



**Chapter 330 Rates for Local Government Retirees
 Medicare and Non-Medicare Monthly Rates
 Medical Only — For Retirees With Medicare Part D Benefits
 Effective 1/1/2021 to 12/31/2021**

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
Split Vendor NJ DIRECT10 #050 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$313.34
Single — On Medicare	\$42.00
Member & Spouse/Partner — No Medicare	\$614.89
Member & Spouse/Partner — One on Medicare	\$318.03
Member & Spouse/Partner — Both on Medicare	\$84.00
Family — No Medicare	\$777.11
Family — One on Medicare	\$385.29
Family — Both on Medicare	\$130.42
Parent & Child — No Medicare	\$438.69
Parent & Child — Retiree on Medicare	\$91.10
Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$265.94
Single — On Medicare	\$24.65
Member & Spouse/Partner — No Medicare	\$511.54
Member & Spouse/Partner — One on Medicare	\$295.74
Member & Spouse/Partner — Both on Medicare	\$49.30
Family — No Medicare	\$659.54
Family — One on Medicare	\$361.68
Family — Both on Medicare	\$90.52
Parent & Child — No Medicare	\$372.33
Parent & Child — Retiree on Medicare	\$68.62
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$244.09
Single — On Medicare	\$129.14
Member & Spouse/Partner — No Medicare	\$463.91
Member & Spouse/Partner — One on Medicare	\$288.89
Member & Spouse/Partner — Both on Medicare	\$258.29
Family — No Medicare	\$605.37
Family — One on Medicare	\$336.06
Family — Both on Medicare	\$333.15
Parent & Child — No Medicare	\$341.74
Parent & Child — Retiree on Medicare	\$202.76
Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$244.09
Single — On Medicare	\$64.25
Member & Spouse/Partner — No Medicare	\$463.91
Member & Spouse/Partner — One on Medicare	\$224.00
Member & Spouse/Partner — Both on Medicare	\$128.50
Family — No Medicare	\$605.37
Family — One on Medicare	\$271.17
Family — Both on Medicare	\$173.41
Parent & Child — No Medicare	\$341.74
Parent & Child — Retiree on Medicare	\$109.28



**Chapter 330 Rates for Local Government Retirees
 Medicare and Non-Medicare Monthly Rates
 Medical Only — For Retirees With Medicare Part D Benefits
 Effective 1/1/2021 to 12/31/2021**

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	\$232.43
Single — On Medicare	\$72.61
Member & Spouse/Partner — No Medicare	\$438.50
Member & Spouse/Partner — One on Medicare	\$247.48
Member & Spouse/Partner — Both on Medicare	\$145.23
Family — No Medicare	\$576.45
Family — One on Medicare	\$304.12
Family — Both on Medicare	\$212.54
Parent & Child — No Medicare	\$325.42
Parent & Child — Retiree on Medicare	\$142.26
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$159.34
Single — On Medicare	\$29.85
Member & Spouse/Partner — No Medicare	\$279.16
Member & Spouse/Partner — One on Medicare	\$130.22
Member & Spouse/Partner — Both on Medicare	\$59.70
Family — No Medicare	\$395.18
Family — One on Medicare	\$162.01
Family — Both on Medicare	\$71.34
Parent & Child — No Medicare	\$223.09
Parent & Child — Retiree on Medicare	\$40.44
Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$159.34
Single — On Medicare	\$130.71
Member & Spouse/Partner — No Medicare	\$279.16
Member & Spouse/Partner — One on Medicare	\$231.08
Member & Spouse/Partner — Both on Medicare	\$261.41
Family — No Medicare	\$395.18
Family — One on Medicare	\$262.87
Family — Both on Medicare	\$309.92
Parent & Child — No Medicare	\$223.09
Parent & Child — Retiree on Medicare	\$174.81
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$190.38
Single — On Medicare	\$60.65
Member & Spouse/Partner — No Medicare	\$346.82
Member & Spouse/Partner — One on Medicare	\$203.84
Member & Spouse/Partner — Both on Medicare	\$121.34
Family — No Medicare	\$472.16
Family — One on Medicare	\$250.34
Family — Both on Medicare	\$181.55
Parent & Child — No Medicare	\$266.54
Parent & Child — Retiree on Medicare	\$123.34



**Chapter 330 Rates for Local Government Retirees
 Medicare and Non-Medicare Monthly Rates
 Medical Only — For Retirees With Medicare Part D Benefits
 Effective 1/1/2021 to 12/31/2021**

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	\$120.23
Single — On Medicare	\$116.89
Member & Spouse/Partner — No Medicare	\$193.88
Member & Spouse/Partner — One on Medicare	\$189.78
Member & Spouse/Partner — Both on Medicare	\$233.80
Family — No Medicare	\$298.17
Family — One on Medicare	\$212.54
Family — Both on Medicare	\$275.30
Parent & Child — No Medicare	\$168.32
Parent & Child — Retiree on Medicare	\$154.26
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 and accrued 25 years prior to the provision of P.L. 2011, c. 78, will have their premium covered by the State. Retirees who are subject to the provisions of P.L. 2011, c. 78, will pay 1.5 percent of pension allowance.