



Local Retired Group — Education Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2023 to 12/31/2023
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 | \$1,189.28 | \$1,189.28 | | \$1,189.28 | \$1,189.28 | | \$1,189.28 | \$1,189.28 | | \$1,189.28 |
| Single — On Medicare | | | \$359.19 | \$359.19 | | \$339.47 | \$339.47 | | \$390.03 | \$390.03 |
| Member & Spouse/Partner — No Medicare | \$2,592.60 | \$2,592.60 | | \$2,592.60 | \$2,592.60 | | \$2,592.60 | \$2,592.60 | | \$2,592.60 |
| Member & Spouse/Partner — One on Medicare | | \$1,403.32 | \$359.19 | \$1,762.51 | \$1,403.32 | \$339.47 | \$1,742.79 | \$1,403.32 | \$390.03 | \$1,793.35 |
| Member & Spouse/Partner — Both on Medicare | | | \$718.38 | \$718.38 | | \$678.94 | \$678.94 | | \$780.06 | \$780.06 |
| Family — No Medicare | \$2,949.38 | \$2,949.38 | | \$2,949.38 | \$2,949.38 | | \$2,949.38 | \$2,949.38 | | \$2,949.38 |
| Family — One on Medicare | | \$1,760.10 | \$359.19 | \$2,119.29 | \$1,760.10 | \$339.47 | \$2,099.57 | \$1,760.10 | \$390.03 | \$2,150.13 |
| Family — Both on Medicare | | \$570.82 | \$718.38 | \$1,289.20 | \$570.82 | \$678.94 | \$1,249.76 | \$570.82 | \$780.06 | \$1,350.88 |
| Parent & Child — No Medicare | \$1,664.98 | \$1,664.98 | | \$1,664.98 | \$1,664.98 | | \$1,664.98 | \$1,664.98 | | \$1,664.98 |
| Parent & Child — Retiree on Medicare | | \$475.70 | \$359.19 | \$834.89 | \$475.70 | \$339.47 | \$815.17 | \$475.70 | \$390.03 | \$865.73 |

| 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 (28K) Subscriber | Total Cost | NJEHP #145 Non-Medicare Subscriber | Medicare Eligible NJ DIRECT1525 #145 (28L) Subscriber | Total Cost |
|--|--|---|------------|--|---|------------|------------------------------------|---|------------|
| Single — No Medicare | \$1,189.28 | | \$1,189.28 | \$1,189.28 | | \$1,189.28 | \$1,189.28 | | \$1,189.28 |
| Single — On Medicare | | \$354.48 | \$354.48 | | \$562.40 | \$562.40 | | \$475.82 | \$475.82 |
| Member & Spouse/Partner — No Medicare | \$2,592.60 | | \$2,592.60 | \$2,592.60 | | \$2,592.60 | \$2,592.60 | | \$2,592.60 |
| Member & Spouse/Partner — One on Medicare | \$1,403.32 | \$354.48 | \$1,757.80 | \$1,403.32 | \$562.40 | \$1,965.72 | \$1,403.32 | \$475.82 | \$1,879.14 |
| Member & Spouse/Partner — Both on Medicare | | \$708.96 | \$708.96 | | \$1,124.76 | \$1,124.76 | | \$951.63 | \$951.63 |
| Family — No Medicare | \$2,949.38 | | \$2,949.38 | \$2,949.38 | | \$2,949.38 | \$2,949.38 | | \$2,949.38 |
| Family — One on Medicare | \$1,760.10 | \$354.48 | \$2,114.58 | \$1,760.10 | \$562.40 | \$2,322.50 | \$1,760.10 | \$475.82 | \$2,235.92 |
| Family — Both on Medicare | \$570.82 | \$708.96 | \$1,279.78 | \$570.86 | \$1,124.76 | \$1,695.62 | \$570.83 | \$951.63 | \$1,522.46 |
| Parent & Child — No Medicare | \$1,664.98 | | \$1,664.98 | \$1,664.98 | | \$1,664.98 | \$1,664.98 | | \$1,664.98 |
| Parent & Child — Retiree on Medicare | \$475.70 | \$354.48 | \$830.18 | \$475.70 | \$562.40 | \$1,038.10 | \$475.70 | \$475.82 | \$951.52 |

