



Chapter 330 Rates for Local Government Retirees
Medicare and Non-Medicare Monthly Rates
Medical Only — For Retirees With Medicare Part D Benefits
Effective 1/1/2023 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	\$487.93
Single — On Medicare	\$45.26
Member & Spouse/Partner — No Medicare	\$1,063.72
Member & Spouse/Partner — One on Medicare	\$557.75
Member & Spouse/Partner — Both on Medicare	\$90.53
Family — No Medicare	\$1,210.08
Family — One on Medicare	\$689.51
Family — Both on Medicare	\$289.78
Parent & Child — No Medicare	\$683.12
Parent & Child — Retiree on Medicare	\$215.16
Split Vendor NJ DIRECT15 #150 (251) — PPO Plan with \$15 Primary Care Copayment	
Single — No Medicare	\$414.12
Single — On Medicare	\$27.56
Member & Spouse/Partner — No Medicare	\$902.79
Member & Spouse/Partner — One on Medicare	\$452.93
Member & Spouse/Partner — Both on Medicare	\$55.13
Family — No Medicare	\$1,027.01
Family — One on Medicare	\$562.55
Family — Both on Medicare	\$218.93
Parent & Child — No Medicare	\$579.78
Parent & Child — Retiree on Medicare	\$167.93
Horizon HMO #011 (266) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$380.09
Single — On Medicare	\$220.29
Member & Spouse/Partner — No Medicare	\$828.62
Member & Spouse/Partner — One on Medicare	\$605.52
Member & Spouse/Partner — Both on Medicare	\$440.60
Family — No Medicare	\$942.66
Family — One on Medicare	\$704.96
Family — Both on Medicare	\$588.10
Parent & Child — No Medicare	\$532.15
Parent & Child — Retiree on Medicare	\$347.06
Split Vendor Horizon HMO #058 (25G) — HMO Plan with \$10 Primary Care Copayment	
Single — No Medicare	\$380.09
Single — On Medicare	\$69.87
Member & Spouse/Partner — No Medicare	\$828.62
Member & Spouse/Partner — One on Medicare	\$455.10
Member & Spouse/Partner — Both on Medicare	\$139.75
Family — No Medicare	\$942.66
Family — One on Medicare	\$554.54
Family — Both on Medicare	\$287.26
Parent & Child — No Medicare	\$532.15
Parent & Child — Retiree on Medicare	\$196.64



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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	\$361.93
Single — On Medicare	\$145.10
Member & Spouse/Partner — No Medicare	\$789.05
Member & Spouse/Partner — One on Medicare	\$508.92
Member & Spouse/Partner — Both on Medicare	\$290.23
Family — No Medicare	\$897.62
Family — One on Medicare	\$602.89
Family — Both on Medicare	\$429.00
Parent & Child — No Medicare	\$506.74
Parent & Child — Retiree on Medicare	\$264.62
Horizon HMO1525 #053 (267) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$248.12
Single — On Medicare	\$55.23
Member & Spouse/Partner — No Medicare	\$540.94
Member & Spouse/Partner — One on Medicare	\$284.75
Member & Spouse/Partner — Both on Medicare	\$110.47
Family — No Medicare	\$615.36
Family — One on Medicare	\$344.57
Family — Both on Medicare	\$194.62
Parent & Child — No Medicare	\$347.40
Parent & Child — Retiree on Medicare	\$129.22
Split Vendor Horizon HMO1525 #059 (25H) — HMO Plan with \$15 Primary Care /\$25 Specialist Copayment	
Single — No Medicare	\$248.12
Single — On Medicare	\$34.78
Member & Spouse/Partner — No Medicare	\$540.94
Member & Spouse/Partner — One on Medicare	\$264.30
Member & Spouse/Partner — Both on Medicare	\$69.57
Family — No Medicare	\$615.36
Family — One on Medicare	\$324.12
Family — Both on Medicare	\$153.73
Parent & Child — No Medicare	\$347.40
Parent & Child — Retiree on Medicare	\$108.77
NJ DIRECT2030 #052 (255) — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single — No Medicare	\$296.46
Single — On Medicare	\$129.20
Member & Spouse/Partner — No Medicare	\$646.29
Member & Spouse/Partner — One on Medicare	\$415.73
Member & Spouse/Partner — Both on Medicare	\$258.45
Family — No Medicare	\$735.22
Family — One on Medicare	\$490.06
Family — Both on Medicare	\$365.74
Parent & Child — No Medicare	\$415.05
Parent & Child — Retiree on Medicare	\$222.50



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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	\$187.22
Single — On Medicare	\$203.99
Member & Spouse/Partner — No Medicare	\$408.14
Member & Spouse/Partner — One on Medicare	\$361.61
Member & Spouse/Partner — Both on Medicare	\$408.03
Family — No Medicare	\$464.30
Family — One on Medicare	\$403.17
Family — Both on Medicare	\$462.88
Parent & Child — No Medicare	\$262.11
Parent & Child — Retiree on Medicare	\$253.59
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.