



Local Retired Group — Education Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2022 to 12/31/2022*
Medical Only — For Retirees With Medicare Part D Benefits

PLAN/COVERAGE DESCRIPTION	NEW JERSEY EDUCATORS HEALTH PLAN #098	NJEHP #098 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #098 Subscriber	Total Cost	NJEHP #141 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #141 Subscriber	Total Cost	NJEHP #142 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #142 (28H)	Total Cost
Single — No Medicare	\$845.96	\$845.96		\$845.96	\$845.96		\$845.96	\$845.96		\$845.96
Single — On Medicare			\$133.38	\$133.38		\$113.66	\$113.66		\$160.90	\$160.90
Member & Spouse/Partner — No Medicare	\$1,844.18	\$1,844.18		\$1,844.18	\$1,844.18		\$1,844.18	\$1,844.18		\$1,844.18
Member & Spouse/Partner — One on Medicare		\$998.22	\$133.38	\$1,131.60	\$998.22	\$113.66	\$1,111.88	\$998.22	\$160.90	\$1,159.12
Member & Spouse/Partner — Both on Medicare			\$266.76	\$266.76		\$272.32	\$272.32		\$321.80	\$321.80
Family — No Medicare	\$2,097.97	\$2,097.97		\$2,097.97	\$2,097.97		\$2,097.97	\$2,097.97		\$2,097.97
Family — One on Medicare		\$1,252.01	\$133.38	\$1,385.39	\$1,252.01	\$113.66	\$1,365.67	\$1,252.01	\$160.90	\$1,412.91
Family — Both on Medicare		\$71.64	\$266.76	\$338.40	\$64.22	\$272.32	\$291.54	\$75.67	\$321.80	\$397.47
Parent & Child — No Medicare	\$1,184.34	\$1,184.34		\$1,184.34	\$1,184.34		\$1,184.34	\$1,184.34		\$1,184.34
Parent & Child — Retiree on Medicare		\$73.83	\$133.38	\$207.21	\$66.19	\$113.66	\$179.85	\$74.99	\$160.90	\$235.89

PLAN/COVERAGE DESCRIPTION	NJEHP #143 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO 1525 #143 (281)	Total Cost	NJEHP #144 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO #144 Subscriber	Total Cost	NJEHP #145 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #145 Subscriber	Total Cost
Single — No Medicare	\$845.96		\$845.96	\$845.96		\$845.96	\$845.96		\$845.96
Single — On Medicare		\$125.47	\$125.47		\$304.57	\$304.57		\$231.23	\$231.23
Member & Spouse/Partner — No Medicare	\$1,844.18		\$1,844.18	\$1,844.18		\$1,844.18	\$1,844.18		\$1,844.18
Member & Spouse/Partner — One on Medicare	\$998.22	\$125.47	\$1,123.69	\$998.22	\$304.57	\$1,302.79	\$998.22	\$231.23	\$1,229.45
Member & Spouse/Partner — Both on Medicare		\$250.94	\$250.94		\$609.12	\$609.12		\$462.44	\$462.44
Family — No Medicare	\$2,097.97		\$2,097.97	\$2,097.97		\$2,097.97	\$2,097.97		\$2,097.97
Family — One on Medicare	\$1,252.01	\$125.47	\$1,377.48	\$1,252.01	\$304.57	\$1,556.58	\$1,252.01	\$231.23	\$1,483.24
Family — Both on Medicare	\$42.46	\$250.94	\$293.40	\$143.39	\$609.12	\$752.51	\$130.87	\$462.44	\$593.31
Parent & Child — No Medicare	\$1,184.34		\$1,184.34	\$1,184.34		\$1,184.34	\$1,184.34		\$1,184.34
Parent & Child — Retiree on Medicare	\$38.18	\$125.47	\$163.65	\$142.12	\$304.57	\$446.69	\$134.85	\$231.23	\$366.08

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

Note: All non-Medicare retirees and/or dependents will be enrolled in the New Jersey Educators Health Plan or Garden State Health Plan.



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PLAN/COVERAGE DESCRIPTION	NJEHP #146 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #146 Subscriber	Total Cost	NJEHP #147 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO1525 #147 Subscriber	Total Cost	NJEHP #148 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #148 Subscriber	Total Cost
Single — No Medicare	\$845.96		\$845.96	\$845.96		\$845.96	\$845.96		\$845.96
Single — On Medicare		\$217.31	\$217.31		\$246.90	\$267.96		\$231.74	\$231.74
Member & Spouse/Partner — No Medicare	\$1,844.18		\$1,844.18	\$1,844.18		\$1,844.18	\$1,844.18		\$1,844.18
Member & Spouse/Partner — One on Medicare	\$998.22	\$217.31	\$1,215.53	\$998.22	\$246.90	\$1,225.13	\$998.22	\$231.74	\$1,229.96
Member & Spouse/Partner — Both on Medicare		\$434.62	\$434.62		\$493.67	\$535.78		\$463.44	\$463.44
Family — No Medicare	\$2,097.97		\$2,097.97	\$2,097.97		\$2,097.97	\$2,097.97		\$2,097.97
Family — One on Medicare	\$1,252.01	\$217.31	\$1,469.32	\$1,252.01	\$246.90	\$1,468.48	\$1,252.01	\$231.74	\$1,483.75
Family — Both on Medicare	\$122.98	\$434.62	\$557.60	\$83.75	\$493.67	\$626.68	\$76.32	\$463.44	\$539.76
Parent & Child — No Medicare	\$1,184.34		\$1,184.34	\$1,184.34		\$1,184.34	\$1,184.34		\$1,184.34
Parent & Child — Retiree on Medicare	\$126.73	\$217.31	\$344.04	\$75.20	\$246.90	\$349.58	\$67.85	\$231.74	\$299.59

