



Local Retired Group — Education Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2024 to 12/31/2024
Medical Only — For Retirees With Medicare Part D Benefits

PLAN/COVERAGE DESCRIPTION	NEW JERSEY EDUCATORS HEALTH PLAN #098	NJEHP #098 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #098 Subscriber	Total Cost	NJEHP #150 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #141 Subscriber	Total Cost	NJEHP #058 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #142 (28H)	Total Cost
Single — No Medicare	\$964.08	\$964.08		\$964.08	\$964.08		\$964.08	\$964.08		\$964.08
Single — On Medicare			\$110.16	\$110.16		\$90.44	\$90.44		\$137.68	\$137.68
Member & Spouse/Partner — No Medicare	\$2,101.69	\$2,101.69		\$2,101.69	\$2,101.69		\$2,101.69	\$2,101.69		\$2,101.69
Member & Spouse/Partner — One on Medicare		\$1,137.61	\$110.16	\$1,247.77	\$1,137.61	\$90.44	\$1,228.05	\$1,137.61	\$137.68	\$1,275.29
Member & Spouse/Partner — Both on Medicare			\$220.32	\$220.32		\$180.88	\$180.88		\$275.36	\$275.36
Family — No Medicare	\$2,390.92	\$2,390.92		\$2,390.92	\$2,390.92		\$2,390.92	\$2,390.92		\$2,390.92
Family — One on Medicare		\$1,426.84	\$110.16	\$1,537.00	\$1,426.84	\$90.44	\$1,517.28	\$1,426.84	\$137.68	\$1,564.52
Family — Both on Medicare		\$462.76	\$220.32	\$683.08	\$462.76	\$180.88	\$643.64	\$462.76	\$275.36	\$738.12
Parent & Child — No Medicare	\$1,349.70	\$1,349.70		\$1,349.70	\$1,349.70		\$1,349.70	\$1,349.70		\$1,349.70
Parent & Child — Retiree on Medicare		\$385.62	\$110.16	\$495.78	\$385.62	\$90.44	\$476.06	\$385.62	\$137.68	\$523.30

PLAN/COVERAGE DESCRIPTION	NJEHP #059 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO 1525 #143 (281)	Total Cost	NJEHP #011 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO #144 Subscriber	Total Cost	NJEHP #051 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #145 Subscriber	Total Cost
Single — No Medicare	\$964.08		\$964.08	\$964.08		\$964.08	\$964.08		\$964.08
Single — On Medicare		\$102.25	\$102.25		\$322.43	\$322.43		\$244.79	\$244.79
Member & Spouse/Partner — No Medicare	\$2,101.69		\$2,101.69	\$2,101.69		\$2,101.69	\$2,101.69		\$2,101.69
Member & Spouse/Partner — One on Medicare	\$1,137.61	\$102.25	\$1,239.86	\$1,137.61	\$322.43	\$1,460.04	\$1,137.61	\$244.79	\$1,382.40
Member & Spouse/Partner — Both on Medicare		\$204.50	\$204.50		\$644.84	\$644.84		\$489.56	\$489.56
Family — No Medicare	\$2,390.92		\$2,390.92	\$2,390.92		\$2,390.92	\$2,390.92		\$2,390.92
Family — One on Medicare	\$1,426.84	\$102.25	\$1,529.09	\$1,426.84	\$322.43	\$1,749.27	\$1,426.84	\$244.79	\$1,671.63
Family — Both on Medicare	\$462.76	\$204.50	\$667.26	\$462.78	\$644.84	\$1,107.62	\$462.78	\$489.56	\$952.34
Parent & Child — No Medicare	\$1,349.70		\$1,349.70	\$1,349.70		\$1,349.70	\$1,349.70		\$1,349.70
Parent & Child — Retiree on Medicare	\$385.62	\$102.25	\$487.87	\$385.62	\$322.43	\$708.05	\$385.62	\$244.79	\$630.41

Note: All non-Medicare retirees and/or dependents will be enrolled in the New Jersey Educators Health Plan or Garden State Health Plan.



