



**Local Retired Group — Government Employers**  
**Medicare and Non-Medicare Monthly Rates Effective 1/1/2024 to 12/31/2024**  
**Medical Only — For Retirees With a Private Employer Prescription Drug Plan or With Medicare Part D Benefits**

| PLAN/COVERAGE DESCRIPTION                  | NJ DIRECT #027 (26L) | NJ DIRECT10 #050 (250)                  |                                     |                               | NJ DIRECT15 #150 (251)                  |                                     |                               |
|--|----------------------|---|-------------------------------------|-------------------------------|---|-------------------------------------|-------------------------------|
|  |                      | 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                       | \$1,102.82           | \$1,300.63                              |                                     | \$1,300.63                    | \$1,223.01                              |                                     | \$1,223.01                    |
| Single — On Medicare                       |                      |   | \$152.64                            | \$152.64                      |   | \$134.77                            | \$134.77                      |
| Member & Spouse/Partner — No Medicare      | \$2,404.18           | \$2,835.39                              |                                     | \$2,835.39                    | \$2,666.16                              |                                     | \$2,666.16                    |
| Member & Spouse/Partner — One on Medicare  | \$1,454.00           | \$1,534.76                              | \$152.64                            | \$1,687.40                    | \$1,443.15                              | \$134.77                            | \$1,577.92                    |
| Member & Spouse/Partner — Both on Medicare |                      |   | \$305.28                            | \$305.28                      |   | \$269.54                            | \$269.54                      |
| Family — No Medicare                       | \$2,735.05           | \$3,225.58                              |                                     | \$3,225.58                    | \$3,033.06                              |                                     | \$3,033.06                    |
| Family — One on Medicare                   | \$1,784.87           | \$1,924.95                              | \$152.64                            | \$2,077.59                    | \$1,810.05                              | \$134.77                            | \$1,944.82                    |
| Family — Both on Medicare                  | \$834.69             | \$624.31                                | \$305.28                            | \$929.59                      | \$587.03                                | \$269.54                            | \$856.57                      |
| Parent & Child — No Medicare               | \$1,543.97           | \$1,820.89                              |                                     | \$1,820.89                    | \$1,712.22                              |                                     | \$1,712.22                    |
| Parent & Child — Retiree on Medicare       | \$593.79             | \$520.26                                | \$152.64                            | \$672.90                      | \$489.21                                | \$134.77                            | \$623.98                      |

| PLAN/COVERAGE DESCRIPTION                  | Horizon HMO #011 (266) | Horizon HMO                             |                                     |                               | NJ DIRECT1525 #051 (254) | Horizon HMO1525 #053 (267) | Horizon HMO1525                         |                                     |                                   |
|--|------------------------|---|-------------------------------------|-------------------------------|--------------------------|----------------------------|---|-------------------------------------|-----------------------------------|
|  |                        | 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                       | \$1,187.23             | \$1,187.23                              |                                     | \$1,187.23                    | \$1,168.13               | \$1,048.45                 | \$1,048.45                              |                                     | \$1,048.45                        |
| Single — On Medicare                       | \$353.37               |   | \$177.49                            | \$177.49                      | \$272.99                 | \$176.91                   |   | \$142.06                            | \$142.06                          |
| Member & Spouse/Partner — No Medicare      | \$2,588.16             | \$2,588.16                              |                                     | \$2,588.16                    | \$2,546.55               | \$2,285.63                 | \$2,285.63                              |                                     | \$2,285.63                        |
| Member & Spouse/Partner — One on Medicare  | \$1,754.30             | \$1,400.93                              | \$177.49                            | \$1,578.42                    | \$1,651.41               | \$1,414.09                 | \$1,237.18                              | \$142.06                            | \$1,379.24                        |
| Member & Spouse/Partner — Both on Medicare | \$706.74               |   | \$354.98                            | \$354.98                      | \$545.98                 | \$353.82                   |   | \$284.12                            | \$284.12                          |
| Family — No Medicare                       | \$2,944.36             | \$2,944.36                              |                                     | \$2,944.36                    | \$2,896.99               | \$2,600.17                 | \$2,600.17                              |                                     | \$2,600.17                        |
| Family — One on Medicare                   | \$2,110.50             | \$1,757.13                              | \$177.49                            | \$1,934.62                    | \$2,001.85               | \$1,728.63                 | \$1,551.72                              | \$142.06                            | \$1,693.78                        |
| Family — Both on Medicare                  | 1,276.64               | \$569.90                                | \$354.98                            | \$924.88                      | \$1,106.71               | \$857.09                   | \$503.27                                | \$284.12                            | \$787.39                          |
| Parent & Child — No Medicare               | \$1,662.13             | \$1,662.13                              |                                     | \$1,662.13                    | \$1,635.41               | \$1,467.85                 | \$1,467.85                              |                                     | \$1,467.85                        |
| Parent & Child — Retiree on Medicare       | \$828.27               | \$474.90                                | \$177.49                            | \$652.39                      | \$740.27                 | \$596.31                   | \$419.4                                 | \$142.06                            | \$561.46                          |



