



Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2023 to 12/31/2023
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	\$1,048.71	\$1,236.81		\$1,236.81	\$1,163.00		\$1,163.00
Single — On Medicare			\$155.52	\$155.52		\$137.82	\$137.20
Member & Spouse/Partner — No Medicare	\$2,286.21	\$2,696.26		\$2,696.26	\$2,535.33		\$2,535.33
Member & Spouse/Partner — One on Medicare	\$1,363.02	\$1,459.45	\$155.52	\$1,614.97	\$1,372.33	\$137.82	\$1,510.15
Member & Spouse/Partner — Both on Medicare			\$311.04	\$311.04		\$275.64	\$275.64
Family — No Medicare	\$2,600.84	\$3,067.30		\$3,067.30	\$2,884.23		\$2,884.23
Family — One on Medicare	\$1,707.65	\$1,830.49	\$155.52	\$1,986.01	\$1,721.23	\$137.82	\$1,859.05
Family — Both on Medicare		\$593.68	\$311.04	\$904.72	\$558.23	\$275.64	\$833.87
Parent & Child — No Medicare	\$1,468.21	\$1,731.54		\$1,731.54	\$1,628.20		\$1,628.20
Parent & Child — Retiree on Medicare	\$575.02	\$494.73	\$155.52	\$650.25	\$465.20	\$137.82	\$603.02

PLAN/COVERAGE DESCRIPTION	Horizon HMO #011 (266)	Horizon HMO #058 (25G)			NJ DIRECT1525 #051 (254)	Horizon HMO1525 #053 (267)	Horizon HMO1525 #059 (25H)		
		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	\$1,128.97	\$1,128.97		\$1,128.97	\$1,110.81	\$997.00	\$997.00		\$997.00
Single — On Medicare	\$330.55		\$180.13	\$180.13	\$255.36	\$165.49		\$145.04	\$145.04
Member & Spouse/Partner — No Medicare	\$2,461.16	\$2,461.16		\$2,461.16	\$2,421.59	\$2,173.48	\$2,173.48		\$2,173.48
Member & Spouse/Partner — One on Medicare	\$1,662.74	\$1,332.19	\$180.13	\$1,512.32	\$1,566.14	\$1,341.97	\$1,176.48	\$145.04	\$1,321.52
Member & Spouse/Partner — Both on Medicare	\$661.11		\$360.26	\$360.26	\$510.74	\$330.98		\$290.08	\$290.08
Family — No Medicare	\$2,799.88	\$2,799.88		\$2,799.88	\$2,754.84	\$2,472.58	\$2,472.58		\$2,472.58
Family — One on Medicare	\$2,001.46	\$1,670.91	\$180.13	\$1,851.04	\$1,899.39	\$1,641.07	\$1,475.58	\$145.04	\$1,620.62
Family — Both on Medicare	\$1,203.04	\$541.94	\$360.26	\$902.20	\$1,043.94	\$809.56	\$478.59	\$290.08	\$768.67
Parent & Child — No Medicare	\$1,580.57	\$1,580.57		\$1,580.57	\$1,555.16	\$1,395.82	\$1,395.82		\$1,395.82
Parent & Child — Retiree on Medicare	\$782.15	\$451.60	\$180.13	\$631.73	\$699.71	\$564.31	\$398.82	\$145.04	\$543.86



Local Retired Group — Government Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2023 to 12/31/2023
Medical Only — For Retirees With a Private Employer Prescription Drug Plan or With Medicare Part D Benefits

PLAN/COVERAGE DESCRIPTION	NJ DIRECT2030 #052 (255)	Horizon HMO2030 #054 (268)
Single — No Medicare	\$1,045.34	\$936.10
Single — On Medicare	\$239.46	\$314.25
Member & Spouse/Partner — No Medicare	\$2,278.83	\$2,040.68
Member & Spouse/Partner — One on Medicare	\$1,472.95	\$1,418.83
Member & Spouse/Partner — Both on Medicare	\$478.96	\$628.54
Family — No Medicare	\$2,592.44	\$2,321.52
Family — One on Medicare	\$1,786.56	\$1,699.67
Family — Both on Medicare	\$980.68	\$1,077.82
Parent & Child — No Medicare	\$1,463.47	\$1,310.53
Parent & Child — Retiree on Medicare	\$657.59	\$688.68

PLAN/COVERAGE DESCRIPTION	OMNIA HEALTH PLAN #057 (26P)	NJ DIRECT HD1500 #091 (261)	NJ DIRECT HD4000 #090 (260)
Single — No Medicare	\$866.15	\$872.00	\$588.67
Single — On Medicare			
Member & Spouse/Partner — No Medicare	\$1,888.23	\$1,900.94	\$1,283.31
Member & Spouse/Partner — One on Medicare	\$1,177.66	\$1,184.46	\$850.16
Member & Spouse/Partner — Both on Medicare			
Family — No Medicare	\$2,148.09	\$2,162.54	\$1,459.92
Family — One on Medicare	\$1,437.46	\$1,446.06	\$1,026.77
Family — Both on Medicare			
Parent & Child — No Medicare	\$1,212.63	\$1,220.80	\$824.15
Parent & Child — Retiree on Medicare			