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



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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 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 | \$1,189.28 | | \$1,189.28 | \$1,189.28 | | \$1,189.28 | \$1,189.28 | | \$1,189.28 |
| Single — On Medicare | | \$463.70 | \$463.70 | | \$377.44 | \$377.44 | | \$489.48 | \$489.48 |
| Member & Spouse/Partner — No Medicare | \$2,592.60 | | \$2,592.60 | \$2,592.60 | | \$2,592.60 | \$2,592.60 | | \$2,592.60 |
| Member & Spouse/Partner — One on Medicare | \$1,403.32 | \$463.70 | \$1,867.02 | \$1,403.32 | \$377.44 | \$1,780.76 | \$1,403.32 | \$489.48 | \$1,892.80 |
| Member & Spouse/Partner — Both on Medicare | | \$927.43 | \$927.43 | | \$754.90 | \$754.90 | | \$978.94 | \$978.94 |
| Family — No Medicare | \$2,949.38 | | \$2,949.38 | \$2,949.38 | | \$2,949.38 | \$2,949.38 | | \$2,949.38 |
| Family — One on Medicare | \$1,760.10 | \$463.70 | \$2,223.80 | \$1,760.10 | \$377.44 | \$2,137.54 | \$1,760.10 | \$489.48 | \$2,249.58 |
| Family — Both on Medicare | \$570.80 | \$927.43 | \$1,498.23 | \$570.79 | \$754.90 | \$1,325.69 | \$570.84 | \$978.94 | \$1,549.78 |
| Parent & Child — No Medicare | \$1,664.98 | | \$1,664.98 | \$1,664.98 | | \$1,664.98 | \$1,664.98 | | \$1,664.98 |
| Parent & Child — Retiree on Medicare | \$475.70 | \$463.70 | \$939.40 | \$475.70 | \$377.44 | \$853.14 | \$475.70 | \$489.48 | \$965.18 |

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



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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 | | | \$359.19 | \$359.19 | | \$339.47 | \$339.47 | | \$390.03 | \$390.03 |
| 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 | \$359.19 | \$1,486.17 | \$1,126.98 | \$339.47 | \$1,466.45 | \$1,126.98 | \$390.03 | \$1,517.01 |
| Member & Spouse/Partner — Both on Medicare | | | \$718.38 | \$718.38 | | \$678.94 | \$678.94 | | \$780.06 | \$780.06 |
| 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 | \$359.19 | \$1,772.68 | \$1,413.49 | \$339.47 | \$1,752.96 | \$1,413.49 | \$390.03 | \$1,803.52 |
| Family — Both on Medicare | | \$201.96 | \$718.38 | \$920.34 | \$195.25 | \$678.94 | \$874.19 | \$183.31 | \$780.06 | \$963.37 |
| 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 | \$359.19 | \$567.33 | \$201.23 | \$339.47 | \$540.70 | \$182.36 | \$390.03 | \$572.39 |

| 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 | | \$354.48 | \$354.48 | | \$562.40 | \$562.40 | | \$475.82 | \$475.82 |
| 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 | \$354.48 | \$1,481.46 | \$1,126.98 | \$562.40 | \$1,689.38 | \$1,126.98 | \$475.82 | \$1,602.80 |
| Member & Spouse/Partner — Both on Medicare | | \$708.96 | \$708.96 | | \$1,124.76 | \$1,124.76 | | \$951.63 | \$951.63 |
| 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 | \$354.48 | \$1,767.97 | \$1,413.49 | \$562.40 | \$1,975.89 | \$1,413.49 | \$475.82 | \$1,889.31 |
| Family — Both on Medicare | \$177.38 | \$708.96 | \$886.34 | \$244.53 | \$1,124.76 | \$1,369.29 | \$251.21 | \$951.63 | \$1,202.84 |
| 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 | \$354.48 | \$532.24 | \$243.02 | \$562.40 | \$805.42 | \$258.90 | \$475.82 | \$734.72 |

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



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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 | | \$463.70 | \$463.70 | | \$377.44 | \$377.44 | | \$489.48 | \$489.48 |
| 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 | \$463.70 | \$1,590.68 | \$1,126.98 | \$377.44 | \$1,504.42 | \$1,126.98 | \$489.48 | \$1,616.46 |
| Member & Spouse/Partner — Both on Medicare | | \$927.43 | \$927.43 | | \$754.90 | \$754.90 | | \$978.94 | \$978.94 |
| 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 | \$463.70 | \$1,877.19 | \$1,413.49 | \$377.44 | \$1,790.93 | \$1,413.49 | \$489.48 | \$1,902.97 |
| Family — Both on Medicare | \$245.34 | \$927.43 | \$1,172.77 | \$214.67 | \$754.90 | \$969.57 | \$209.29 | \$978.94 | \$1,188.23 |
| 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 | \$463.70 | \$716.55 | \$211.22 | \$377.44 | \$588.66 | \$205.94 | \$489.48 | \$695.42 |

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