



Local Retired Group — Education Employers
Medicare and Non-Medicare Monthly Rates Effective 1/1/2024 to 12/31/2024
Medical Including Rx

PLAN/COVERAGE DESCRIPTION	NEW JERSEY EDUCATORS HEALTH PLAN #098 (28F)	NJEHP #098 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 10 #098 (28F) Subscriber	Total Cost	NJEHP #150 Non-Medicare Retiree Subscriber	Aetna Medicare Advantage 15 #141 (28G) Subscriber	Total Cost	NJEHP #058 Non-Medicare Retiree Subscriber	Medicare Eligible Aetna HMO #142 (28H)	Total Cost
Single — No Medicare	\$1,229.02	\$1,229.02		\$1,229.02	\$1,229.02		\$1,229.02	\$1,229.02		\$1,229.02
Single — On Medicare			\$383.84	\$383.84		\$364.12	\$364.12		\$415.07	\$415.07
Member & Spouse/Partner — No Medicare	\$2,679.24	\$2,679.24		\$2,679.24	\$2,679.24		\$2,679.24	\$2,679.24		\$2,679.24
Member & Spouse/Partner — One on Medicare		\$1,450.22	\$383.84	\$1,834.06	\$1,450.22	\$364.12	\$1,814.34	\$1,450.22	\$415.07	\$1,865.29
Member & Spouse/Partner — Both on Medicare			\$767.70	\$767.70		\$728.26	\$728.26		\$830.12	\$830.12
Family — No Medicare	\$3,047.93	\$3,047.93		\$3,047.93	\$3,047.93		\$3,047.93	\$3,047.93		\$3,047.93
Family — One on Medicare		\$1,818.91	\$383.84	\$2,202.75	\$1,818.91	\$364.12	\$2,183.03	\$1,818.91	\$415.07	\$2,233.98
Family — Both on Medicare		\$589.87	\$767.70	\$1,357.57	\$589.87	\$728.26	\$1,318.13	\$589.91	\$830.12	\$1,420.03
Parent & Child — No Medicare	\$1,720.61	\$1,720.61		\$1,720.61	\$1,720.61		\$1,720.61	\$1,720.61		\$1,720.61
Parent & Child — Retiree on Medicare		\$491.59	\$383.84	\$875.43	\$491.59	\$364.12	\$855.71	\$491.59	\$415.07	\$906.66

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 (28K) Subscriber	Total Cost	NJEHP #051 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT1525 #145 (28L) Subscriber	Total Cost
Single — No Medicare	\$1,229.02		\$1,229.02	\$1,229.02		\$1,229.02	\$1,229.02		\$1,229.02
Single — On Medicare		\$379.51	\$379.51		\$599.82	\$599.82		\$510.00	\$510.00
Member & Spouse/Partner — No Medicare	\$2,679.24		\$2,679.24	\$2,679.24		\$2,679.24	\$2,679.24		\$2,679.24
Member & Spouse/Partner — One on Medicare	\$1,450.22	\$379.51	\$1,829.73	\$1,450.22	\$599.82	\$2,050.04	\$1,450.22	\$510.00	\$1,960.22
Member & Spouse/Partner — Both on Medicare		\$759.03	\$759.03		\$1,199.60	\$1,199.60		\$1,020.00	\$1,020.00
Family — No Medicare	\$3,047.93		\$3,047.93	\$3,047.93		\$3,047.93	\$3,047.93		\$3,047.93
Family — One on Medicare	\$1,818.91	\$379.51	\$2,198.42	\$1,818.91	\$599.82	\$2,418.73	\$1,818.91	\$510.00	\$2,328.91
Family — Both on Medicare	\$589.88	\$759.03	\$1,348.91	\$589.93	\$1,199.60	\$1,789.53	\$589.89	\$1,020.00	\$1,609.89
Parent & Child — No Medicare	\$1,720.61		\$1,720.61	\$1,720.61		\$1,720.61	\$1,720.61		\$1,720.61
Parent & Child — Retiree on Medicare	\$491.59	\$379.51	\$871.10	\$491.59	\$599.82	\$1,091.41	\$491.59	\$510.00	\$1,001.59

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	NJEHP #052 Non-Medicare Subscriber	Medicare Eligible NJ DIRECT2030 #146 (28M) Subscriber	Total Cost	NJEHP #053 Non-Medicare Subscriber	Medicare Eligible Horizon HMO1525 #147 (28N) Subscriber	Total Cost	NJEHP #054 Non-Medicare Subscriber	Medicare Eligible Horizon HMO2030 #148 (28O) Subscriber	Total Cost
Single — No Medicare	\$1,229.02		\$1,229.02	\$1,229.02		\$1,229.02	\$1,229.02		\$1,229.02
Single — On Medicare		\$497.78	\$497.78		\$410.09	\$410.09		\$525.23	\$525.23
Member & Spouse/Partner — No Medicare	\$2,679.24		\$2,679.24	\$2,679.24		\$2,679.24	\$2,679.24		\$2,679.24
Member & Spouse/Partner — One on Medicare	\$1,450.22	\$497.78	\$1,948.00	\$1,450.22	\$410.09	\$1,860.31	\$1,450.22	\$525.23	\$1,975.45
Member & Spouse/Partner — Both on Medicare		\$995.59	\$995.59		\$820.18	\$820.18		\$1,050.44	\$1,050.44
Family — No Medicare	\$3,047.93		\$3,047.93	\$3,047.93		\$3,047.93	\$3,047.93		\$3,047.93
Family — One on Medicare	\$1,818.91	\$497.78	\$2,316.69	\$1,818.91	\$410.09	\$2,299.00	\$1,818.91	\$525.23	\$2,344.14
Family — Both on Medicare	\$589.86	\$995.59	\$1,585.45	\$589.86	\$820.18	\$1,410.07	\$589.91	\$1,050.44	\$1,640.35
Parent & Child — No Medicare	\$1,720.61		\$1,720.61	\$1,720.61		\$1,720.61	\$1,720.61		\$1,720.61
Parent & Child — Retiree on Medicare	\$491.59	\$497.78	\$989.37	\$491.59	\$410.09	\$901.68	\$491.59	\$525.23	\$1,016.82

