



Local Retired Group — Education Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2022 to 12/31/2022*
Medical Including Rx

PLAN/COVERAGE DESCRIPTION	NEW JERSEY EDUCATORS HEALTH PLAN #098 (28F)	NJEHP #098 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #098 (28F) Subscriber	Total Cost	NJEHP #141 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #141 (28G) Subscriber	Total Cost	NJEHP #142 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #142 (28H)	Total Cost
Single — No Medicare	\$1,027.29	\$1,027.29		\$1,027.29	\$1,027.29		\$1,027.29	\$1,027.29		\$1,027.29
Single — On Medicare			\$363.98	\$363.98		\$344.26	\$344.26		\$394.63	\$394.63
Member & Spouse/Partner — No Medicare	\$2,239.47	\$2,239.47		\$2,239.47	\$2,239.47		\$2,239.47	\$2,239.47		\$2,239.47
Member & Spouse/Partner — One on Medicare		\$1,212.18	\$363.98	\$1,576.16	\$1,212.18	\$344.26	\$1,556.44	\$1,212.18	\$394.63	\$1,606.81
Member & Spouse/Partner — Both on Medicare			\$727.96	\$727.96		\$688.52	\$688.52		\$789.26	\$789.26
Family — No Medicare	\$2,547.65	\$2,547.65		\$2,547.65	\$2,547.65		\$2,547.65	\$2,547.65		\$2,547.65
Family — One on Medicare		\$1,520.36	\$363.98	\$1,884.34	\$1,520.36	\$344.26	\$1,864.62	\$1,520.36	\$394.63	\$1,914.99
Family — Both on Medicare		\$202.18	\$727.96	\$930.14	\$194.76	\$688.52	\$883.28	\$185.01	\$789.26	\$974.27
Parent & Child — No Medicare	\$1,438.20	\$1,438.20		\$1,438.20	\$1,438.20		\$1,438.20	\$1,438.20		\$1,438.20
Parent & Child — Retiree on Medicare		\$208.37	\$363.98	\$572.35	\$200.73	\$344.26	\$544.99	\$184.00	\$394.63	\$578.63

PLAN/COVERAGE DESCRIPTION	NJEHP #143 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO 1525 #143 (28I)	Total Cost	NJEHP #144 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO #144 (28K) Subscriber	Total Cost	NJEHP #145 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #145 (28L) Subscriber	Total Cost
Single — No Medicare	\$1,027.29		\$1,027.29	\$1,027.29		\$1,027.29	\$1,027.29		\$1,027.29
Single — On Medicare		\$359.09	\$359.09		\$538.30	\$538.30		\$454.70	\$454.70
Member & Spouse/Partner — No Medicare	\$2,239.47		\$2,239.47	\$2,239.47		\$2,239.47	\$2,239.47		\$2,239.47
Member & Spouse/Partner — One on Medicare	\$1,212.18	\$359.09	\$1,571.27	\$1,212.18	\$538.30	\$1,750.48	\$1,212.18	\$454.70	\$1,666.88
Member & Spouse/Partner — Both on Medicare		\$718.18	\$718.18		\$1,076.56	\$1,076.56		\$909.39	\$909.39
Family — No Medicare	\$2,547.65		\$2,547.65	\$2,547.65		\$2,547.65	\$2,547.65		\$2,547.65
Family — One on Medicare	\$359.09	\$359.09	\$1,879.45	\$1,520.36	\$538.30	\$2,058.66	\$1,520.36	\$454.70	\$1,975.06
Family — Both on Medicare	\$174.71	\$718.18	\$892.89	\$252.75	\$1,076.56	\$1,329.31	\$257.35	\$909.39	\$1,166.74
Parent & Child — No Medicare	\$1,438.20		\$1,438.20	\$1,438.20		\$1,438.20	\$1,438.20		\$1,438.20
Parent & Child — Retiree on Medicare	\$174.47	\$359.09	\$533.56	\$251.13	\$538.30	\$789.43	\$265.22	\$454.70	\$719.92

