



**State Retired Group**  
**Medicare and Non-Medicare Monthly Rates Effective 1/1/2024 to 12/31/2024**  
**Medical Only — For Retirees With Medicare Part D Benefits**

PLAN/COVERAGE DESCRIPTION	CWA Unity DIRECT #023 (24E)	NJ DIRECT #027 (24L)	NJ DIRECT10 #050 (230)			NJ DIRECT15 #150 (231)			Horizon HMO #011 (246)	Horizon HMO		
			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		Horizon Non-Medicare Retiree Subscriber	Aetna Medicare Advantage Subscriber	Split Vendor Horizon HMO Cost
Single — No Medicare	\$1,054.25	\$1,054.25	\$1,229.94		\$1,229.94	\$1,156.12		\$1,156.12	\$1,059.09	\$1,059.09		\$1,059.09
Single — On Medicare				\$109.25	\$109.25		\$91.11	\$91.11	\$365.37		\$172.00	\$172.00
Member & Spouse/Partner — No Medicare	\$2,298.25	\$2,298.25	\$2,681.28		\$2,681.28	\$2,520.31		\$2,520.31	\$2,308.81	\$2,308.81		\$2,308.81
Member & Spouse/Partner — One on Medicare	\$1,335.11	\$1,335.11	\$1,451.34	\$109.25	\$1,560.59	\$1,364.19	\$91.11	\$1,455.30	\$1,615.09	\$1,249.72	\$172.00	\$1,421.72
Member & Spouse/Partner — Both on Medicare				\$218.50	\$218.50		\$182.22	\$182.22	\$730.73		\$344.00	\$344.00
Family — No Medicare	\$2,614.52	\$2,614.52	\$3,050.27		\$3,050.27	\$2,867.15		\$2,867.15	\$2,626.54	\$2,626.54		\$2,626.54
Family — One on Medicare	\$1,651.38	\$1,651.38	\$1,820.33	\$109.25	\$1,929.58	\$1,711.03	\$91.11	\$1,802.14	\$1,932.82	\$1,567.45	\$172.00	\$1,739.45
Family — Both on Medicare	\$688.24	\$688.24	\$590.39	\$218.50	\$808.89	\$554.91	\$182.22	\$737.13	\$1,239.10	\$508.36	\$344.00	\$852.36
Parent & Child — No Medicare	\$1,475.95	\$1,475.95	\$1,721.93		\$1,721.93	\$1,618.54		\$1,618.54	\$1,482.73	\$1,482.73		\$1,482.73
Parent & Child — Retiree on Medicare	\$512.81	\$512.81	\$491.99	\$109.25	\$601.24	\$462.42	\$91.11	\$553.53	\$789.01	\$423.64	\$172.00	\$595.64

PLAN/COVERAGE DESCRIPTION	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 HMO1525 Cost	
Single — No Medicare	\$1,110.25	\$965.79	\$965.79		\$965.79	\$861.29
Single — On Medicare	\$250.23	\$354.79		\$136.57	\$136.57	
Member & Spouse/Partner — No Medicare	\$2,420.36	\$2,105.43	\$2,105.43		\$2,105.43	\$1,877.61
Member & Spouse/Partner — One on Medicare	\$1,560.34	\$1,494.43	\$1,139.64	\$136.57	\$1,276.21	
Member & Spouse/Partner — Both on Medicare	\$500.46	\$709.52		\$273.14	\$273.14	
Family — No Medicare	\$2,753.43	\$2,395.17	\$2,395.17		\$2,395.17	\$2,136.01
Family — One on Medicare	\$1,893.41	\$1,784.17	\$1,429.38	\$136.57	\$1,565.95	
Family — Both on Medicare	\$1,033.39	\$1,173.17	\$463.59	\$273.14	\$736.73	
Parent & Child — No Medicare	\$1,554.36	\$1,352.10	\$1,352.10		\$1,352.10	\$1,205.82
Parent & Child — Retiree on Medicare	\$694.34	\$741.10	\$386.31	\$136.57	\$522.88	



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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	\$1,048.99	\$910.96	\$582.84	\$867.20		
Single — On Medicare	\$234.42	\$336.85				
Member & Spouse/Partner — No Medicare	\$2,286.78	\$1,985.90				
Member & Spouse/Partner — One on Medicare	\$1,472.21	\$1,411.79	\$778.82	\$1,115.02	\$1,701.57	\$1,614.42
Member & Spouse/Partner — Both on Medicare	\$468.85	\$673.74				
Family — No Medicare	\$2,601.49	\$2,259.18	\$1,445.40	\$2,151.96		
Family — One on Medicare	\$1,786.92	\$1,685.07			\$2,070.56	\$1,961.26
Family — Both on Medicare	\$972.35	\$1,110.96			\$1,090.85	\$1,055.37
Parent & Child — No Medicare	\$1,468.58	\$1,275.35	\$815.94	\$1,214.81		
Parent & Child — Retiree on Medicare	\$654.01	\$701.24			\$742.22	\$712.65

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	\$1,494.23	\$1,478.42	\$1,494.23	\$1,478.42	\$1,274.14	\$937.94	\$1,266.55
Member & Spouse/Partner — Both on Medicare							
Family — No Medicare							
Family — One on Medicare	\$1,810.50	\$1,794.69	\$1,810.50	\$1,794.69	\$1,534.47	\$1,112.79	\$1,524.95
Family — Both on Medicare	\$1,006.48	\$974.87	\$1,006.48	\$974.87			
Parent & Child — No Medicare							
Parent & Child — Retiree on Medicare	\$671.93	\$656.12	\$671.93	\$656.12			