

STATE HEALTH BENEFITS PROGRAM STATE EMPLOYER RETIRED GROUP RATES Effective January 1, 2021 — December 31, 2021

MEMBER'S SHARE WHEN STATE PAYS FOR COVERAGE

The charts below show the monthly cost of **NJ DIRECT10** for State enrollees who attained 25 years of service credit in the retirement system after July 1, 1997 (or retired under an approved Disability Retirement on or after August 1, 1997), but prior to July 1, 2007. There is no cost to you for coverage under the other NJ DIRECT or HMO plans. See the chart that corresponds to the date you reached 25 years of service in the retirement system or the date of your Disability Retirement.

- If you attained 25 years of service credit before July 1, 1997, or retired under an approved Disability Retirement before August 1, 1997, there is no cost to you for any plan.
- If you attained 25 years of service credit on or after July 1, 2007, or retired under an approved Disability Retirement on or after August 1, 2007, the cost for any plan may be subject to Retiree Wellness Program participation. Contact your medical plan for details.

25 YEARS OF PENSION SERVICE ATTAINED FROM JULY 1, 1997, THROUGH JUNE 30, 2000 OR RETIRED ON A DISABILITY RETIREMENT FROM AUGUST 1, 1997, THROUGH JULY 31, 2000

	SINGLE		MEMBER & SPOUSE/PARTNER*			FAMILY			PARENT & CHILD	
HEALTH PLAN	NO MEDICARE	WITH MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	WITH MEDICARE
NJ DIRECT10 Non-Medicare Retiree Subscriber**	\$77.38		\$168.41			\$186.68			\$114.09	
NJ DIRECT10 Aetna Medicare Advantage Subscriber		\$0.00		\$67.73	\$0.00		\$86.09	\$0.00		\$0.00

This is the monthly rate if your annual salary in the year you retired was \$40,000 or more — rates are based on the difference between combining the total average cost for the plans. If your annual salary in the year you retired was between \$24,000 and \$40,000, you pay a monthly amount based on an annual cost of 1 percent of that salary. If your annual salary in the year you retired was less than \$24,000 you pay a monthly cost of \$20.

25 YEARS OF PENSION SERVICE ATTAINED FROM JULY 1, 2000 THROUGH JUNE 30, 2007 OR RETIRED ON A DISABILITY RETIREMENT FROM AUGUST 1, 2000 THROUGH JULY 31, 2007

	SINGLE		MEMBER & SPOUSE/PARTNER*			FAMILY			PARENT & CHILD	
HEALTH PLAN	NO MEDICARE	WITH MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	ONE ON MEDICARE	BOTH ON MEDICARE	NO MEDICARE	WITH MEDICARE
NJ DIRECT10 Non-Medicare Retiree Subscriber**	\$300.58		\$655.27			\$745.45			\$420.82	
NJ DIRECT10 Aetna Medicare Advantage Subscriber		\$90.04		\$383.27	\$180.09		\$461.16	\$231.58		\$141.96

Rates are based on 25 percent of the total premium for each contract level.

Note: State employees who are prohibited from participation in NJ DIRECT10 as an active employee cannot select NJ DIRECT10 upon retirement.

- * Partner means a Civil Union Partner or same-sex Domestic Partner as recognized under New Jersey State Law.
- ** NJ DIRECT10 is not available to retirees and/or spouses who are eligible for Medicare. Medicare-eligible retirees and/or spouses previously enrolled in this plan will automatically be transferred to a corresponding plan.