\$353.10
Parent & Child — Retiree on Medicare	\$326.36
Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$252.21
Single — On Medicare	\$73.37
Member & Spouse/Partner — No Medicare	\$549.81
Member & Spouse/Partner — One on Medicare	\$235.39
Member & Spouse/Partner — Both on Medicare	\$147.60
Family — No Medicare	\$625.47
Family — One on Medicare	\$286.77
Family — Both on Medicare	\$183.73
Parent & Child — No Medicare	\$353.10
Parent & Child — Retiree on Medicare	\$108.81
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$286.67
Single — On Medicare	\$147.34
Member & Spouse/Partner — No Medicare	\$624.97
Member & Spouse/Partner — One on Medicare	\$357.80
Member & Spouse/Partner — Both on Medicare	\$295.60
Family — No Medicare	\$710.96
Family — One on Medicare	\$427.93
Family — Both on Medicare	\$408.35
Parent & Child — No Medicare	\$401.33
Parent & Child — Retiree on Medicare	\$262.81



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2022 to 12/31/2022

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
Horizon HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$201.92
Single — On Medicare	\$220.17
Member & Spouse/Partner — No Medicare	\$440.21
Member & Spouse/Partner — One on Medicare	\$347.14
Member & Spouse/Partner — Both on Medicare	\$441.24
Family — No Medicare	\$500.78
Family — One on Medicare	\$387.12
Family — Both on Medicare	\$529.76
Parent & Child — No Medicare	\$282.70
Parent & Child — Retiree on Medicare	\$302.85
NJ DIRECT HD4000 #090 (260) — High Deductible Health Plan with \$4,000 In-Network Deductible	
Single — No Medicare	See Note
Member & Spouse/Partner — No Medicare	
Family — No Medicare	
Parent & Child — No Medicare	

Note: Retirees who subscribe to NJ DIRECT HD4000 will pay 1.5 percent of their pension allowance.