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| PLAN/COVERAGE DESCRIPTION                  | NJ DIRECT2030<br>#052 (255) | Horizon HMO2030<br>#054 (268) | OMNIA HEALTH PLAN<br>#057 (26P) | NJ DIRECT HDHigh<br>#090 (260) | NJ DIRECT HDLow<br>#091 (261) |
|--|-----------------------------|-------------------------------|---------------------------------|--------------------------------|-------------------------------|
| Single — No Medicare                       | \$1,099.28                  | \$984.40                      | \$910.84                        | \$619.05                       | \$917.00                      |
| Single — On Medicare                       | \$255.99                    | \$335.94                      |                                 |                                |                               |
| Member & Spouse/Partner — No Medicare      | \$2,396.42                  | \$2,145.98                    | \$1,985.66                      | \$1,349.53                     | \$1,999.03                    |
| Member & Spouse/Partner — One on Medicare  | \$1,553.13                  | \$1,497.52                    |                                 |                                |                               |
| Member & Spouse/Partner — Both on Medicare | \$511.98                    | \$671.88                      |                                 |                                |                               |
| Family — No Medicare                       | \$2,726.21                  | \$2,441.31                    | \$2,258.93                      | \$1,535.25                     | \$2,274.13                    |
| Family — One on Medicare                   | \$1,882.92                  | \$1,792.85                    |                                 |                                |                               |
| Family — Both on Medicare                  | \$1,039.63                  | \$1,144.39                    |                                 |                                |                               |
| Parent & Child — No Medicare               | \$1,538.99                  | \$1,378.15                    | \$1,275.20                      | \$866.68                       | \$1,283.79                    |
| Parent & Child — Retiree on Medicare       | \$695.7                     | \$729.69                      |                                 |                                |                               |

| PLAN/COVERAGE DESCRIPTION                  | NJ DIRECT10<br>1525SP<br>17A/25A | NJ DIRECT15<br>1525SP<br>17D/25B | CWA UNITY DIRECT<br>1525SP<br>17B/25W | CWA UNITY DIRECT<br>2030SP<br>17C/25X | NJ DIRECT<br>1525SP<br>17G/26I | NJ DIRECT<br>2030SP<br>17H/26R | NJ DIRECT HDHigh<br>1525SP<br>17Y/25Y |
|--|----------------------------------|----------------------------------|---------------------------------------|---------------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| Single — No Medicare                       |                                  |                                  |                                       |                                       |                                |                                |                                       |
| Single — On Medicare                       |                                  |                                  |                                       |                                       |                                |                                |                                       |
| Member & Spouse/Partner — No Medicare      |                                  |                                  |                                       |                                       |                                |                                |                                       |
| Member & Spouse/Partner — One on Medicare  | \$1,807.75                       | \$1,716.14                       | \$1,574.35                            | \$1,557.35                            | \$1,574.39                     | \$1,557.35                     | \$1,003.47                            |
| Member & Spouse/Partner — Both on Medicare |                                  |                                  |                                       |                                       |                                |                                |                                       |
| Family — No Medicare                       |                                  |                                  |                                       |                                       |                                |                                |                                       |
| Family — One on Medicare                   | \$2,197.94                       | \$2,083.04                       | \$1,905.22                            | \$1,888.22                            | \$1,905.22                     | \$1,888.22                     | \$1,189.19                            |
| Family — Both on Medicare                  | \$1,170.29                       | \$1,133.01                       | \$1,075.39                            | \$1,041.39                            |                                |                                |                                       |
| Parent & Child — No Medicare               |                                  |                                  |                                       |                                       |                                |                                |                                       |
| Parent & Child — Retiree on Medicare       | \$793.25                         | \$762.20                         | \$714.14                              | \$697.14                              |                                |                                |                                       |