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PLAN/COVERAGE DESCRIPTION	NJEHP #052 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #146 Subscriber	Total Cost	NJEHP #053 Non-Medicare RetireeSubscriber	Medicare Eligible Horizon HMO1525 #147 Subscriber	Total Cost	NJEHP #054 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #148 Subscriber	Total Cost
Single — No Medicare	\$964.08		\$964.08	\$964.08		\$964.08	\$964.08		\$964.08
Single — On Medicare		\$230.05	\$230.05		\$132.83	\$132.83		\$245.32	\$245.32
Member & Spouse/Partner — No Medicare	\$2,101.69		\$2,101.69	\$2,101.69		\$2,101.69	\$2,101.69		\$2,101.69
Member & Spouse/Partner — One on Medicare	\$1,137.61	\$230.05	\$1,367.66	\$1,137.61	\$132.83	\$1,270.44	\$1,137.61	\$245.32	\$1,382.93
Member & Spouse/Partner — Both on Medicare		\$460.11	\$460.11		\$265.65	\$265.65		\$490.62	\$490.62
Family — No Medicare	\$2,390.92		\$2,390.92	\$2,390.92		\$2,390.92	\$2,390.92		\$2,390.92
Family — One on Medicare	\$1,426.84	\$230.05	\$1,656.89	\$1,426.84	\$132.83	\$1,559.67	\$1,426.84	\$245.32	\$1,672.16
Family — Both on Medicare	\$462.75	\$460.11	\$922.86	\$462.77	\$265.65	\$728.42	\$462.78	\$490.62	\$953.40
Parent & Child — No Medicare	\$1,349.70		\$1,349.70	\$1,349.70		\$1,349.70	\$1,349.70		\$1,349.70
Parent & Child — Retiree on Medicare	\$385.62	\$230.05	\$615.67	\$385.62	\$132.83	\$518.45	\$385.62	\$245.32	\$630.94

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PLAN/COVERAGE DESCRIPTION	GARDEN STATE HEALTH PLAN #099 (28P)	GSHP #099 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #099 (28P) Subscriber	Total Cost	GSHP #161 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #161 (28Q) Subscriber	Total Cost	GSHP #162 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #162 (28R)	Total Cost
Single — No Medicare	\$832.19	\$832.19		\$832.19	\$832.19		\$832.19	\$832.19		\$832.19
Single — On Medicare			\$110.16	\$110.16		\$90.44	\$90.44		\$137.68	\$137.68
Member & Spouse/Partner — No Medicare	\$1,814.17	\$1,814.17		\$1,814.17	\$1,814.17		\$1,814.17	\$1,814.17		\$1,814.17
Member & Spouse/Partner — One on Medicare		\$981.98	\$110.16	\$1,092.14	\$981.98	\$90.44	\$1,072.42	\$981.98	\$137.68	\$1,119.66
Member & Spouse/Partner — Both on Medicare			\$220.32	\$220.32		\$180.88	\$180.88		\$275.36	\$275.36
Family — No Medicare	\$2,063.83	\$2,063.83		\$2,063.83	\$2,063.83		\$2,063.83	\$2,063.83		\$2,063.83
Family — One on Medicare		\$1,231.64	\$110.16	\$1,341.80	\$1,231.64	\$90.44	\$1,322.08	\$1,231.64	\$137.68	\$1,369.32
Family — Both on Medicare		\$399.45	\$220.32	\$619.77	\$399.45	\$180.88	\$580.33	\$399.45	\$275.36	\$674.81
Parent & Child — No Medicare	\$1,165.05	\$1,165.05		\$1,165.05	\$1,165.05		\$1,165.05	\$1,165.05		\$1,165.05
Parent & Child — Retiree on Medicare		\$332.87	\$110.16	\$443.00	\$332.87	\$90.44	\$423.31	\$332.87	\$137.68	\$470.55