* Garden State Health Plan effective 7/1/2022 - 12/31/2022

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PLAN/COVERAGE DESCRIPTION	NJEHP #146 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #146 (28M) Subscriber	Total Cost	NJEHP #147 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO1525 #147 (28N) Subscriber	Total Cost	NJEHP #148 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #148 (28O) Subscriber	Total Cost
Single — No Medicare	\$1,027.29		\$1,027.29	\$1,027.29		\$1,027.29	\$1,027.29		\$1,027.29
Single — On Medicare		\$442.90	\$442.90		\$480.52	\$480.52		\$467.59	\$467.59
Member & Spouse/Partner — No Medicare	\$2,239.47		\$2,239.47	\$2,239.47		\$2,239.47	\$2,239.47		\$2,239.47
Member & Spouse/Partner — One on Medicare	\$1,212.18	\$442.90	\$1,655.08	\$1,212.18	\$480.52	\$1,692.70	\$1,212.18	\$467.59	\$1,679.77
Member & Spouse/Partner — Both on Medicare		\$885.82	\$885.82		\$960.93	\$960.93		\$935.15	\$935.15
Family — No Medicare	\$2,547.65		\$2,547.65	\$2,547.65		\$2,547.65	\$2,547.65		\$2,547.65
Family — One on Medicare	\$1,520.36	\$442.90	\$1,963.26	\$1,520.36	\$480.52	\$2,000.88	\$1,520.36	\$467.59	\$1,987.95
Family — Both on Medicare	\$250.66	\$885.82	\$1,136.48	\$215.98	\$960.93	\$1,176.91	\$209.81	\$935.15	\$1,144.96
Parent & Child — No Medicare	\$1,438.20		\$1,438.20	\$1,438.20		\$1,438.20	\$1,438.20		\$1,438.20
Parent & Child — Retiree on Medicare	\$258.33	\$442.90	\$701.23	\$211.49	\$480.52	\$692.01	\$205.44	\$467.59	\$673.03

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PLAN/COVERAGE DESCRIPTION	GARDEN STATE HEALTH PLAN #099 (28P)	GSHP #099 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #099 (28P) Subscriber	Total Cost	GSHP #161 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #161 (28Q) Subscriber	Total Cost	GSHP #162 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #162 (28R)	Total Cost
Single — No Medicare	\$955.07	\$955.07		\$955.07	\$955.07		\$955.07	\$955.07		\$955.07
Single — On Medicare			\$363.98	\$363.98		\$344.26	\$344.26		\$394.63	\$394.63
Member & Spouse/Partner — No Medicare	\$2,082.05	\$2,082.05		\$2,082.05	\$2,082.05		\$2,082.05	\$2,082.05		\$2,082.05
Member & Spouse/Partner — One on Medicare		\$1,126.98	\$363.98	\$1,490.96	\$1,126.98	\$344.26	\$1,471.24	\$1,126.98	\$394.63	\$1,521.61
Member & Spouse/Partner — Both on Medicare			\$727.96	\$727.96		\$688.52	\$688.52		\$789.26	\$789.26
Family — No Medicare	\$2,368.56	\$2,368.56		\$2,368.56	\$2,368.56		\$2,368.56	\$2,368.56		\$2,368.56
Family — One on Medicare		\$1,413.49	\$363.98	\$1,777.47	\$1,413.49	\$344.26	\$1,757.75	\$1,413.49	\$394.63	\$1,808.12
Family — Both on Medicare		\$201.96	\$727.96	\$929.92	\$195.25	\$688.52	\$883.77	\$183.31	\$789.26	\$972.57
Parent & Child — No Medicare	\$1,337.10	\$1,337.10		\$1,337.10	\$1,337.10		\$1,337.10	\$1,337.10		\$1,337.10
Parent & Child — Retiree on Medicare		\$208.14	\$363.98	\$572.12	\$201.23	\$344.26	\$545.49	\$182.36	\$394.63	\$576.99