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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	\$1,097.13	\$1,097.13		\$1,097.13	\$1,097.13		\$1,097.13	\$1,097.13		\$1,097.13
Single — On Medicare			\$383.84	\$383.84		\$364.12	\$364.12		\$415.07	\$415.07
Member & Spouse/Partner — No Medicare	\$2,391.72	\$2,391.72		\$2,391.72	\$2,391.72		\$2,391.72	\$2,391.72		\$2,391.72
Member & Spouse/Partner — One on Medicare		\$1,294.59	\$383.84	\$1,678.43	\$1,294.59	\$364.12	\$1,658.71	\$1,294.59	\$415.07	\$1,709.66
Member & Spouse/Partner — Both on Medicare			\$767.70	\$767.70		\$728.26	\$728.26		\$830.12	\$830.12
Family — No Medicare	\$2,720.84	\$2,720.84		\$2,720.84	\$2,720.84		\$2,720.84	\$2,720.84		\$2,720.84
Family — One on Medicare		\$1,623.71	\$383.84	\$2,007.55	\$1,623.71	\$364.12	\$1,987.83	\$1,623.71	\$415.07	\$2,038.78
Family — Both on Medicare		\$526.56	\$767.70	\$1,294.26	\$526.56	\$728.26	\$1,254.82	\$526.60	\$830.12	\$1,356.72
Parent & Child — No Medicare	\$1,535.96	\$1,535.96		\$1,535.96	\$1,535.96		\$1,535.96	\$1,535.96		\$1,535.96
Parent & Child — Retiree on Medicare		\$438.84	\$383.84	\$822.68	\$438.84	\$364.12	\$802.96	\$438.84	\$415.07	\$853.91

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	\$1,097.13		\$1,097.13	\$1,097.13		\$1,097.13	\$1,097.13		\$1,097.13
Single — On Medicare		\$379.51	\$379.51		\$599.82	\$599.82		\$510.00	\$510.00
Member & Spouse/Partner — No Medicare	\$2,391.72		\$2,391.72	\$2,391.72		\$2,391.72	\$2,391.72		\$2,391.72
Member & Spouse/Partner — One on Medicare	\$1,294.59	\$379.51	\$1,674.10	\$1,294.59	\$599.82	\$1,894.41	\$1,294.59	\$510.00	\$1,804.59
Member & Spouse/Partner — Both on Medicare		\$759.03	\$759.03		\$1,199.60	\$1,199.60		\$1,020.00	\$1,020.00
Family — No Medicare	\$2,720.84		\$2,720.84	\$2,720.84		\$2,720.84	\$2,720.84		\$2,720.84
Family — One on Medicare	\$1,623.71	\$379.51	\$2,003.22	\$1,623.71	\$599.82	\$2,223.53	\$1,623.71	\$510.00	\$2,133.71
Family — Both on Medicare	\$526.57	\$759.03	\$1,285.60	\$526.62	\$1,199.60	\$1,726.22	\$526.58	\$1,020.00	\$1,546.58
Parent & Child — No Medicare	\$1,535.96		\$1,535.96	\$1,535.96		\$1,535.96	\$1,535.96		\$1,535.96
Parent & Child — Retiree on Medicare	\$438.84	\$379.51	\$818.35	\$438.84	\$599.82	\$1,038.66	\$438.84	\$510.00	\$948.84

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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	\$1,097.13		\$1,097.13	\$1,097.13		\$1,097.13	\$1,097.13		\$1,097.13
Single — On Medicare		\$497.78	\$497.78		\$410.09	\$410.09		\$525.23	\$525.23
Member & Spouse/Partner — No Medicare	\$2,391.72		\$2,391.72	\$2,391.72		\$2,391.72	\$2,391.72		\$2,391.72
Member & Spouse/Partner — One on Medicare	\$1,294.59	\$497.78	\$1,792.37	\$1,294.59	\$410.09	\$1,704.68	\$1,294.59	\$525.23	\$1,819.82
Member & Spouse/Partner — Both on Medicare		\$995.59	\$995.59		\$820.18	\$820.18		\$1,050.44	\$1,050.44
Family — No Medicare	\$2,720.84		\$2,720.84	\$2,720.84		\$2,720.84	\$2,720.84		\$2,720.84
Family — One on Medicare	\$1,623.71	\$497.78	\$2,121.49	\$1,623.71	\$410.09	\$2,033.80	\$1,623.71	\$525.23	\$2,148.94
Family — Both on Medicare	\$526.55	\$995.59	\$1,522.14	\$526.58	\$820.18	\$1,346.76	\$526.60	\$1,050.44	\$1,577.04
Parent & Child — No Medicare	\$1,535.96		\$1,535.96	\$1,535.96		\$1,535.96	\$1,535.96		\$1,535.96
Parent & Child — Retiree on Medicare	\$438.84	\$497.78	\$936.62	\$438.84	\$410.09	\$848.93	\$438.84	\$525.23	\$964.07

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