PLAN/COVERAGE DESCRIPTION	GSHP #163 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO 1525 #163 (285)	Total Cost	GSHP #164 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO #164 (28U) Subscriber	Total Cost	GSHP #165 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #165 (28V) Subscriber	Total Cost
Single — No Medicare	\$832.19		\$832.19	\$832.19		\$832.19	\$832.19		\$832.19
Single — On Medicare		\$102.25	\$102.25		\$322.43	\$322.43		\$244.79	\$244.79
Member & Spouse/Partner — No Medicare	\$1,814.17		\$1,814.17	\$1,814.17		\$1,814.17	\$1,814.17		\$1,814.17
Member & Spouse/Partner — One on Medicare	\$981.98	\$102.25	\$1,084.23	\$981.98	\$322.43	\$1,304.41	\$981.98	\$244.79	\$1,226.77
Member & Spouse/Partner — Both on Medicare		\$204.50	\$204.50		\$644.84	\$644.84		\$489.56	\$489.56
Family — No Medicare	\$2,063.83		\$2,063.83	\$2,063.83		\$2,063.83	\$2,063.83		\$2,063.83
Family — One on Medicare	\$1,231.64	\$102.25	\$1,333.89	\$1,231.64	\$322.43	\$1,554.07	\$1,231.64	\$244.79	\$1,476.43
Family — Both on Medicare	\$399.45	\$204.50	\$603.95	\$399.47	\$644.84	\$1,044.31	\$399.47	\$489.56	\$889.03
Parent & Child — No Medicare	\$1,165.05		\$1,165.05	\$1,165.05		\$1,165.05	\$1,165.05		\$1,165.05
Parent & Child — Retiree on Medicare	\$332.87	\$102.25	\$435.12	\$332.87	\$322.43	\$655.30	\$332.87	\$244.79	\$577.66

Note: All non-Medicare retirees and/or dependents will be enrolled in the New Jersey Educators Health Plan or the Garden State Health Plan .



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PLAN/COVERAGE DESCRIPTION	GSHP #166 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #166 (28W) Subscriber	Total Cost	GSHP #167 Non-Medicare Retiree Subscriber	Medicare Eligible Horizon HMO1525 #167 (28X) Subscriber	Total Cost	GSHP #168 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #168 (28Y) Subscriber	Total Cost
Single — No Medicare	\$832.19		\$832.19	\$832.19		\$832.19	\$832.19		\$832.19
Single — On Medicare		\$230.05	\$230.05		\$132.83	\$132.83		\$245.32	\$245.32
Member & Spouse/Partner — No Medicare	\$1,814.17		\$1,814.17	\$1,814.17		\$1,814.17	\$1,814.17		\$1,814.17
Member & Spouse/Partner — One on Medicare	\$981.98	\$230.05	\$1,212.03	\$981.98	\$132.83	\$1,114.81	\$981.98	\$245.32	\$1,227.30
Member & Spouse/Partner — Both on Medicare		\$460.11	\$460.11		\$265.65	\$265.65		\$490.62	\$490.62
Family — No Medicare	\$2,063.83		\$2,063.83	\$2,063.83		\$2,063.83	\$2,063.83		\$2,063.83
Family — One on Medicare	\$1,231.64	\$230.05	\$1,461.69	\$1,231.64	\$132.83	\$1,364.47	\$1,231.64	\$245.32	\$1,476.96
Family — Both on Medicare	\$399.44	\$460.11	\$859.55	\$399.46	\$265.65	\$665.11	\$399.47	\$490.62	\$890.09
Parent & Child — No Medicare	\$1,165.05		\$1,165.05	\$1,165.05		\$1,165.05	\$1,165.05		\$1,165.05
Parent & Child — Retiree on Medicare	\$332.87	\$230.05	\$562.92	\$332.87	\$132.83	\$465.70	\$332.87	\$245.32	\$578.19

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