

NJ Division of Pensions and Benefits

Retiree State Health Benefits Plan (SHBP) Health Insurance (Medical and Prescription)

Premium Sharing Schedule

Employees who attained 25 or more years of service credit on or before July 1, 1997

- No Premium Sharing (medical and prescription)
- Full reimbursement for standard cost of Medicare B premium (per eligible covered individual) provided by the State

Employees who attained 25 or more years of service credit after July 1, 1997 and before June 30, 2007

- No Premium Sharing for selective Retired Group State Health Benefits (i.e. Aetna Freedom/NJ Direct 15)
- Premium Sharing (Medical and Prescription) for NJ Direct 10 and Aetna Freedom 10
- Partial reimbursement of \$46.10 for Medicare B premium (per eligible covered individual)

Employees who attained 25 years of service credit after June 30, 2007 and before June 28, 2011

- Health Contribution is 1.5% of the retirement benefit* unless the retiree participates in SHBP Wellness Plan
- NJ Direct 10 and Aetna Freedom 10 are not available
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is prior to July 1, 1995¹

Employees who attained 20 or more years of service credit before June 28, 2011 and attain 25 years of service credit prior to retirement

- Health Contribution is 1.5% of the retirement benefit*
- NJ Direct 10 and Aetna Freedom 10 are not available
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is prior to July 1, 1995

Employees who attained 20 years of service credit on or after June 28, 2011 and attain 25 years of service prior to retirement

- Employee pays the Percentage of Premium for Retirees based on annual retirement benefit**
 - PERS - annual pension allowance
 - ABP - 50% of the last annual salary prior to retirement
- NJ Direct 10 and Aetna Freedom 10 are not available
- Partial reimbursement of \$46.10 for Medicare Part B premium (per eligible covered individual) if hire date is prior to July 1, 1995

Employees who have not attained 25 or more years of service credit at retirement

- Pay the full cost of Retiree Health Premium
- No reimbursement of the Medicare B premium

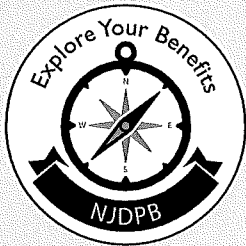
**ABP retirees pay an annual health contribution equal to 1.5% of 50% of the last annual salary prior to retirement.*

***ABP/PERS retirees please refer to the Percentage of Premium for Retirees Chart:*

<https://www.nj.gov/treasury/pensions/documents/forms/hr1016.pdf>

¹ Employees who began employment or had a break in service after July 1, 1995, or who became eligible for health benefits after that date, will not be eligible for Medicare Part B reimbursement.

Retiree Health eligibility and premium sharing are determined by NJ State Law and the NJ Division of Pensions and Benefits and are subject to change.



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — HEALTH BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

**HEALTH BENEFITS CONTRIBUTION —
PERCENTAGE OF PREMIUM**

Note: You must use the active or retired members rate charts to first determine the full cost premium for the plan and coverage level you select. Then, use this chart to determine the percentage of the full cost for which you will be responsible.*

Annual Retirement Allowance Range	Single	Member/Spouse/Partner or Parent/Child	Family
Less than \$20,000	4.5%		
Less than \$25,000		3.5%	3%
\$20,000 - \$24,999.99	5.5%		
\$25,000 - \$29,999.99	7.5%	4.5%	4%
\$30,000 - \$34,999.99	10%	6%	5%
\$35,000 - \$39,999.99	11%	7%	6%
\$40,000 - \$44,999.99	12%	8%	7%
\$45,000 - \$49,999.99	14%	10%	9%
\$50,000 - \$54,999.99	20%	15%	12%
\$55,000 - \$59,999.99	23%	17%	14%
\$60,000 - \$64,999.99	27%	21%	17%
\$65,000 - \$69,999.99	29%	23%	19%
\$70,000 - \$74,999.99	32%	26%	22%
\$75,000 - \$79,999.99	33%	27%	23%
\$80,000 - \$84,999.99		28%	24%
\$80,000 - \$94,999.99	34%		
\$85,000 - \$89,999.99			26%
\$85,000 - \$99,999.99		30%	
\$90,000 - \$94,999.99			28%
\$95,000 and over	35%		
\$95,000 - \$99,999.99			29%
\$100,000 and over		35%	
\$100,000 - \$109,999.99			32%
\$110,000 and over			35%

*Member contribution is a minimum of 1.5% of base salary towards Health Benefits.



