



State Retired Group
Medicare and Non-Medicare Monthly Rates Effective 1/1/2024 to 12/31/2024
Medical Including Rx

PLAN/COVERAGE DESCRIPTION	CWA Unity DIRECT #023 (24E)	NJ DIRECT #027 (27L)	NJ DIRECT10 #050 (230)			NJ DIRECT15 #150 (231)		
			Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor NJ DIRECT10 Cost	Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor NJ DIRECT15 Cost
Single — No Medicare	\$1,283.12	\$1,283.12	\$1,468.18		\$1,468.18	\$1,394.36		\$1,394.36
Single — On Medicare				\$385.82	\$385.82		\$367.68	\$367.68
Member & Spouse/Partner — No Medicare	\$2,797.19	\$2,797.19	\$3,200.65		\$3,200.65	\$3,039.68		\$3,039.68
Member & Spouse/Partner — One on Medicare	\$1,881.75	\$1,881.75	\$1,732.47	\$385.82	\$2,118.29	\$1,645.32	\$367.68	\$2,013.00
Member & Spouse/Partner — Both on Medicare				\$771.66	\$771.66		\$735.38	\$735.38
Family — No Medicare	\$3,182.12	\$3,182.12	\$3,641.12		\$3,641.12	\$3,458.00		\$3,458.00
Family — One on Medicare	\$2,266.68	\$2,266.68	\$2,172.94	\$385.82	\$2,558.76	\$2,063.64	\$367.68	\$2,431.32
Family — Both on Medicare	\$1,351.26	\$1,351.26	\$704.74	\$771.66	\$1,476.40	\$669.26	\$735.38	\$1,404.64
Parent & Child — No Medicare	\$1,796.37	\$1,796.37	\$2,055.45		\$2,055.45	\$1,952.06		\$1,952.06
Parent & Child — Retiree on Medicare	\$880.93	\$880.93	\$587.27	\$385.82	\$973.09	\$557.70	\$367.68	\$925.38

PLAN/COVERAGE DESCRIPTION	Horizon HMO #011 (246)	Horizon HMO			NJ DIRECT1525 #051 (234)	Horizon HMO1525 #053 (247)	Horizon HMO1525			Horizon OMNIA #057 (24P)
		Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor Horizon HMO Cost			Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor Horizon HMO1525 Cost	
Single — No Medicare	\$1,311.28	\$1,311.28		\$1,311.28	\$1,344.53	\$1,209.32	\$1,209.32		\$1,209.32	\$1,075.56
Single — On Medicare	\$684.00		\$490.63	\$490.63	\$522.22	\$639.12		\$420.90	\$420.90	
Member & Spouse/Partner — No Medicare	\$2,856.99	\$2,856.99		\$2,856.99	\$2,931.07	\$2,636.29	\$2,636.29		\$2,636.29	\$2,344.72
Member & Spouse/Partner — One on Medicare	\$2,229.71	\$1,545.71	\$490.63	\$2,036.34	\$2,108.76	\$2,066.09	\$1,426.97	\$420.90	\$1,847.87	
Member & Spouse/Partner — Both on Medicare	\$1,367.98		\$981.25	\$981.25	\$1,044.40	\$1,278.19		\$841.81	\$841.81	
Family — No Medicare	\$3,250.23	\$3,250.23		\$3,250.23	\$3,334.41	\$2,999.09	\$2,999.09		\$2,999.09	\$2,667.41
Family — One on Medicare	\$2,622.95	\$1,938.95	\$490.63	\$2,429.58	\$2,512.10	\$2,428.89	\$1,789.77	\$420.90	\$2,210.67	
Family — Both on Medicare	\$1,995.67	\$627.68	\$981.25	\$1,608.93	\$1,689.79	\$1,858.69	\$580.44	\$841.81	\$1,422.25	
Parent & Child — No Medicare	\$1,834.59	\$1,834.59		\$1,834.59	\$1,882.32	\$1,693.00	\$1,693.00		\$1,693.00	\$1,505.78
Parent & Child — Retiree on Medicare	\$1,207.31	\$523.31	\$490.63	\$1,013.94	\$1,060.01	\$1,122.80	\$483.68	\$420.90	\$904.58	



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PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (235)	Horizon HMO2030 #054 (248)	NJ DIRECT HDHigh #090 (240)	NJ DIRECT HDLow #091 (241)	NJ DIRECT10 1525SP 17A/23A	NJ DIRECT15 1525SP 17D/23B
Single — No Medicare	\$1,285.46	\$1,156.75	\$737.91	\$1,081.38		
Single — On Medicare	\$508.94	\$623.86				
Member & Spouse/Partner — No Medicare	\$2,802.29	\$2,521.76	\$1,608.56	\$2,357.41		
Member & Spouse/Partner — One on Medicare	\$2,025.77	\$1,988.87			\$2,254.69	\$2,167.54
Member & Spouse/Partner — Both on Medicare	\$1,017.88	\$1,247.75				
Family — No Medicare	\$3,187.90	\$2,868.75	\$1,829.93	\$2,681.84		
Family — One on Medicare	\$2,411.38	\$2,335.86			\$2,695.16	\$2,585.86
Family — Both on Medicare	\$1,634.86	\$1,802.97			\$1,749.14	\$1,713.66
Parent & Child — No Medicare	\$1,799.62	\$1,619.46	\$1,033.02	\$1,513.91		
Parent & Child — Retiree on Medicare	\$1,023.10	\$1,086.57			\$1,109.49	\$1,079.92

PLAN/COVERAGE DESCRIPTION	CWA UNITY DIRECT 1525SP 17B/23W	CWA UNITY DIRECT 2030SP 17C/23X	NJ DIRECT 1525SP 17G/24I	NJ DIRECT 2030SP 17H/24R	NJ DIRECT HDLow 1525SP 17V/23V	NJ DIRECT HDHigh 1525SP 17Y/23Y	OMNIA 1525SP 17Z/23Z
Single — No Medicare							
Single — On Medicare							
Member & Spouse/Partner — No Medicare							
Member & Spouse/Partner — One on Medicare	\$2,036.29	\$2,023.01	\$2,036.29	\$2,023.01	\$1,798.25	\$1,392.87	\$1,791.38
Member & Spouse/Partner — Both on Medicare							
Family — No Medicare							
Family — One on Medicare	\$2,421.22	\$2,407.94	\$2,421.22	\$2,407.94	\$2,122.68	\$1,614.24	\$2,114.07
Family — Both on Medicare	\$1,660.28	\$1,633.76	\$1,660.28	\$1,633.76			
Parent & Child — No Medicare							
Parent & Child — Retiree on Medicare	\$1,035.47	\$1,022.19	\$1,035.47	\$1,022.19			