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PLAN/COVERAGE DESCRIPTION	GARDEN STATE HEALTH PLAN #099	GSHP #099 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #099 Subscriber	Total Cost	GSHP #161 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #161 Subscriber	Total Cost	GSHP #162 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #162	Total Cost
Single — No Medicare	\$764.47	\$764.47		\$764.47	\$764.47		\$764.47	\$764.47		\$764.47
Single — On Medicare			\$133.38	\$133.38		\$113.66	\$113.66		\$160.90	\$160.90
Member & Spouse/Partner — No Medicare	\$1,666.54	\$1,666.54		\$1,666.54	\$1,666.54		\$1,666.54	\$1,666.54		\$1,666.54
Member & Spouse/Partner — One on Medicare		\$902.07	\$133.38	\$1,035.45	\$902.07	\$113.66	\$1,015.73	\$902.07	\$160.90	\$1,062.97
Member & Spouse/Partner — Both on Medicare			\$266.76	\$266.76		\$227.32	\$227.32		\$321.80	\$321.80
Family — No Medicare	\$1,895.88	\$1,895.88		\$1,895.88	\$1,895.88		\$1,895.88	\$1,895.88		\$1,895.88
Family — One on Medicare		\$1,131.41	\$133.38	\$1,264.79	\$1,131.41	\$113.66	\$1,245.07	\$1,131.41	\$160.90	\$1,292.31
Family — Both on Medicare		\$64.74	\$266.76	\$331.50	\$58.03	\$227.32	\$285.35	\$68.38	\$321.80	\$390.18
Parent & Child — No Medicare	\$1,070.26	\$1,070.26		\$1,070.26	\$1,070.26		\$1,070.26	\$1,070.26		\$1,070.26
Parent & Child — Retiree on Medicare		\$66.72	\$133.38	\$200.10	\$58.91	\$113.66	\$173.47	\$67.77	\$160.90	\$228.67

PLAN/COVERAGE DESCRIPTION	GSHP #163 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO 1525 #163	Total Cost	GSHP #164 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO #164 Subscriber	Total Cost	GSHP #165 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #165 Subscriber	Total Cost
Single — No Medicare	\$764.47		\$764.47	\$764.47		\$764.47	\$764.47		\$764.47
Single — On Medicare		\$125.47	\$125.47		\$304.57	\$304.57		\$231.23	\$231.23
Member & Spouse/Partner — No Medicare	\$1,666.54		\$1,666.54	\$1,666.54		\$1,666.54	\$1,666.54		\$1,666.54
Member & Spouse/Partner — One on Medicare	\$902.07	\$125.47	\$1,027.54	\$902.07	\$304.57	\$1,206.64	\$902.07	\$231.23	\$1,133.30
Member & Spouse/Partner — Both on Medicare		\$250.94	\$250.94		\$609.12	\$609.12		\$462.44	\$462.44
Family — No Medicare	\$1,895.88		\$1,895.88	\$1,895.88		\$1,895.88	\$1,895.88		\$1,895.88
Family — One on Medicare	\$1,131.41	\$125.47	\$1,256.88	\$1,131.41	\$304.57	\$1,435.98	\$1,131.41	\$231.23	\$1,362.64
Family — Both on Medicare	\$38.37	\$250.94	\$289.31	\$129.58	\$609.12	\$738.70	\$118.26	\$462.44	\$580.70
Parent & Child — No Medicare	\$1,070.26		\$1,070.26	\$1,070.26		\$1,070.26	\$1,070.26		\$1,070.26
Parent & Child — Retiree on Medicare	\$34.50	\$125.47	\$159.97	\$128.43	\$304.57	\$433.00	\$121.86	\$231.23	\$353.09

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PLAN/COVERAGE DESCRIPTION	GSHP #166 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #166 Subscriber	Total Cost	GSHP #167 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO1525 #167 Subscriber	Total Cost	GSHP #168 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #168 Subscriber	Total Cost
Single — No Medicare	\$764.47		\$764.47	\$764.47		\$764.47	\$764.47		\$764.47
Single — On Medicare		\$217.31	\$217.31		\$246.90	\$246.90		\$231.74	\$231.74
Member & Spouse/Partner — No Medicare	\$1,666.54		\$1,666.54	\$1,666.54		\$1,666.54	\$1,666.54		\$1,666.54
Member & Spouse/Partner — One on Medicare	\$902.07	\$217.31	\$1,119.38	\$902.07	\$246.90	\$1,148.97	\$902.07	\$231.74	\$1,133.81
Member & Spouse/Partner — Both on Medicare		\$434.62	\$434.62		\$493.67	\$493.67		\$463.44	\$463.44
Family — No Medicare	\$1,895.88		\$1,895.88	\$1,895.88		\$1,895.88	\$1,895.88		\$1,895.88
Family — One on Medicare	\$1,131.41	\$217.31	\$1,348.72	\$1,131.41	\$246.90	\$1,378.31	\$1,131.41	\$231.74	\$1,363.15
Family — Both on Medicare	\$111.13	\$434.62	\$545.75	\$75.68	\$493.67	\$569.35	\$68.97	\$463.44	\$532.41
Parent & Child — No Medicare	\$1,070.26		\$1,070.26	\$1,070.26		\$1,070.26	\$1,070.26		\$1,070.26
Parent & Child — Retiree on Medicare	\$114.52	\$217.31	\$331.83	\$67.96	\$246.90	\$314.86	\$61.31	\$231.74	\$293.05

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