**State Retired Group
Medicare and Non-Medicare Monthly Rates Effective 1/1/2020 to 12/31/2020
Medical Including Rx**

PLAN/COVERAGE DESCRIPTION	CWA Unity DIRECT #023 (24E)	NJ DIRECT #024 (24F)		NJ DIRECT#0 #050 (230)		NJ DIRECT#15 #150 (231)		
		Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor NJ DIRECT#15 Cost
Single — No Medicare	\$1,143.43	\$1,143.43		\$1,309.44		\$1,309.04		\$1,243.04
Single — On Medicare					\$341.05	\$341.05		\$322.91
Member & Spouse/Partner — No Medicare	\$2,492.68	\$2,492.68	\$2,854.60			\$2,854.60		\$2,709.83
Member & Spouse/Partner — One on Medicare	\$1,466.34	\$1,466.34	\$1,227.30		\$341.05	\$1,568.35		\$1,550.04
Member & Spouse/Partner — Both on Medicare					\$682.10	\$682.10		\$645.82
Family — No Medicare	\$2,835.71	\$2,835.71	\$3,247.44			\$3,247.44		\$3,082.75
Family — One on Medicare	\$1,923.72	\$1,923.72	\$1,549.33		\$341.05	\$1,890.58		\$1,872.55
Family — Both on Medicare			\$194.98		\$682.10	\$877.08		\$835.25
Parent & Child — No Medicare	\$1,600.81	\$1,600.81	\$1,833.21			\$1,833.21		\$1,740.24
Parent & Child — Retiree on Medicare			\$196.60		\$341.05	\$537.65		\$513.88

PLAN/COVERAGE DESCRIPTION	Horizon HMO #058 (23G)		Horizon HMO #053 (237)		Horizon HMO #051 (234)		Horizon HMO #059 (23H)		Horizon OMNIA #057 (24F)
	Horizon HMO #011 (246)	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor Horizon HMO Cost	NJ DIRECT#1525 #051 (234)	Horizon HMO #053 (237)	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	
Single — No Medicare	\$1,167.68	\$1,167.68		\$1,167.68	\$1,198.41	\$1,076.38	\$1,076.38		\$957.43
Single — On Medicare	\$624.71		\$431.32	\$431.32	\$469.70	\$587.09		\$369.18	
Member & Spouse/Partner — No Medicare	\$2,544.19	\$2,544.19	\$2,544.19	\$2,544.19	\$2,612.54	\$2,346.50	\$2,346.50		\$2,087.20
Member & Spouse/Partner — One on Medicare	\$1,516.13	\$891.42	\$431.32	\$1,322.74	\$1,407.79	\$1,403.32	\$816.23	\$369.18	\$1,185.41
Member & Spouse/Partner — Both on Medicare	\$1,249.41		\$862.94	\$862.64	\$939.42	\$1,174.15		\$738.36	
Family — No Medicare	\$2,894.37	\$2,894.37		\$2,894.37	\$2,972.05	\$2,669.40	\$2,669.40		\$2,374.44
Family — One on Medicare	\$1,799.43	\$1,174.72	\$431.32	\$1,606.04	\$1,700.46	\$1,665.65	\$1,078.56	\$369.18	\$1,447.74
Family — Both on Medicare	\$1,533.26	\$197.61	\$862.64	\$1,060.25	\$1,211.18	\$1,423.72	\$178.56	\$738.36	\$916.92
Parent & Child — No Medicare	\$1,633.73	\$1,633.73		\$1,633.77	\$1,677.75	\$1,506.90	\$1,506.90		\$1,340.39
Parent & Child — Retiree on Medicare	\$916.13	\$202.94	\$431.32	\$634.26	\$743.71	\$844.53	\$182.43	\$369.18	\$551.61



**State Retired Group
 Medicare and Non-Medicare Monthly Rates Effective 1/1/2020 to 12/31/2020
 Medical Including Rx**

PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (235)	Horizon HMO2030 #054 (248)
Single — No Medicare	\$1,145.18	\$1,028.99
Single — On Medicare	\$455.39	\$570.68
Member & Spouse/Partner — No Medicare	\$2,496.51	\$2,243.25
Member & Spouse/Partner — One on Medicare	\$1,354.38	\$1,353.13
Member & Spouse/Partner — Both on Medicare	\$910.80	\$1,141.42
Family — No Medicare	\$2,840.04	\$2,551.94
Family — One on Medicare	\$1,634.28	\$1,604.16
Family — Both on Medicare	\$1,174.25	\$1,383.29
Parent & Child — No Medicare	\$1,603.25	\$1,440.60
Parent & Child — Retiree on Medicare	\$721.03	\$920.33

PLAN/COVERAGE DESCRIPTION	NJ DIRECT HD1500 #091 (241)	NJ DIRECT HD4000 #090 (240)
Single — No Medicare	\$962.70	\$656.48
Single — On Medicare		
Member & Spouse/Partner — No Medicare	\$2,098.68	\$1,431.09
Member & Spouse/Partner — One on Medicare	\$1,285.61	\$979.39
Member & Spouse/Partner — Both on Medicare		
Family — No Medicare	\$2,387.50	\$1,628.02
Family — One on Medicare	\$1,670.67	\$1,241.95
Family — Both on Medicare		
Parent & Child — No Medicare	\$1,347.76	\$919.04
Parent & Child — Retiree on Medicare		

