2024 RETIREE Health Benefit Costs

	Single		2 Adults		Parent & 1 Child		Parent and Children		Family	
Medical (Direct Access)										
Under 65 (Both)	$1,384.34	$16,612.08	$2,768.68	$33,224.16	$2,436.44	$29,237.28	$2,436.44	$29,237.28	$3,806.93	$45,683.16
Over 65 (Both)	$775.23	$9,302.76	$1,550.46	$18,605.52	$1,364.41	$16,372.92	$1,364.41	$16,372.92	$2,131.88	$25,582.56
One Over 65			$2,159.57	$25,914.84					$2,748.74	$32,984.88
Medical (Traditional)										
Under 65 (Both)	$1,522.77	$18,273.24	$3,045.55	$36,546.60	$2,680.08	$32,160.96	$2,680.08	$32,160.96	$4,187.63	$50,251.56
Over 65 (Both)	$852.75	$10,233.00	$1,705.51	$20,466.12	$1,500.85	$18,010.20	$1,500.85	$18,010.20	$2,345.07	$28,140.84
One Over 65			$2,375.53	$28,506.36					$3,023.62	$36,283.44
CJHIF - Prescription	$266.00	$3,192.00	$572.00	$6,864.00	$388.00	$4,656.00	$388.00	$4,656.00	$680.00	$8,160.00
AETNA - Prescription	$280.00	$3,360.00								
Delta Dental	$34.17	$410.04	$58.81	$705.72	$58.81	$705.72	$97.04	$1,164.48	$97.04	$1,164.48
DSO Dental	$23.90	$286.80	$46.59	$559.08	$46.59	$559.08	$79.63	$955.56	$79.63	$955.56
United Healthcare Vision	$4.42	$53.04	$7.45	$89.40	$7.79	$93.48	$7.79	$93.48	$10.78	$129.36
TWU (Medical & Rx ONLY if 25 yrs or disabled over 10 years)										
PBA (ALL if 25 yrs or disabled over 10 yrs)										
Note: Medical and Delta Dental are self insured and costs are based on 2020 COBRA Rates, per NJ Chapter 78.										
1/2024 sz										