PLAN/COVERAGE DESCRIPTION	GSHP #163 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO 1525 #163 (285)	Total Cost	GSHP #164 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO #164 (28U) Subscriber	Total Cost	GSHP #165 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #165 (28V) Subscriber	Total Cost
Single — No Medicare	\$955.07		\$955.07	\$955.07		\$955.07	\$955.07		\$955.07
Single — On Medicare		\$359.09	\$359.09		\$538.30	\$538.30		\$454.70	\$454.70
Member & Spouse/Partner — No Medicare	\$2,082.05		\$2,082.05	\$2,082.05		\$2,082.05	\$2,082.05		\$2,082.05
Member & Spouse/Partner — One on Medicare	\$1,126.98	\$359.09	\$1,486.07	\$1,126.98	\$538.30	\$1,665.28	\$1,126.98	\$454.70	\$1,581.68
Member & Spouse/Partner — Both on Medicare		\$718.18	\$718.18		\$1,076.56	\$1,076.56		\$909.39	\$909.39
Family — No Medicare	\$2,368.56		\$2,368.56	\$2,368.56		\$2,368.56	\$2,368.56		\$2,368.56
Family — One on Medicare	\$1,413.49	\$359.09	\$1,772.58	\$1,413.49	\$538.30	\$1,951.79	\$1,413.49	\$454.70	\$1,868.19
Family — Both on Medicare	\$177.38	\$718.18	\$895.56	\$244.53	\$1,076.56	\$1,321.09	\$251.21	\$909.39	\$1,160.60
Parent & Child — No Medicare	\$1,337.10		\$1,337.10	\$1,337.10		\$1,337.10	\$1,337.10		\$1,337.10
Parent & Child — Retiree on Medicare	\$177.76	\$359.09	\$536.85	\$243.02	\$538.30	\$781.32	\$258.90	\$454.70	\$713.60

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PLAN/COVERAGE DESCRIPTION	GSHP #166 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #166 (28W) Subscriber	Total Cost	GSHP #167 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO1525 #167 (28X) Subscriber	Total Cost	GSHP #168 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #168 (28Y) Subscriber	Total Cost
Single — No Medicare	\$955.07		\$955.07	\$955.07		\$955.07	\$955.07		\$955.07
Single — On Medicare		\$442.90	\$442.90		\$480.52	\$480.52		\$467.59	\$467.59
Member & Spouse/Partner — No Medicare	\$2,082.05		\$2,082.05	\$2,082.05		\$2,082.05	\$2,082.05		\$2,082.05
Member & Spouse/Partner — One on Medicare	\$1,126.98	\$442.90	\$1,569.88	\$1,126.98	\$480.52	\$1,607.50	\$1,126.98	\$467.59	\$1,594.57
Member & Spouse/Partner — Both on Medicare		\$885.82	\$885.82		\$960.93	\$960.93		\$935.15	\$935.15
Family — No Medicare	\$2,368.56		\$2,368.56	\$2,368.56		\$2,368.56	\$2,368.56		\$2,368.56
Family — One on Medicare	\$1,413.49	\$442.90	\$1,856.39	\$1,413.49	\$480.52	\$1,894.01	\$1,413.49	\$467.59	\$1,881.08
Family — Both on Medicare	\$245.34	\$885.82	\$1,131.16	\$214.67	\$960.93	\$1,175.60	\$209.29	\$935.15	\$1,144.44
Parent & Child — No Medicare	\$1,337.10		\$1,337.10	\$1,337.10		\$1,337.10	\$1,337.10		\$1,337.10
Parent & Child — Retiree on Medicare	\$252.85	\$442.90	\$695.75	\$211.22	\$480.52	\$691.74	\$205.94	\$467.59	\$673.53

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