



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Including Rx
 Effective 1/1/2023 to 12/31/2023

PLAN AND COVERAGE LEVEL	MONTHLY RATE — RETIREE SHARE
Split Vendor NJ DIRECT10 #050 (250) — PPO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$522.69
Single — On Medicare	\$90.91
Member & Spouse/Partner — No Medicare	\$1,139.50
Member & Spouse/Partner — One on Medicare	\$651.95
Member & Spouse/Partner — Both on Medicare	\$182.07
Family — No Medicare	\$1,296.30
Family — One on Medicare	\$794.58
Family — Both on Medicare	\$410.05
Parent & Child — No Medicare	\$731.76
Parent & Child — Retiree on Medicare	\$281.08
Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$448.88
Single — On Medicare	\$73.21
Member & Spouse/Partner — No Medicare	\$978.57
Member & Spouse/Partner — One on Medicare	\$547.13
Member & Spouse/Partner — Both on Medicare	\$146.67
Family — No Medicare	\$1,113.23
Family — One on Medicare	\$667.62
Family — Both on Medicare	\$339.20
Parent & Child — No Medicare	\$628.42
Parent & Child — Retiree on Medicare	\$233.85
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$409.51
Single — On Medicare	\$300.59
Member & Spouse/Partner — No Medicare	\$893.06
Member & Spouse/Partner — One on Medicare	\$728.37
Member & Spouse/Partner — Both on Medicare	\$601.42
Family — No Medicare	\$1,016.27
Family — One on Medicare	\$837.41
Family — Both on Medicare	\$775.74
Parent & Child — No Medicare	\$573.69
Parent & Child — Retiree on Medicare	\$445.87
Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$409.51
Single — On Medicare	\$150.17
Member & Spouse/Partner — No Medicare	\$893.06
Member & Spouse/Partner — One on Medicare	\$577.95
Member & Spouse/Partner — Both on Medicare	\$300.59
Family — No Medicare	\$1,016.27
Family — One on Medicare	\$686.99
Family — Both on Medicare	\$474.90
Parent & Child — No Medicare	\$573.69
Parent & Child — Retiree on Medicare	\$295.45



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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	\$390.79
Single — On Medicare	\$183.69
Member & Spouse/Partner — No Medicare	\$851.96
Member & Spouse/Partner — One on Medicare	\$589.09
Member & Spouse/Partner — Both on Medicare	\$367.65
Family — No Medicare	\$969.19
Family — One on Medicare	\$692.15
Family — Both on Medicare	\$532.30
Parent & Child — No Medicare	\$547.13
Parent & Child — Retiree on Medicare	\$321.13
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$285.32
Single — On Medicare	\$93.82
Member & Spouse/Partner — No Medicare	\$622.00
Member & Spouse/Partner — One on Medicare	\$374.73
Member & Spouse/Partner — Both on Medicare	\$187.89
Family — No Medicare	\$707.59
Family — One on Medicare	\$446.15
Family — Both on Medicare	\$301.90
Parent & Child — No Medicare	\$399.45
Parent & Child — Retiree on Medicare	\$189.05
Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$285.32
Single — On Medicare	\$73.37
Member & Spouse/Partner — No Medicare	\$622.00
Member & Spouse/Partner — One on Medicare	\$354.28
Member & Spouse/Partner — Both on Medicare	\$146.99
Family — No Medicare	\$707.59
Family — One on Medicare	\$425.70
Family — Both on Medicare	\$261.01
Parent & Child — No Medicare	\$399.45
Parent & Child — Retiree on Medicare	\$168.60
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$327.07
Single — On Medicare	\$169.89
Member & Spouse/Partner — No Medicare	\$713.03
Member & Spouse/Partner — One on Medicare	\$500.08
Member & Spouse/Partner — Both on Medicare	\$340.08
Family — No Medicare	\$811.15
Family — One on Medicare	\$584.03
Family — Both on Medicare	\$474.10
Parent & Child — No Medicare	\$457.88
Parent & Child — Retiree on Medicare	\$281.80



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Horizon HMO2030 #054 (268) — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$226.24
Single — On Medicare	\$244.68
Member & Spouse/Partner — No Medicare	\$493.22
Member & Spouse/Partner — One on Medicare	\$455.89
Member & Spouse/Partner — Both on Medicare	\$489.66
Family — No Medicare	\$561.09
Family — One on Medicare	\$509.59
Family — Both on Medicare	\$575.28
Parent & Child — No Medicare	\$316.74
Parent & Child — Retiree on Medicare	\$316.28
NJ DIRECT HD4000 #090 (260) — High Deductible Health Plan with \$4,000 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 HD4000 will pay 1.5 percent of their pension allowance.