



**Chapter 330 Rates for Local Government Retirees**  
**Medicare and Non-Medicare Monthly Rates**  
**Medical Only — For Retirees With Medicare Part D Benefits**  
**Effective 1/1/2022 to 12/31/2022**

| PLAN AND COVERAGE LEVEL  | MONTHLY RATE — RETIREE SHARE |
|--|------------------------------|
| <b>Split Vendor NJ DIRECT10 #050 (250) — PPO Plan with \$10 Primary Care Copayment</b> |                              |
| Single — No Medicare   | \$418.39                     |
| Single — On Medicare   | \$48.16                      |
| Member & Spouse/Partner — No Medicare  | \$912.10                     |
| Member & Spouse/Partner — One on Medicare  | \$344.61                     |
| Member & Spouse/Partner — Both on Medicare   | \$96.32                      |
| Family — No Medicare   | \$1,037.62                   |
| Family — One on Medicare   | \$410.43                     |
| Family — Both on Medicare  | \$133.49                     |
| Parent & Child — No Medicare   | \$585.75                     |
| Parent & Child — Retiree on Medicare   | \$93.90                      |
| <b>Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment</b> |                              |
| Single — No Medicare   | \$355.10                     |
| Single — On Medicare   | \$30.81                      |
| Member & Spouse/Partner — No Medicare  | \$774.11                     |
| Member & Spouse/Partner — One on Medicare  | \$320.95                     |
| Member & Spouse/Partner — Both on Medicare   | \$61.62                      |
| Family — No Medicare   | \$880.64                     |
| Family — One on Medicare   | \$385.91                     |
| Family — Both on Medicare  | \$93.92                      |
| Parent & Child — No Medicare   | \$497.14                     |
| Parent & Child — Retiree on Medicare   | \$71.75                      |
| <b>Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment</b>              |                              |
| Single — No Medicare   | \$325.92                     |
| Single — On Medicare   | \$198.61                     |
| Member & Spouse/Partner — No Medicare  | \$710.51                     |
| Member & Spouse/Partner — One on Medicare  | \$404.00                     |
| Member & Spouse/Partner — Both on Medicare   | \$397.23                     |
| Family — No Medicare   | \$808.31                     |
| Family — One on Medicare   | \$466.05                     |
| Family — Both on Medicare  | \$492.90                     |
| Parent & Child — No Medicare   | \$456.30                     |
| Parent & Child — Retiree on Medicare   | \$297.41                     |
| <b>Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment</b> |                              |
| Single — No Medicare   | \$325.92                     |
| Single — On Medicare   | \$72.29                      |
| Member & Spouse/Partner — No Medicare  | \$710.51                     |
| Member & Spouse/Partner — One on Medicare  | \$277.68                     |
| Member & Spouse/Partner — Both on Medicare   | \$144.58                     |
| Family — No Medicare   | \$808.31                     |
| Family — One on Medicare   | \$339.73                     |
| Family — Both on Medicare  | \$180.39                     |
| Parent & Child — No Medicare   | \$456.30                     |
| Parent & Child — Retiree on Medicare   | \$113.94                     |



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| PLAN AND COVERAGE LEVEL   | MONTHLY RATE — RETIREE SHARE |
|---|------------------------------|
| <b>NJ DIRECT1525 #051 (254) — PPO Plan with \$15 Primary Care /\$25 Specialist Care Copayment</b>           |                              |
| Single — No Medicare  | \$310.35                     |
| Single — On Medicare  | \$125.40                     |
| Member & Spouse/Partner — No Medicare   | \$676.58                     |
| Member & Spouse/Partner — One on Medicare   | \$349.54                     |
| Member & Spouse/Partner — Both on Medicare  | \$250.81                     |
| Family — No Medicare  | \$769.69                     |
| Family — One on Medicare  | \$424.04                     |
| Family — Both on Medicare   | \$336.70                     |
| Parent & Child — No Medicare  | \$434.51                     |
| Parent & Child — Retiree on Medicare  | \$219.06                     |
| <b>Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</b>              |                              |
| Single — No Medicare  | \$212.76                     |
| Single — On Medicare  | \$200.64                     |
| Member & Spouse/Partner — No Medicare   | \$463.83                     |
| Member & Spouse/Partner — One on Medicare   | \$327.98                     |
| Member & Spouse/Partner — Both on Medicare  | \$401.27                     |
| Family — No Medicare  | \$527.66                     |
| Family — One on Medicare  | \$369.79                     |
| Family — Both on Medicare   | \$462.81                     |
| Parent & Child — No Medicare  | \$297.88                     |
| Parent & Child — Retiree on Medicare  | \$261.21                     |
| <b>Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment</b> |                              |
| Single — No Medicare  | \$212.76                     |
| Single — On Medicare  | \$37.89                      |
| Member & Spouse/Partner — No Medicare   | \$463.83                     |
| Member & Spouse/Partner — One on Medicare   | \$165.23                     |
| Member & Spouse/Partner — Both on Medicare  | \$75.78                      |
| Family — No Medicare  | \$527.66                     |
| Family — One on Medicare  | \$207.04                     |
| Family — Both on Medicare   | \$77.03                      |
| Parent & Child — No Medicare  | \$297.88                     |
| Parent & Child — Retiree on Medicare  | \$43.66                      |
| <b>NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>          |                              |
| Single — No Medicare  | \$254.21                     |
| Single — On Medicare  | \$109.91                     |
| Member & Spouse/Partner — No Medicare   | \$554.17                     |
| Member & Spouse/Partner — One on Medicare   | \$292.15                     |
| Member & Spouse/Partner — Both on Medicare  | \$219.87                     |
| Family — No Medicare  | \$630.44                     |
| Family — One on Medicare  | \$353.31                     |
| Family — Both on Medicare   | \$296.57                     |
| Parent & Child — No Medicare  | \$355.89                     |
| Parent & Child — Retiree on Medicare  | \$194.56                     |



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|--|------------------------------|
| <b>Horizon HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b> |                              |
| Single — No Medicare   | \$160.54                     |
| Single — On Medicare   | \$182.74                     |
| Member & Spouse/Partner — No Medicare  | \$349.96                     |
| Member & Spouse/Partner — One on Medicare  | \$273.66                     |
| Member & Spouse/Partner — Both on Medicare   | \$365.51                     |
| Family — No Medicare   | \$398.13                     |
| Family — One on Medicare   | \$303.60                     |
| Family — Both on Medicare  | \$417.98                     |
| Parent & Child — No Medicare   | \$224.75                     |
| Parent & Child — Retiree on Medicare   | \$234.60                     |
| <b>NJ DIRECT HD4000 #090 (260) — High Deductible Health Plan with \$4,000 In-Network Deductible</b>  |                              |
| 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.