



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Only — For Retirees With Medicare Part D Benefits
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	\$513.11
Single — On Medicare	\$44.82
Member & Spouse/Partner — No Medicare	\$1,118.61
Member & Spouse/Partner — One on Medicare	\$584.01
Member & Spouse/Partner — Both on Medicare	\$89.65
Family — No Medicare	\$1,272.53
Family — One on Medicare	\$722.57
Family — Both on Medicare	\$299.68
Parent & Child — No Medicare	\$718.37
Parent & Child — Retiree on Medicare	\$223.73
Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$435.39
Single — On Medicare	\$26.95
Member & Spouse/Partner — No Medicare	\$949.38
Member & Spouse/Partner — One on Medicare	\$474.53
Member & Spouse/Partner — Both on Medicare	\$53.91
Family — No Medicare	\$1,080.01
Family — One on Medicare	\$589.80
Family — Both on Medicare	\$226.66
Parent & Child — No Medicare	\$609.70
Parent & Child — Retiree on Medicare	\$174.81
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$399.71
Single — On Medicare	\$245.55
Member & Spouse/Partner — No Medicare	\$871.38
Member & Spouse/Partner — One on Medicare	\$650.91
Member & Spouse/Partner — Both on Medicare	\$491.11
Family — No Medicare	\$991.31
Family — One on Medicare	\$755.48
Family — Both on Medicare	\$646.73
Parent & Child — No Medicare	\$559.61
Parent & Child — Retiree on Medicare	\$379.10
Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$399.71
Single — On Medicare	\$69.67
Member & Spouse/Partner — No Medicare	\$871.38
Member & Spouse/Partner — One on Medicare	\$475.03
Member & Spouse/Partner — Both on Medicare	\$139.35
Family — No Medicare	\$991.31
Family — One on Medicare	\$579.60
Family — Both on Medicare	\$294.97
Parent & Child — No Medicare	\$559.61
Parent & Child — Retiree on Medicare	\$203.22



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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	\$380.61
Single — On Medicare	\$165.17
Member & Spouse/Partner — No Medicare	\$829.77
Member & Spouse/Partner — One on Medicare	\$548.02
Member & Spouse/Partner — Both on Medicare	\$330.35
Family — No Medicare	\$943.94
Family — One on Medicare	\$646.83
Family — Both on Medicare	\$476.80
Parent & Child — No Medicare	\$532.89
Parent & Child — Retiree on Medicare	\$291.10
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$260.93
Single — On Medicare	\$69.09
Member & Spouse/Partner — No Medicare	\$568.85
Member & Spouse/Partner — One on Medicare	\$310.70
Member & Spouse/Partner — Both on Medicare	\$138.19
Family — No Medicare	\$647.12
Family — One on Medicare	\$373.61
Family — Both on Medicare	\$227.18
Parent & Child — No Medicare	\$365.33
Parent & Child — Retiree on Medicare	\$147.14
Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$260.93
Single — On Medicare	\$34.24
Member & Spouse/Partner — No Medicare	\$568.85
Member & Spouse/Partner — One on Medicare	\$275.85
Member & Spouse/Partner — Both on Medicare	\$68.49
Family — No Medicare	\$647.12
Family — One on Medicare	\$338.76
Family — Both on Medicare	\$157.48
Parent & Child — No Medicare	\$365.33
Parent & Child — Retiree on Medicare	\$112.29
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$311.76
Single — On Medicare	\$148.17
Member & Spouse/Partner — No Medicare	\$679.64
Member & Spouse/Partner — One on Medicare	\$449.74
Member & Spouse/Partner — Both on Medicare	\$296.35
Family — No Medicare	\$773.16
Family — One on Medicare	\$527.90
Family — Both on Medicare	\$409.72
Parent & Child — No Medicare	\$436.47
Parent & Child — Retiree on Medicare	\$246.53



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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	\$196.88
Single — On Medicare	\$228.12
Member & Spouse/Partner — No Medicare	\$429.20
Member & Spouse/Partner — One on Medicare	\$394.13
Member & Spouse/Partner — Both on Medicare	\$456.25
Family — No Medicare	\$488.26
Family — One on Medicare	\$437.83
Family — Both on Medicare	\$514.48
Parent & Child — No Medicare	\$275.63
Parent & Child — Retiree on Medicare	\$280.52
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.