



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2024 to 12/31/2024

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
Split Vendor NJ DIRECT10 #050 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$555.09
Single — On Medicare	\$98.38
Member & Spouse/Partner — No Medicare	\$1,210.14
Member & Spouse/Partner — One on Medicare	\$695.08
Member & Spouse/Partner — Both on Medicare	\$196.80
Family — No Medicare	\$1,376.67
Family — One on Medicare	\$846.75
Family — Both on Medicare	\$439.51
Parent & Child — No Medicare	\$777.13
Parent & Child — Retiree on Medicare	\$300.63
Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$477.47
Single — On Medicare	\$80.51
Member & Spouse/Partner — No Medicare	\$1,040.91
Member & Spouse/Partner — One on Medicare	\$585.60
Member & Spouse/Partner — Both on Medicare	\$161.06
Family — No Medicare	\$1,184.15
Family — One on Medicare	\$713.98
Family — Both on Medicare	\$366.49
Parent & Child — No Medicare	\$668.46
Parent & Child — Retiree on Medicare	\$251.71
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$435.24
Single — On Medicare	\$339.13
Member & Spouse/Partner — No Medicare	\$949.21
Member & Spouse/Partner — One on Medicare	\$794.75
Member & Spouse/Partner — Both on Medicare	\$678.24
Family — No Medicare	\$1,080.21
Family — One on Medicare	\$910.89
Family — Both on Medicare	\$864.26
Parent & Child — No Medicare	\$609.80
Parent & Child — Retiree on Medicare	\$493.90
Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$435.24
Single — On Medicare	\$163.25
Member & Spouse/Partner — No Medicare	\$949.21
Member & Spouse/Partner — One on Medicare	\$618.87
Member & Spouse/Partner — Both on Medicare	\$326.48
Family — No Medicare	\$1,080.21
Family — One on Medicare	\$735.01
Family — Both on Medicare	\$512.50
Parent & Child — No Medicare	\$609.80
Parent & Child — Retiree on Medicare	\$318.02



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
Effective 1/1/2024 to 12/31/2024

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	\$415.46
Single — On Medicare	\$210.58
Member & Spouse/Partner — No Medicare	\$905.75
Member & Spouse/Partner — One on Medicare	\$642.52
Member & Spouse/Partner — Both on Medicare	\$421.16
Family — No Medicare	\$1,030.38
Family — One on Medicare	\$752.29
Family — Both on Medicare	\$596.89
Parent & Child — No Medicare	\$581.69
Parent & Child — Retiree on Medicare	\$357.02
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$305.86
Single — On Medicare	\$114.50
Member & Spouse/Partner — No Medicare	\$666.75
Member & Spouse/Partner — One on Medicare	\$417.04
Member & Spouse/Partner — Both on Medicare	\$229.00
Family — No Medicare	\$758.52
Family — One on Medicare	\$493.95
Family — Both on Medicare	\$352.07
Parent & Child — No Medicare	\$428.21
Parent & Child — Retiree on Medicare	\$217.06
Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$305.86
Single — On Medicare	\$79.65
Member & Spouse/Partner — No Medicare	\$666.75
Member & Spouse/Partner — One on Medicare	\$382.19
Member & Spouse/Partner — Both on Medicare	\$159.30
Family — No Medicare	\$758.52
Family — One on Medicare	\$459.10
Family — Both on Medicare	\$282.37
Parent & Child — No Medicare	\$428.21
Parent & Child — Retiree on Medicare	\$182.21
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$348.73
Single — On Medicare	\$196.00
Member & Spouse/Partner — No Medicare	\$760.25
Member & Spouse/Partner — One on Medicare	\$549.17
Member & Spouse/Partner — Both on Medicare	\$392.02
Family — No Medicare	\$864.87
Family — One on Medicare	\$638.93
Family — Both on Medicare	\$535.68
Parent & Child — No Medicare	\$488.22
Parent & Child — Retiree on Medicare	\$315.70



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2024 to 12/31/2024

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	\$244.01
Single — On Medicare	\$275.95
Member & Spouse/Partner — No Medicare	\$531.96
Member & Spouse/Partner — One on Medicare	\$505.55
Member & Spouse/Partner — Both on Medicare	\$551.92
Family — No Medicare	\$605.16
Family — One on Medicare	\$563.89
Family — Both on Medicare	\$645.31
Parent & Child — No Medicare	\$341.63
Parent & Child — Retiree on Medicare	\$353.78
NJ DIRECT HDHigh #090 (260) — High Deductible Health Plan with \$4,100 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 HDHigh will pay 1.5 percent of their pension allowance.